#### Commonwealth of Massachusetts Executive Office of Health and Human Services Office of Medicaid

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MassHealth
Durable Medical Equipment Bulletin 35
October 2023

**TO**: Durable Medical Equipment Providers Participating in MassHealth

FROM: Mike Levine, Assistant Secretary for MassHealth White Levine

**RE:** Coverage for Medically Necessary Enteral Nutrition Formula

#### **Background**

MassHealth covers medically necessary pediatric formula and thickening agents through both pharmacy and durable medical equipment (DME) providers. See <u>All Provider Bulletin 373</u>. There have been recent shortages reported for enteral nutritional formula available through DME providers, specifically for products covered using HCPCS codes B4102, B4150, B4152, and B4154. Accordingly, MassHealth will update the MassHealth Drug List to add coverage of medically necessary enteral nutritional products through the Pharmacy Online Processing System (POPS).

Please note that while both pediatric and enteral nutritional formula dispensed by both DME and pharmacy providers will require a prescription, **MassHealth strongly encourages prescribers to write down any appropriate substitute products on the prescriptions for formula, in addition to the preferred product.** This will enable the DME or pharmacy provider to dispense the substitute formula in the event the preferred product is unavailable without the need for a new or modified prescription. DME providers are encouraged to remind prescribing providers to list appropriate substitutes products during initial and subsequent communications. DME providers should direct MassHealth members to pharmacies if they are unable to provide the preferred or substitute products. MassHealth is also implementing limited flexibilities regarding prescription substitutions, as further described below.

## **Applicability**

These updates apply to MassHealth Standard, CommonHealth, CarePlus, Family Assistance, and Children's Medical Security Plan (CMSP) members whose pharmacy claims are paid through the Pharmacy Online Processing System (POPS), including members enrolled in MassHealth fee-for-service and the Primary Care Clinician (PCC) Plan or in a Primary Care Accountable Care Organization (PCACO). This change also applies to Health Safety Net (HSN) patients at HSN providers.

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### APB 373 Flexibilities Effective for DME Providers Remain in Effect

MassHealth is continuing its streamlined prior authorization (PA) review process for formula dispensed by DME providers and will also allow DME providers to dispense formula prior to obtaining authorization. Specifically, MassHealth's streamlined DME PA review is limited to review of prescriptions and manufacturer invoices. In addition, and notwithstanding the requirement in 130 CMR 409.418, PA is not required prior to the delivery of formula supplied by a DME provider. However, providers must have an approved authorization for formula prior to filing a claim. As noted in All Provider Bulletin 373, these policies are in effect now and will continue until additional guidance is published by MassHealth.

## **Expedited Review Remains in Effect for Substitute/Replacement Formula**

Through <u>All Provider Bulletin 373</u>, MassHealth has expedited processing of PAs for substitute/replacement formula. DME providers should submit a new PA request when seeking a replacement/substitute formula. Please reference the existing PA number on the new PA request for replacement/substitute formula.

## **Limited Flexibility for Prescription Substitution**

Notwithstanding the processes described above, MassHealth is temporarily allowing pharmacy and DME providers to provide the following substitutions without updating the existing prescribing provider prescription.

- 1. Ensure Original (B4150) may be substituted with a clinically equivalent product designated by HCPCS Code B4150 that is no more costly, including Boost Original if the Abbott product is out of stock.
- 2. Ensure Plus (B4152) may be substituted with a clinically equivalent product designated by HCPCS Code B4152 that is no more costly, including Boost Plus (B4152), if the Abbott product is out of stock.

This exception to the expedited PA process is limited to substitutions of the above two products. This exception is in effect until additional guidance is published by MassHealth.

#### **MassHealth Website**

This bulletin is available on the <u>MassHealth Provider Bulletins</u> web page.

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# Questions

If you have questions about the information in this bulletin, please contact the Long Term Services and Supports (LTSS) Provider Service Center.

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