

SECTION 6 HEALTHY CHILDREN AND YOUTH (HCY)

Medically necessary items or services normally non-covered through the DME program may be considered for participants under the age of 21. A complete list of HCY (Healthy Children and Youth) services can be found in Section 19.1 of the MO HealthNet DME manual located on the Internet at <http://manuals.momed.com/manuals/>. For those items not having specific Health Care Procedure Coding System (HCPCS codes) may be considered by utilizing one of the following miscellaneous or not otherwise classified codes as appropriate for the supplies or equipment prescribed:

A9270 NU EP	A9999 NU EP	E1399 NU EP	T1999 NU EP
A9270 RB EP	A9999 RB EP	E1399 RB EP	T5999 NU EP
A9270 RR EP	A9999 RR EP	E1399 RR EP	A9900 NU EP

Section 19.1 contains the reimbursement guidelines, including required attachments, and quantity limitations. Should the participant require a quantity in excess of the established MO HealthNet limitation, the prescribing physician must provide the DME provider with documentation why the participant medically needs the requested quantity. It is important to keep in mind the documentation must clearly express the medical need for the participant, not additional quantities at the request of the caregiver or for the convenience of the caregiver.

INCONTINENCE PRODUCTS

Disposable underpads and diapers/briefs are covered for participants age four (4) through twenty (20) when:

- The items are prescribed and determined to be appropriate where there is the presence of a medical condition causing bowel/bladder incontinence; and
- The participant would not benefit from or has failed a bowel/bladder training program.

Protective underwear/pull-ons are covered for participants age four (4) through twenty (20) when:

- They are prescribed and determined to be appropriate where there is presence of a medical condition causing bowel/bladder incontinence; and
- The participant is actively participating and demonstrating definitive progress in a bowel or bladder program with reassessment of progress every six (6) months; or
- The participant has the cognitive ability to independently care for his/her toileting needs; or
- There is documentation of the medical necessity for pull-on protective underwear instead of diapers/briefs.

All procedure codes for diapers, pull-ons and underpads require pre-certification. The EP modifier is required when the pre-certification is for an excess of the 186

monthly limit; the EP modifier is not required for a monthly quantity of 186 or less. Procedure codes for diapers, pull-ons and underpads can be found in Section 19.1 of the DME provider manual.

ENTERAL NUTRITION AND SUPPLIES

The following enteral nutrition procedure codes should not be date spanned, but billed with a single date of service and the NU modifier. Requested amounts must be over the WIC (Women, Infant and Children) allotment. The quantities are to reflect the total number of units, calculated at one unit = 100 calories. As an example, the doctor prescribes 2 cans per day with each can containing 300 calories. The number of units billed for a 31-day month is 186. It is not necessary for a provider to bill an entire month's supply at once. If the parent/caregiver picks up enough enteral nutrition for a week or two, the provider should only bill the amount of calories dispensed at that time; however, providers may not dispense more that what was prescribed by the physician in a single month. The date of service is the date the enteral nutrition is dispensed.

B4149 EP BA	B4149 EP BO	B4150 EP BA	B4150 EP BO
B4152 EP BA	B4152 EP BO	B4153 EP BA	B4153 EP BO
B4154 EP BA	B4154 EP BO	B4155 EP BA	B4155 EP BO
B4157 EP BA	B4157 EP BO	B4158 EP BA	B4158 EP BO
B4159 EP BA	B4159 EP BO	B4160 EP BA	B4160 EP BO
B4161 EP BA	B4161 EP BO	B4162 EP BA	B4162 EP BO

The following procedure codes are to be date spanned. The number of units must equal the number of days spanned, i.e., 01/11/11-01/31/11 = 21.

B4034 EP BA NU	B4035 EP BA NU	B4036 EP BA NU	B9000 EP BA NU
B9002 EP BA NU	E0776 EP BA RR		

NOTE: If billing E0776 EP BA as a purchase (NU modifier), do not date span.

The following procedure codes are to be billed as a single date of service with only one unit. Additionally, each code is to be billed with the NU modifier.

B4081 EP BA	B4082 EP BA	B4083 EP BA
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The following procedure codes are to be billed as a single date of service along with the NU modifier. The quantity billed needs to reflect the total number of units/items dispensed according to the description of the HCPCS code and based on the physician's order.

B4100 EP BO	B4103 EP BA	B4103 EP BO	B4104 EP BA
B4104 EP BO	B9998 EP BA	B9998 EP BO	A5200 EP BA
S9434 EP BA	S9434 EP BO	S9435 EP BA	S9435 EP BO

UROLOGICAL SUPPLIES

Claims for the urological procedure codes stated below require pre-certification with quantity limitations established for each. In addition to the NU modifier, the EP modifier is also required as long as pre-certification is within the established quantity limitations; if the pre-certification is in excess of the quantity limitations, the EP modifier is not required. Supplies approved for quantities in excess of the allowed amount for procedure codes A4331, A4357, A4402 and A5102 are authorized utilizing the modifiers NU and AU.

A4310	A4311	A4312	A4313	A4314
A4315	A4316	A4320	A4322	A4326
A4327	A4328	A4331	A4332	A4333
A4334	A4335	A4338	A4340	A4344
A4346	A4349	A4351	A4352	A4353
A4354	A4355	A4556	A4357	A4358
A4402	A5102	A5105	A5112	A5200

Procedure codes A4313, A4316, A4320, A4322, A4326, A4331, A4335, A4340, A4346, A4352, A4355, A4356, A5102, A5105, and A5200 are considered specialty items or items that are rarely used or only used in unusual situations. Pre-certification of these items require the physician (physician office) contact the help desk through submission of a CyberAccessSM help ticket or by calling 800-392-8030.

HCY BILLING REMINDERS

- Participants must be under the age of 21
- Manually priced items requiring a prior authorization (PA) require an invoice of cost attached to the PA request.
- Manually priced items requiring a certificate of medical necessity may either attach the invoice of cost to a paper claim form or complete an electronic invoice of cost via a link within the Medical CMS-1500 format on emomed.com.
- All manually priced HCY items are priced at cost plus 20%.