



# MONTANA HEALTHCARE PROGRAMS NOTICE

**March 12, 2020**

## **Durable Medical Equipment, EPSDT, IHS/Tribal 638, Physicians, and Mid-Level Providers**

**Effective April 13, 2020**

### **Medical Food or Formula for Phenylketonuria (PKU) due to Inborn Errors of Metabolism (IEM) - HCPCS Code S9435**

This notice is to inform providers of the criteria for medical food or formula for members with inborn errors of metabolism and phenylketonuria. Medical food or formula for PKU and IEM is reimbursed by Montana Healthcare Programs when billed as HCPCS procedure code S9435. Montana Healthcare Programs will cover Medical food or formula for PKU and IEM when the following criteria has been met:

1. Ordering Health Care Provider/Prescriber (HCP) notes detailing the diagnosis of IEM or PKU, including the clinical testing used to make the diagnosis.
2. Return visits documented by the prescribing healthcare professional to monitor the serum phenylalanine levels to ensure efficacy.
3. Supplier and prescriber have documented continued medical need:
  - A recent order by the treating physician/practitioner for refills
  - A recent change in prescription
  - A properly completed CMN or DIF with an appropriate length of need specified
  - Timely documentation in the beneficiary's medical record showing usage of the item (Timely documentation is defined as a record in the preceding 12 months)

Additional important CMS Medicare medical record and continued need requirements related to DME that also apply to Montana Healthcare Programs can be found at the following links:

[Medical Records: https://med.noridianmedicare.com/web/jddme/topics/documentation/medical-records](https://med.noridianmedicare.com/web/jddme/topics/documentation/medical-records)

[Continued Need: https://med.noridianmedicare.com/web/jddme/topics/documentation/continued-need](https://med.noridianmedicare.com/web/jddme/topics/documentation/continued-need)

### **Contact Information**

Aleasha Horn, DME Program officer, [email\\_ahorn@mt.gov](mailto:email_ahorn@mt.gov) or telephone (406) 444-4518

[For claims questions or additional information, contact Montana Provider Relations at \(800\) 624-3958 or \(406\) 442-1837 or email \[MTPRHelpdesk@conduent.com\]\(mailto:MTPRHelpdesk@conduent.com\).](#)

[Visit the Montana Healthcare Programs Provider Information website at https://medicaidprovider.mt.gov.](https://medicaidprovider.mt.gov)