



PROVIDER BULLETIN

No. 05-24

September 14, 2005

TO: Pharmacy/DME Providers in the Nebraska Medicaid Program
 FROM: Mary Steiner, Medicaid Administrator
 BY: Janeen Berg, RN, Program Specialist, Nutritional Supplements
 RE: Nutritional Supplement Claim Submission and Reimbursement

EFFECTIVE: October 1, 2005

Please share this information with your staff and billing department.

Nebraska Medicaid has established a fee schedule for nutritional supplements provided on or after October 1, 2005. **Product invoices and the ‘22’ modifier will no longer be required with claim submissions.**

Providers will continue to be responsible to submit the correct HCPCS code for the nutritional product. To determine the correct HCPCS code, use the SADMERC website at www.palmettogba.com. (Go to SADMERC, then product classification list, then enteral nutrition).

When billing NE Medicaid for nutritional products, the **product name must be entered in Box 19 on the CMS-1500 paper claim form.** If submitting an electronic claim, enter the product name in the claim note text area.

When a nutritional product is taken orally, the ‘BO’ modifier is submitted with the HCPCS code.

The fee schedule unit values effective October 1, 2005 are:

HCPCS Code	Unit	Unit Value
B4102	1 Unit = 500 ml	80% of Billed charges (Billed charges are provider’s usual and customary charge for product)
B4103	1 Unit = 500 ml	\$1.75/unit
B4104	1 Unit =1 Can/Item	80% of Billed charges (Billed charges are

		provider's usual and customary charge for product)
B4149	1 Unit=100 Calories	\$1.53/Unit
B4150	1 Unit=100 Calories	\$0.65/Unit
B4152	1 Unit=100 Calories	\$0.55/Unit
B4153	1 Unit=100 Calories	\$1.86/Unit
B4154	1 Unit=100 Calories	\$1.19/Unit
B4155	1 Unit=100 Calories	\$0.93/Unit
B4157	1 Unit=100 Calories	80% of Billed charges (Billed charges are provider's usual and customary charge for product)
B4158	1 Unit=100 Calories	\$0.65/Unit
B4159	1 Unit=100 Calories	\$0.65/Unit
B4160	1 Unit=100 Calories	\$0.65/Unit
B4161	1 Unit=100 Calories	\$1.86/Unit
B4162	1 Unit=100 Calories	80% of Billed charges (Billed charges are provider's usual and customary charge for product)

For additional questions or clarification of this Provider Bulletin, please contact Janeen Berg, RN, Medicaid Program Specialist at (402) 471-9342.

Providers are to update their Nebraska Medicaid Provider Handbook with the following:
471-00-507 Revision of the Nebraska Medicaid DME, Medical Supplies, Orthotics and
Prosthetics Fee Schedule

REMOVE PAGES CODED:

471-000-507, Pages 2 and 11
Revised July 1, 2005

INSERT PAGES CODED:

471-000-507, Pages 2 and 11
Revised October 1, 2005

