

# Prior authorization guidance for the WIC nutritionist

Our families sometimes need special formulas or medical foods, and occasionally their needs fall outside what we can provide through WIC. In these cases, Medicaid is approached to cover the cost through the prior authorization process. While WIC nutritionists are rarely the people responsible for guiding and completing this process, we can play pivotal roles at several points along the way – informing the family about Medicaid coverage, calculating nutritional needs, identifying the right person at the family's medical home who is experienced in submitting prior authorizations, or tracking the request's progress to prevent unnecessary stalls or denials.

The key is knowing how this process works, so WIC nutritionists can skillfully and confidently help their families. This document aims to guide the WIC nutritionist through a prior authorization request, by providing an overview of terms and steps in the process, including links to forms and resources.

## Overview

### Products requiring prior authorization through Medicaid

- Enteral products
- WIC formulas above the maximum amounts provided by WIC
- Formulas not in the WIC formulary
- Non-formula products (thickeners, vitamins & minerals, etc)

### Prior authorization guidelines for products

Medicaid will cover the following enteral nutrition product categories with prior approval:

- General purpose enteral nutrition products
- Specially formulated enteral nutrition products
- Enteral nutrition products administered using a feeding tube

Medical conditions and clinical criteria for each category are described in "[Enteral Nutrition Products Policy](#)," [ForwardHealth Update No. 2012-57, October 2012](#), pages 2-5. For more general information about these medical conditions, see the [Table of Medical Conditions](#) in the WIC toolkit.

### Definitions

CYSHCN regional center: Wisconsin has five regional centers dedicated to supporting families with children and youth with special health care needs and the providers who serve them. The centers are staffed by specialists who can help get answers, find services and connect families to community resources. Their services are free and private.

HMO advocate: Each Medicaid HMO has an HMO advocate, often the first contact for problems with HMO coverage.

Member: The person receiving Medicaid coverage, who is also the WIC client needing the formula or nutrition product.

Ombudsman: Resource for questions or concerns, including rights, responsibilities and grievances, about Wisconsin BadgerCare Plus or Medicaid SSI HMO coverage. Approach the ombudsman if the family is not participating in a Medicaid HMO.

PHP: Private healthcare provider – doctor, clinical dietitian, CNM, etc.

## Roles

### AT THE BEGINNING

- Family needs more info about product (resource: WIC RD)
- Family or PHP having problems getting product (either due to Medicaid or pharmacy) (resource: [CYSHCN center](#) and [BadgerCare Plus/Medicaid SSI ombudsman](#))
- Family needs someone to apply for Medicaid coverage of product (resource: PHP with assist from WIC nutritionist, if needed)

### IN PROCESS

- Medicaid prior authorization stalled (resource: HMO advocate or [ombudsman](#))
- Medicaid prior authorization denied (resource: HMO advocate or [ombudsman](#), [CYSHCN center](#), PHP, WIC nutritionist)

## Instructions

WIC nutritionists can help client families receive special medical formulas beyond the amounts or types allowed by WIC. To be successful, remember these three key points:

- First, find a partner - identify a staff member experienced in processing Medicare prior authorization requests at the family's medical home (a good place to start would be the clinical dietitian),
- Work with a pharmacy experienced in processing these requests, and
- Code the request as an "oral enteral product" (for oral products) rather than as a supplement.

The medical clinic or hospital may have developed its own forms for submitting a prior authorization for enteral products. If so, provide the clinic dietitian or medical staff with any information needed to complete the form, such as client's name and contact information, date of birth, most recent height and weight, name of medical condition(s) and associated ICD-9 codes, name of formula, formula's product code (see resources below for guidance), total daily calories needed by the client, total daily calories WIC can provide through the product, length of time product will be needed, and justification for the product.

The medical clinic or hospital may instead use the forms provided by Forward Health/Wisconsin Department of Health Services, specifically [F-11054 Prior Authorization/Enteral Nutrition Products Attachment \(PA/ENPA\)](#), and [F-11018 Prior Authorization Request Form \(PA/RF\)](#). The WIC nutritionist should again provide the clinic dietitian or medical staff with the above information and may also need to add some explanatory text (ie, describe why a diet of regular- or altered-consistency table foods and beverages is not nutritionally sufficient and why nutritional requirements can be met using only enteral nutrition products, or describe why general purpose enteral nutrition products don't meet the member's nutritional needs). The medical staff (referred to as the "prescriber" or "provider") will need to complete other parts of the form, such as provider identifier number, details of the medical condition(s), and signature. The ForwardHealth on-line handbook provides a [sample of a completed F-11018 PA Request Form](#).

Instructions for submitting the form can be found in the 37-page ["Enteral Nutrition Products Policy," ForwardHealth Update No. 2012-57, October 2012](#). Key points (noted on page 5 of the update): you must submit both F-11054 and F-11018, a copy of the original prescription or order for the formula, and supporting clinical documentation that cannot be sufficiently indicated on the two forms. The documents can be submitted electronically through the ForwardHealth portal (the clinic or hospital billing department must be set up to do this) or by fax or mail. If submitting by fax or mail, then a third form (1500 Health Insurance Claim Form for Enteral Nutrition Products, or Attachment 7 in the update) must also be submitted.

ForwardHealth will make a decision regarding the request within 20 working days from the receipt of all the necessary information. ForwardHealth will send the provider either a decision notice letter (approved, approved with modifications, or denied) or a returned provider review letter. The family will also be contacted if the request is denied. If approved, the product will be shipped to the family. If denied, the family receives a Notice of Appeal Rights letter that includes a brief statement of the reason prior authorization was denied and information about the member's right to a fair hearing. Only the member, or authorized person acting on behalf of the member, can appeal the denial. The provider can also submit a new prior authorization request.

Formula companies will sometimes provide product directly to the family. WIC nutritionists may go this route if the Medicaid prior authorization request was denied or the family doesn't receive Medicaid. (Best practice for Medicaid families is to try prior authorization first before approaching the formula companies.) Contact information for formula companies and products are listed below in resources.

## Resources

### *ForwardHealth forms*

#### [Enteral Nutrition Products Policy - ForwardHealth Update No. 2012-57, October 2012](#)

- F-11054 Prior Authorization/Enteral Nutrition Products Attachment (PA/ENPA) – page 17 (instructions), page 21 (form), Attachment 2 – or [link to fillable PDF form](#)
- F-11018 Prior Authorization Request Form (PA/RF) – page 25 (instructions), page 29 (form), Attachment 4 -- or [links to fillable Word or PDF forms](#) and [sample completed form](#)
- 1500 Health Insurance Claim Form for Enteral Nutrition Products – page 30 (instructions), page 37 (form), Attachments 6 & 7

### *Information to help complete ForwardHealth forms:*

#### [FORWARDHEALTH UPDATE NO. 2012-57, OCTOBER 2012](#)

- Units – page 9
- Modifiers – page 10
- Place of service codes – page 10
- Product procedure codes – page 13, Attachment 1

#### FORWARDHEALTH ON-LINE HANDBOOK

- [Prior authorization decisions \(including denial and appeal process\) - Topic #424](#)
- [Emergent and urgent situations - Topic #429](#)
- [Provider services and resources reference guide - Topic #4456](#)

### *Contact lists:*

- [CYSHCN regional centers](#) and [Great Lakes Inter-Tribal Council](#) contact lists
- MA/BC+ & SSI HMO advocate list

### *WIC formulas:*

- [WIC prescription form - infants](#) (communication form between WIC RD & PHP) (F44024D)
- [WIC prescription form - children](#) (communication form between WIC RD & PHP) (F44024B)
- [WIC infant formulas - standard](#) (descriptive chart) (P40077A)
- [WIC infant formulas - exempt](#) (descriptive chart) (P40077B)
- [WIC formulas and foods for children](#) (descriptive chart) (P40077C)

### *Formula companies:*

#### [Neocate Assistance Program](#)