Enteral Formula Prior Authorization

Using the New York State Medicaid Enteral Prior Authorization Portal

Agenda

- Introduction
- Review of DMEPOS Manual and Coverage Criteria
- Enteral Formula Authorizations
- When is Automated Enteral Formula Authorization not Available
- Creating a Portal Account
- Using the Portal for Prescribers
- Using the Portal for Dispensers
- Questions & Answers
- Resources and Materials

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Introduction

- The new Enteral Authorization web-based portal will be available soon for use by New York State Medicaid providers.

- The portal is a user-friendly application for requesting and activating enteral prior authorizations in real-time.

- The Medicaid Interactive Voice Response System (IVR) will remain available. The IVR and Web Portal may be used interchangeably.

- No changes are being made to Medicaid Enteral coverage criteria.

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DMEPOS Manual

- Enteral Therapy information can be found in Section 4.2 of the Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Manual.

- Enteral formulas require prior authorization via the Portal or Interactive Voice Response (IVR) System.

- Procedure codes requiring prior authorization via the Portal or IVR are identified by the asterisk (*) next to the procedure code's description in the manual.

- The ordering provider must request the prior authorization and place the prior authorization number on the fiscal order. The dispensing provider must activate the prior authorization by verifying and submitting the enteral procedure code.

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Enteral Formula Coverage Criteria

- Members who are **fed via** nasogastric, gastrostomy or jejunostomy **tube**.

- Members with **inborn metabolic disorders**.

- **Children up to 21 years of age**, who require liquid oral nutritional therapy when there is a documented diagnostic condition where caloric and dietary nutrients from food cannot be absorbed or metabolized.

- Adults with a diagnosis of HIV infection, AIDS, or HIV-related illness, or other disease or condition, who are oral-fed, **and who…**

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Enteral Formula Coverage Criteria Continued

1. require supplemental nutrition, demonstrate documented compliance with an appropriate medical and nutritional plan of care, and have a body mass index (BMI) under 18.5 as defined by the Centers for Disease Control, up to 1,000 calories per day; **or**

2. require supplemental nutrition, demonstrate documented compliance with an appropriate medical and nutritional plan of care, have a body mass index (BMI) under 22 as defined by the Centers for Disease Control, and a documented, unintentional weight loss of 5 percent or more within the previous 6-month period, up to 1,000 calories per day; **or**

3. require total oral nutritional support, have a permanent structural limitation that prevents the chewing of food, and placement of a feeding tube is medically contraindicated.

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Enteral Formula Authorizations – Prescribers

- Prescribing provider will access the Portal or IVR System to request prior authorization for enteral nutritional formula.

- Provider will be required to answer member specific questions regarding medical criteria.

- If criteria are met, the provider will receive a prior authorization number.

- The authorization number is written or transferred to the fiscal order and shared with the dispensing provider.

- Filling out the Prescriber Worksheet in advance helps gather the necessary information. The link to the worksheet is included on the Resource slide at the end of this presentation.

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Enteral Formula Authorizations - Dispenser

- Dispensing provider (Pharmacy, Medical Supply Dealer, DMEPOS Supplier) will use the Portal or IVR to access and activate the prior authorization.

- Once accessed, the dispensing provider enters the HCPCS code that matches the formula found on the fiscal order.

- If the code matches the information entered, the authorization will be activated and available for claims processing.

- Filling out the Dispenser Worksheet in advance helps gather the necessary information. The link to the worksheet is included on the Resource slide at the end of this presentation.

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Automated Enteral Authorization is Not Available When:

- The member requires more calories per day than policy will allow.

- An oral fed adult requiring supplemental nutrition with a BMI between 18.5 and 21.9 (up to 1,000 calories/day).

- An oral fed adult with a BMI under 18.5 who requires a 3rd authorization within a 365-day period.

- An adult with a permanent structural limitation.

- A new provider must dispense the product.

These requests should be submitted using Prior Approval Request Form (eMedNY 361502) or ePACES with uploaded documents for review. Please include medical justification with the prior approval submission.

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Web Portal for Enteral Formula Prior Authorizations

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Creating a Portal Account

- Go to the link

  MEDICAIDENTERALPORTAL.health.ny.gov

- eMedNY.org – **Enteral Web Portal**

- Click on Register to set up a new account

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Welcome to the Enteral Authorization portal.

Email Address

Password
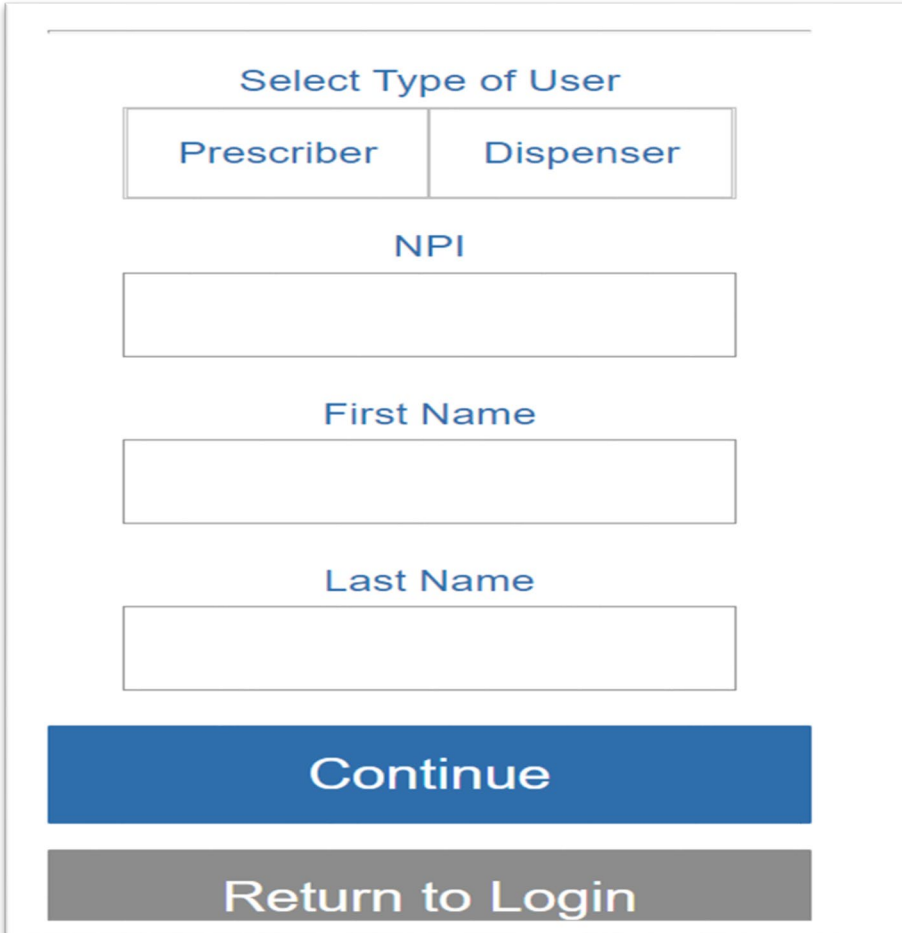
Login

Register

Reset Password

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Creating a Portal Account

- Select Type of User (Prescriber or Dispenser)
- Enter your NPI (National Provider Identifier)
- Enter your First and Last name
- Click Continue

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Creating a Portal Account

Enter a valid email address to receive a single use confirmation code

- Click Send Confirmation Email
- Check your email for 6-digit confirmation code
- Enter the confirmation code
- Click Confirm

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Enter Email Address

Email Address

Send Confirmation Email

Return to Login

Confirm Email Address

A confirmation email has been sent to Mxp12@health.ny.gov. Please enter the confirmation code in the box below.

Email Confirmation Code

Confirm

Return to Login

Creating a Portal Account

- Enter a valid mobile number to receive a single use confirmation code

- Click Send Confirmation Text

- Check your texts for the 6-digit confirmation code

- Enter the confirmation code

- Click Confirm

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Enter Mobile Phone Number

Phone Number

Send Confirmation Text

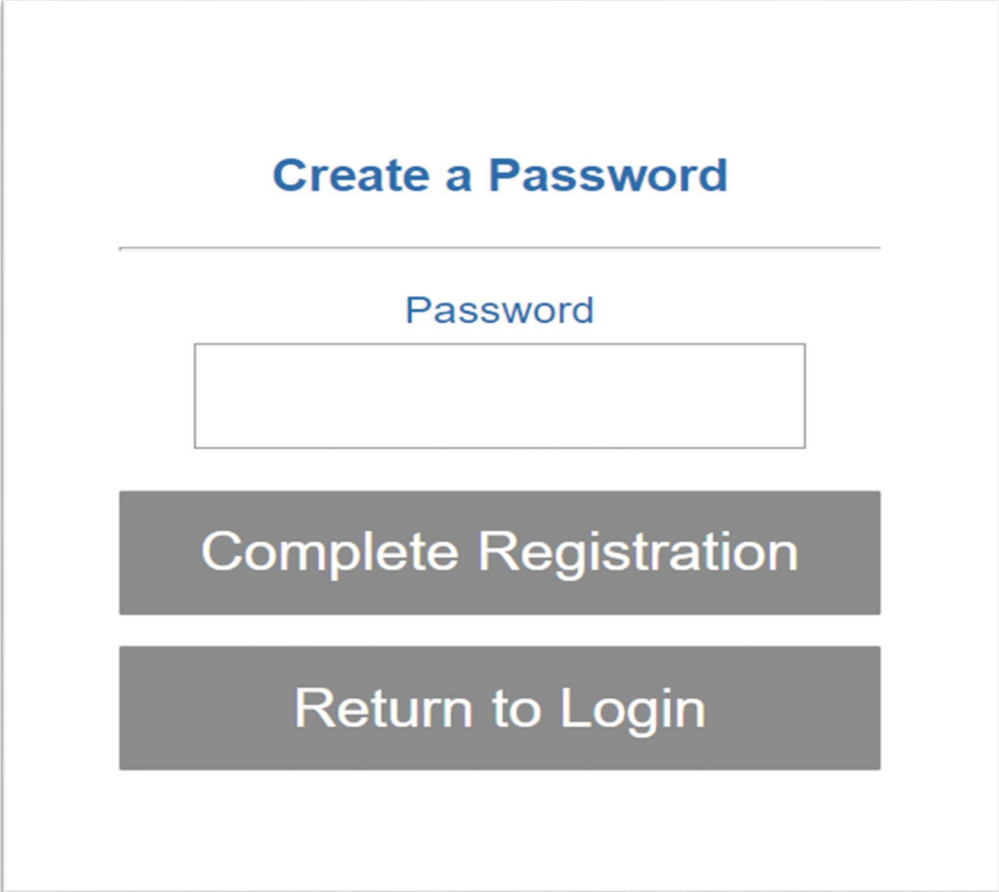Return to Login

Confirm Phone Number

A confirmation text message has been sent to the phone number ending in 0705. Please enter the confirmation code in the box below.

Phone Number Confirmation Code

Confirm

Creating a Portal Account

- Create a Password
  (must be at least 14 characters long and contain at least one letter, one number, and one special character)

- Click on Complete Registration

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Create a Password

Password

Complete Registration

Return to Login

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Creating a Portal Account - Tips

- Only one account can be set up per NPI number.

- Prescriber's NPI refers to the Ordering Provider. Dispenser's NPI refers to the Pharmacy or DME supplier.

- Only one email and phone number can be associated with an NPI number for multi-factor authentication login.

- After initial account set up, logging in will require an email and password.

- A confirmation code may be received via email or text.

- Dispensing providers will be asked for their Category of Service when registering.

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Requesting a Prior Authorization - Prescriber

- Click on Request a Prior Authorization

George , welcome to the Enteral Authorization portal.

Request a Prior Authorization

Cancel a Prior Authorization

Perform an Authorization Inquiry

Medicaid Enteral Formula Coverage Criteria

Requesting a Prior Authorization - Prescriber

- Enter the Medicaid member's client identification number

- Enter the Medicaid member's date of birth

- Click Continue

Requesting a Prior Authorization - Prescriber

- Choose the Mode of Administration
- Does the member have an Inborn-Metabolic disease?
- Click Continue

Requesting a Prior Authorization - Prescriber

- If the member has an Inborn-Metabolic disease a diagnosis will be requested

- Enter the member's diagnosis

- Click Continue

Enter the diagnosis related to the Inborn Metabolic Disease. No decimal point entry is allowed.

Continue

Start Over

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Requesting a Prior Authorization - Prescriber

- Are you prescribing more than one formula?

- Click Continue

- Enter total number of calories per day

- Click Continue

Enteral Info

Are you prescribing more than one Enteral formula?

Yes	No

Continue

Start Over

Enter the total number of calories being prescribed per day for this Enteral formula.

Continue

Start Over

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Requesting a Prior Authorization - Prescriber

- Enter the total number of refills

- Click Continue

- If authorization is successful a prior authorization number will be provided

Enter the total number of refills being prescribed:

Continue

Start Over

Prior Authorization Successful

The Prior Authorization number is:

01184771090

You must write this number on the face of the prescription and enter it into the patient's medical record. Reminder: The diagnosis code must be written on the script by the ordering provider.

Start Over

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Requesting a Prior Authorization - Prescriber

- When Oral is chosen as the Mode of Administration

- And No is chosen for Inborn-Metabolic disease

- Click Continue

Enteral Info

Mode of Administration

Feeding Tube	Oral

Is the Enteral formula being prescribed for an Inborn-Metabolic disease?

Yes	No

Continue

Start Over

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Requesting a Prior Authorization - Prescriber

- Are you prescribing more than one formula

- Click Continue

- Enter total number of calories per day

- Click Continue

Enteral Info

Are you prescribing more than one Enteral formula?

Yes	No

Continue

Start Over

Enter the total number of calories being prescribed per day for this Enteral formula.

Continue

Start Over

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Requesting a Prior Authorization - Prescriber

- Enter the total number of refills
- Click Continue
- Enter the member's height in inches and weight in pounds
- Click Continue

Enter the total number of refills being prescribed:

Continue

Start Over

Enter the patient's height in inches:

Enter the patient's current weight in pounds.

Continue

Start Over

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Requesting a Prior Authorization - Prescriber

- Answer questions related to the member's medical condition

- Click Continue

Does the patient have a medical condition that prevents him or her from consuming normal table foods or softened, mashed, pureed or blenderized foods?

Yes	No

If mode of administration will be oral, have alternatives, such as dietary changes, instant breakfast drinks, rice cereal, etc., been tried but were unsuccessful?

Yes	No

Has the adult patient had a significant unintentional weight loss greater than 5% over the past two months, or has the pediatric patient had no weight or height gain in the past six months?

Yes	No

Continue

Start Over

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Requesting a Prior Authorization - Prescriber

- Is there medical evidence in the medical record to support the request

- Click Continue

- Reminder to write diagnosis code on script

- Click Continue

Is there objective medical evidence in the medical record to support the need for enteral nutrition? For example: Malnutrition documented by serum protein levels, albumin levels or hemoglobin, changes in skin or bones, or physiological disorders resulting from surgery.

Yes	No

Continue

Start Over

Please note: The diagnosis code must be written on the script by the ordering provider.

Continue

Start Over

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Requesting a Prior Authorization - Prescriber

- If authorization is successful a prior authorization number will be provided

Prior Authorization Successful

The Prior Authorization number is:
02035200733

You must write this number on the face of the prescription and enter it into the patient's medical record. Reminder: The diagnosis code must be written on the script by the ordering provider.

Start Over

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Cancelling a Prior Authorization - Prescriber

- Click on Cancel a Prior Authorization

(Once a prior authorization has been activated by the dispensing provider, it can no longer be cancelled using the web portal or IVR systems)

George , welcome to the Enteral Authorization portal.

Request a Prior Authorization

Cancel a Prior Authorization

Perform an Authorization Inquiry

Medicaid Enteral Formula Coverage Criteria

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Cancelling a Prior Authorization - Prescriber

- Enter the Medicaid member's client identification number

- Enter the Medicaid member's date of birth

- Click Continue

Enter Client Info

Enter the member's client identification number.

Enter the member's date of birth.

Continue

Start Over

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Cancelling a Prior Authorization - Prescriber

- Enter the Prior Authorization number to be cancelled

- Click Continue

- Message received if the Prior Authorization was cancelled successfully

Cancel a Prior Authorization

Enter the Prior Authorization number you wish to cancel:

Continue

Start Over

PA Cancelled Successfully

Prior Authorization number 01184771090 has been cancelled.

Start Over

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Perform a Prior Authorization Inquiry - Prescriber

- Click on Perform an Authorization Inquiry

George , welcome to the Enteral Authorization portal.

Request a Prior Authorization

Cancel a Prior Authorization

Perform an Authorization Inquiry

Medicaid Enteral Formula Coverage Criteria

Perform an Authorization Inquiry - Prescriber

Enter Client Info

Enter the member's client identification number.

Continue

Start Over

We have reviewed all current authorizations for this patient requested by you and any other prescribers.

The total number of calories per day currently authorized for this patient is: 250.

Continue

Start Over

- Enter the Medicaid member's client identification number
- Click Continue
- Message received indicating the total number of calories authorized
- Click Continue

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Perform an Authorization Inquiry - Prescriber

- Message provides Prior Authorizations requested by your NPI

- Status of those prior authorizations

- Earliest time the formula can be reauthorized

You have requested the following authorizations for this member:

PA Number 12035200808 for 1 refills for 250 calories per day and was requested by you on 2/6/2023.

This prior authorization has not yet been completed by a pharmacy or DME provider.

The earliest that this formula can be reauthorized is: 3/28/2023.

Perform an inquiry on a different member

Start Over

To View Medicaid Enteral Formula Coverage Criteria

- Click on Medicaid Enteral Formula Coverage Criteria

George , welcome to the Enteral Authorization portal.

Request a Prior Authorization

Cancel a Prior Authorization

Perform an Authorization Inquiry

Medicaid Enteral Formula Coverage Criteria

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View Medicaid Enteral Formula Coverage Criteria

- Medicaid covers enteral nutritional therapy when it is an essential component of a medical treatment plan ordered by a prescriber

Medicaid Enteral Coverage Criteria

Enteral nutritional therapy is only covered by Medicaid as an integral component of a documented medical treatment plan ordered in writing by an authorized prescriber. There must be a documented diagnosis showing that caloric and dietary nutrients from food cannot be absorbed or metabolized. This must be substantiated in the patient's medical record by documented physical findings or laboratory data.

Enteral nutritional therapy is not covered as a supplement of daily protein-caloric intake when there is not documented medical necessity or as a convenient food substitute.

For more information about Enteral Coverage go to,

https://www.emedny.org/ProviderManuals/DME/PDFS/DME_Procedure_Codes.pdf

https://regs.health.ny.gov/volume-c-title-18/633338692/section-5055-durable-medical-equipment-medicalsurgical-supplies-orthotic

Start Over

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Dispensing an Enteral Formula - Dispenser

- Click on Dispense an Enteral Formula

Dispensing an Enteral Formula - Dispenser

- Enter the Prior Authorization number

- Click Continue

- Enter the Medicaid member's client identification number

- Click Continue

Enter the Prior Authorization number written on the prescription:

Continue

Start Over

Enter Client Info

Enter the member's client identification number.

Continue

Start Over

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Dispensing an Enteral Formula - Dispenser

- Enter the four-digit Enteral Code excluding the letter B

- Click Continue

- Regulation message received

- Click Continue

Enter the four-digit Enteral Code for the Enteral being dispensed(numerals only):

Continue

Start Over

Per regulation, providers are required to dispense the least costly generically equivalent formula to meet the medical need. When claiming, be prepared to supply such documentation.

Continue

Start Over

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Dispensing an Enteral Formula - Dispenser

- Is the amount sufficient per written order

- Click Yes or No

- Click Continue

The member has been authorized for 30 caloric units per month, under Enteral Code B4157 with 3 refills, expiring on 3/18/2023.

Is this amount sufficient per written order?

Yes	No

Caloric Unit(s) is equal to the number of calories per can divided by 100.

Continue

Start Over

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Dispensing an Enteral Formula - Dispenser

- Once the authorization has successfully been activated a message is received

- Click start over if you have another authorization to dispense

This information has been entered into our records, and you have prior authorization to dispense this request. Prior authorization does not guarantee payment. Payment is subject to patient eligibility and other Medicaid guidelines.

The dispensing provider must make sure the diagnosis code is written on the ordering provider's prescription. If not, please contact the ordering provider to obtain the information. It is the responsibility of the dispensing provider to maintain this information as part of their records.

Start Over

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Perform an Authorization Inquiry - Dispenser

- Click on Perform an Authorization Inquiry

Welcome to the Enteral Authorization portal.

You must answer all questions before submitting a claim. Do not proceed unless the Enteral is in-stock and available to be dispensed at this time.

- Dispense an Enteral Formula
- Perform an Authorization Inquiry
- Paper Prior Approval Requests
- Medicaid Enteral Coverage Criteria

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Perform an Authorization Inquiry - Dispenser

- Enter the Medicaid member's client identification number

- Click Continue

- Message received showing authorizations for the member

Enter Client Info

Enter the member's client identification number.

Continue

Start Over

We have reviewed all current authorizations for this member.

The total number of calories per day currently authorized for this member is 250.

The total number of caloric units per month currently authorized for this patient is 75.

Continue

Start Over

Perform an Authorization Inquiry - Dispenser

- Message provides authorization information associated with your NPI

- Click Continue to perform another inquiry or log out

You have completed the following authorizations for this member:

PA Number 12035200808, Billing Code B4152 for 1 refills for 250 calories per day and 75 caloric units per month was completed by you on 2/6/2023. The earliest that this formula can be reauthorized is: 3/28/2023

Continue

Start Over

Requesting Paper Prior Approval - Dispenser

- Click here for instructions on submitting paper prior approval requests.
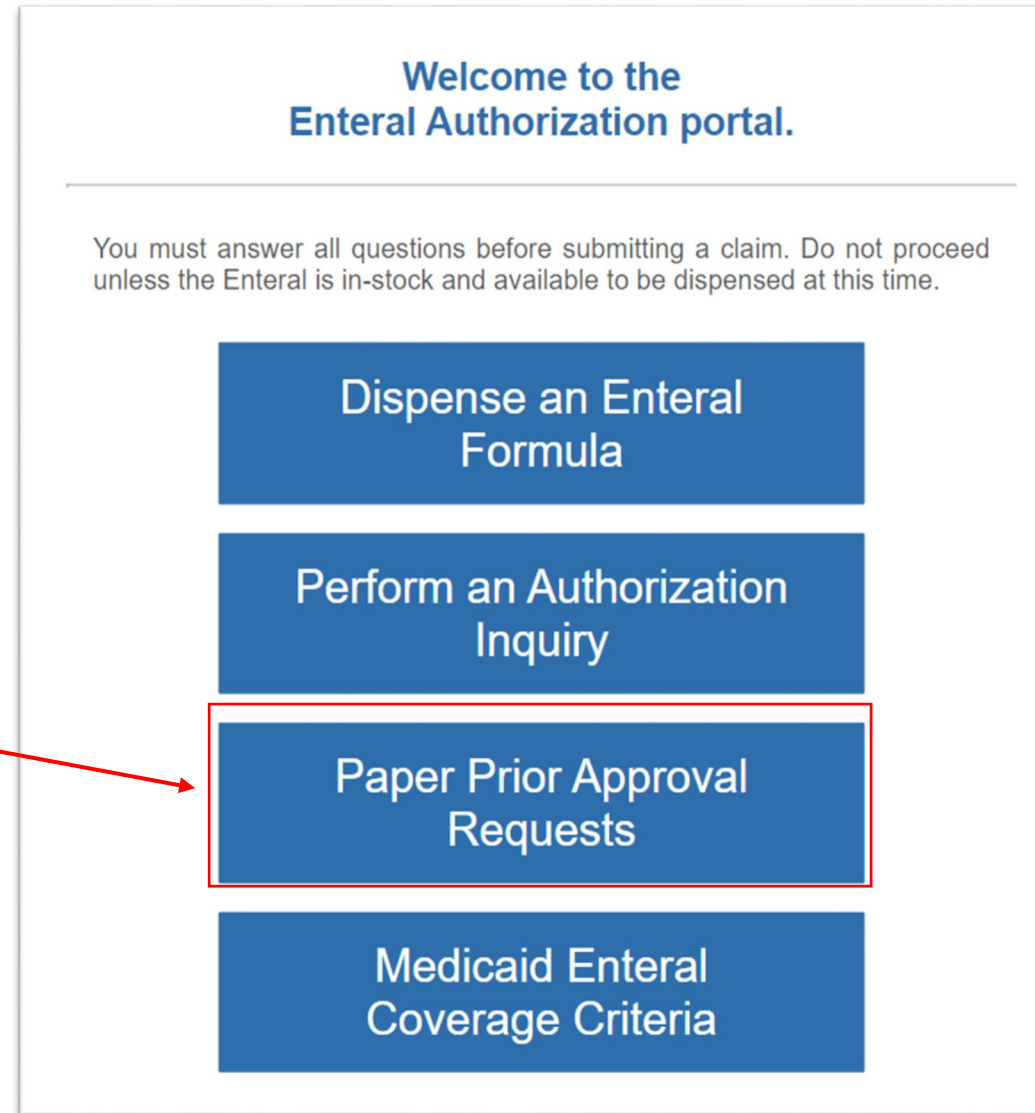
Requesting Paper Prior Approval-Dispenser

- Use the Order/Prior Approval Request Form (eMedNY 361502)

Use the Order/Prior Approval Request Form (eMedNY 361502). For instructions on filling out this form, visit https://www.emedny.org/ProviderManuals/DME/PDFS/DME_PA_Guidelines.pdf

The Prescribing Provider must sign the form in the signature field of Section 1 except in the following circumstance: If the Prescribing Provider has written a fiscal order to be used in lieu of signing the eMedNY 361502, the Dispensing Provider must write "Appears on Order" in the prescriber's signature field in Section 1 of the form.

The pharmacy or DME provider must complete Section 2 and send it to: eMedNY, PO Box 4600, Rensselaer, NY 12144-4600.

Form eMedNY 361502 can be ordered by calling 1(800)343-9000.

Medicaid Enteral Coverage Criteria

Start Over

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Questions & Answers

- **What are the benefits of using the Portal for Enteral Formula Prior Authorization?** The Portal will allow users another option to the IVR for enteral prior authorization requests.

- **Have any changes been made to the IVR Enteral Prior Authorization Number?** No, the IVR Enteral Prior Authorization call number remains the same at (866) 211-1736.

- **If providers have an ePACES account, are they already set up to login to the Portal?** No. The Portal is a separate sign in screen with different credentials. Users must create a new account, user ID and password to use the Portal.

- **Will paper prior approval request forms still be available?** Yes. Paper prior approval request forms are still available. Please use eMedNY.org website and use second tab labeled Information, click on eMedNY Paper Forms then Order/Prior Approval Request-Pharmacy/DME, Nursing, Eye Care, Physician.

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Resources:

Prior Authorization Portal link:
www.MEDICAIDENTERALPORTAL.health.ny.gov

Interactive Voice Response System can be reached at: (866) 211-1736

NYS Medicaid Program Enteral Formula Prior Authorization Physician Worksheet is available at:

https://www.emedny.org/ProviderManuals/communications/Prescriber_Worksheet_Instructions.pdf

NYS Medicaid Program Enteral Formula Prior Authorization Dispenser Worksheet is available at:

https://www.emedny.org/ProviderManuals/communications/Dispenser%20Worksheet.pdf

Enteral Product Classification List is available at:

https://www.emedny.org/ProviderManuals/Pharmacy/PDFS/Enteral_Product_Classification_List-12-31-21.pdf

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RECORDING AND MATERIALS

A recording of the webinar and related materials

will be available at:

www.eMedny.org/ProviderManuals/DME/

Contact Us: OHIPMEDPA@health.ny.gov

or 800-342-3005 (Option 1)

Live Support is available Monday – Friday 8:30am to 4:45pm

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