



**Division of Medical Services
Program Planning & Development**

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OFFICIAL NOTICE

DMS-2008-J-5

TO: Health Care Provider – Prosthetics

DATE: June 1, 2008

SUBJECT: Additional Modifiers for Nutritional Formulas for Beneficiaries Ages 0 through Four Years for June 1, 2007 through May 31, 2008

It has been determined that due to the policy changes being implemented in Prosthetics Update 117, that additional modifiers are necessary for providers to be able to bill for covered services that were provided June 1, 2007 through May 31, 2008 for beneficiaries ages 0 through four years.

The additional modifiers will allow the provider to bill, without prior authorization for beneficiaries from birth through 4 years of age, for products covered for the period June 1, 2007 through May 31, 2008.

Products covered from June 1, 2007 through May 31, 2008 are shown in the attached chart and may be billed using the additional modifiers **U7** and **UA** which must be used along with current modifiers when billing for beneficiaries ages 0 through four years.

Because the CMS-1500 billing form contains only four spaces for modifiers, providers may bill procedure codes without using the **BO** modifier for oral formulas for beneficiaries, ages 0 through four years, for the time period of June 1, 2007 through May 31, 2008.

When billing for services for the months of June 1, 2007 through May 31, 2008, for beneficiaries ages five through ninety-nine years, the procedure codes, modifiers and products found in Section 242.150 of the Prosthetics Provider Manual for that time period may be used.

Refer to Prosthetics Update 117 for instructions for billing for services effective on or after June 1, 2008.

Nutritional Formulae For Child Health Services (EPSDT) Beneficiaries Ages 0-4 Only						
The codes and modifiers below should be used to bill for services provided for dates of service 06/01/07 through 05/31/08 if that service has not been billed to date. For any services provided for dates of service 06/01/08 or after, refer to Update Transmittal # 117 to the Prosthetics Manual for codes to bill.						
Procedure Code	M1	M2	M3	M4	Products	Age Range
B4149	EP	U7	UA		Compleat	0-4 yrs.
B4150	EP	U7	UA		Boost, Boost w Benefiber & FOS, Carnation Instant Breakfast Lactose Free, Ensure, Ensure Fiber w FOS, Ensure High Protein, Ensure HN, Ensure Powder, Fibersource, Fibersource HN, Fortison, Intraelite, Isocal, Isocal HN, IsoSource, IsoSource HN, Jevity 1.0 CAL, Nutrapack, Nutren 1.0, Nutren 1.0 w Fiber, Osmolite, Osmolite 1.0 CAL, Osmolite HN, Portagen, Probalance, Promote, Promote w Fiber, Ultracal	0-4 yrs.
B4150	EP	U1	U7	UA	Boost Pudding, Ensure Pudding	0-4 yrs.
B4152	EP	U7	UA		Boost Plus, Carnation Instant Breakfast Lactose Free Plus, Comply, Ensure Plus, Ensure Plus HN, Novasource 2.0, Nutren 1.5, Nutren 2.0, Osmolite 1.5 CAL, Scandishake, Two-Cal HN	0-4 yrs.
B4153	EP	U7	UA		Alitraq, Criticare HN, Isotein HN, Peptamen, Peptamen 1.5, Peptamen VHP, Peptamen w Prebio 1, Perative, Tolorex, Vital HN, Vivonex Plus, Vivonex TEN,	0-4 yrs.
B4154	EP	U7	UA		Advera, AminAid, Choice DM, Boost Diabetic, Forta Drink, Glucerna, Glytrol, Hepatic Aid, Impact, Impact w Fiber, IsoSource VHN, Ketocal, Lipisorb, Lofenalac, Nepro, Nepro with Carb Steady, NutriHep, Protain XL, Pulmocare, Resource Diabetic, Respalar, Similac 60/40, Suplena, Suplena with Carb Steady, Traumacal, Trumaid Powder	0-4 yrs.
B4155	EP	U7	UA		Casec Powder, Fructose Powder, MCT Oil, Moducal, Polycose Liquid, Procel Protein Power, Provimin, Sumacal	0-4 yrs.
B4155	EP	U1	U7	UA	Polycose Powder, Dextrose, Scandical	0-4 yrs.
B4155	EP	U2	U7	UA	Microlipids	0-4 yrs.
B4155	EP	U3	U7	UA	Product 80056, PKU 1, 2 and 3, RCF, Try 1 and 2	0-4 yrs.
B4158	EP	U7	UA		Enfamil, Enfamil AR Lipil, Enfamil Lactofree, Enfamil Lactofree Lipil, Enfamil Lipil Low Iron, Enfamil Lipil w Iron, Enfamil Next Step Lipil, Nutren Jr., Nutren Jr. w Fiber, Resource for Kids, Resource Just for Kids w Fiber	0-4 yrs.
B4159	EP	U7	UA		Enfamil Next Step, Prosobee Lipil, Enfamil Prosobee Lipil, Isomil, Isomil Advance Soy w Iron, Prosobee	0-4 yrs.
B4160	EP	U7	UA		Enfamil Enfacare Lipil Powder, Kindercal, Kindercal w Fiber, Pediasure, Pediasure w Fiber	0-4 yrs.
B4160	EP	U1	U7	UA	Enfamil Premature Lipil 24 CAL Low Iron, Enfamil Premature Lipil 24 CAL w Iron, Similac Neosure, Similac Neosure Advance, Special Care Advance 20, Special Care Advance 20 w Iron, Special Care Advance 24, Special Care Advance 24 w Iron	0-4 yrs.
B4161	EP	U7	UA		Alimentum, EleCare, Enfamil Nutramigen Lipil, Enfamil Pregestimil, Neocate Infant Formula, Neocate Jr., Neocate One + (Pediatric E028) Liquid, Neocate One + Powder, Nutramigen, Peptamen Jr. Pregestimil, Similac Alimentum Advance w Iron, Vivonex Pediatric	0-4 yrs.
B4162	EP	U7	UA		Calcilo XD, Cyclinex-1, Cyclinex-2, Hominex-1, Hominex-2, I-Valex-1, I-Valex-2, Ketonex-1, Ketonex-2, Low Phe Try Diet Powder, Maxamaid MSUD, Maxamaid XLYS Try, Maxamaid XP, Maxamaid Xphen Try, Maxamum MSUD, Maxamum XP, MSUD Analog, MSUD 1 and 2, Periflex, Periflex Advanced, Periflex Infant, Periflex Junior, Phenex-1, Phenex-2, Phenyl Free 1, Phenyl Free 2, Propimex-1, Propimex-2, XP Analog, XLYs, XTrp Maxamaid, Xphe Maxamaid, XPhe XTyr Maxamaid, Xphe Maxamum, Xphe, XTyr Analog, Xphen, Try Analog	0-4 yrs.
B4162	EP	U1	U7	UA	XMTVI Maxamaid	0-4 yrs.

Thank you for your participation in the Arkansas Medicaid Program.

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at 501-682-8323 (Local); 1-800-482-5850, extension 2-8323 (Toll-Free) or to obtain access to these numbers through voice relay, 1-800-877-8973 (TTY Hearing Impaired).

If you have questions regarding this notice, please contact the EDS Provider Assistance Center at In-State WATS 1-800-457-4454, or locally and Out-of-State at (501) 376-2211.

Arkansas Medicaid provider manuals, official notices and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website: www.medicaid.state.ar.us.

Roy Jeffus, Director

