

# Enteral Nutrition

For any item to be covered by The Health Plan, it must:

1. Be eligible for a defined Medicare or The Health Plan benefit category
2. Be reasonable and necessary for the diagnosis or treatment of an illness or injury or to improve the functioning of a malformed body member
3. Meet all other applicable Medicare and/or The Health Plan statutory and regulatory requirements

For the items addressed in this medical policy, the criteria for "reasonable and necessary" are defined by the following indications and limitations of coverage and/or medical necessity. *Please refer to individual product lines certificates of coverage for possible exclusions of benefit.*

For an item to be covered by The Health Plan, the supplier must receive a written, signed, and dated order before a claim is submitted to The Health Plan. If the supplier bills for an item addressed in this policy without first receiving the completed order, the item will be denied as not reasonable and necessary.

Suppliers are to follow The Health Plan requirements for precertification, as applicable.

Enteral nutrition requires precertification.

<b>National Coverage Determination Policy</b>	CMS Publication 100-3 Medicare National Coverage Determinations Manual, Chapter 1, Section 180.2
<b>Local Coverage Determination Policy</b>	J-B/C
<b>Effective date</b>	For service performed on or after 10/01/13
<b>Review/Revisions Effective Date</b>	Reviewed/revised: 01/01/2019, 06/01/2018, 08/1/2017, 04/01/2017, 02/13/2017, 01/25/2017, 02/01/2016
<b>The Health Plan</b>	Plans will follow Coverage Determination posted on the CGS website unless otherwise indicated in sections of this policy, contractual agreements, or benefit plan documents.  Will follow rules regarding Children With Special Needs and will monitor activity regarding Senate Bill 526 for State of West Virginia.

## DESCRIPTION

Enteral nutrition, for the purpose of this policy refers to liquid nourishment given through a tube or stoma directly into the small intestine, thus bypassing the upper digestive tract. Enteral nutrition may be administered by syringe, gravity, or pump.

## COVERAGE GUIDELINES

Enteral nutrition is covered for a patient who has:

- a. Permanent non-function or disease of the structures that normally permit food to reach the small bowel or
- b. Disease of the small bowel, which impairs digestion and absorption of an oral diet.
- c. Has coverage under benefit plan.

Either of which requires tube feedings to provide sufficient nutrients to maintain weight and strength commensurate with the patient's overall health status.

The patient must have a permanent impairment. Permanence does not require a determination that there is no possibility that the patient's condition may improve sometime in the future. If the judgment of the attending physician, substantiated in the medical record, is that the condition is of long and indefinite duration (ordinarily at least three months), the test of permanence is considered met.

The patient's condition could be either anatomic (e.g., obstruction due to head and neck cancer or reconstructive surgery, etc.) or due to a motility disorder (e.g., severe dysphagia following a stroke, etc.)

The patient must require tube feedings to maintain weight and strength commensurate with the patient's overall health status. Adequate nutrition must not be possible by dietary adjustment and/or oral supplements.

Coverage is possible for patients with partial impairments (e.g., a patient with dysphagia who can swallow small amounts of food or a patient with Crohn's disease who requires prolonged infusion of enteral nutrients to overcome a problem with absorption).

Special nutrient formulas, HCPCS codes B4149, B4153 - B4157, B4161, and B4162, are produced to meet unique nutrient needs for specific disease conditions. The patient's medical record must adequately document the specific condition and the need for the special nutrient.

If two enteral nutrition products, which are described by the same HCPCS code, are being provided at the same time, they should be billed on a single claim line with the units of service reflecting the total calories of both nutrients.

*Some plans that do not cover the enteral formula itself may cover the equipment required for the delivery of the enteral formula, while other plans have specific guidelines for coverage of both the nutrition and the equipment. Please review specific plan coverages.*

For enteral nutrition to be covered for West Virginia Medicaid Plans if not sole source of nutrition. THP will require the EPSDT (Early Periodic Screening, Diagnosis and Treatment) benefit information to allow.

As of July 1, 2017, requests for enteral nutrition for West Virginia Medicaid members under the age of 21 will require coordination of care and submission to Children with Special Health Care Needs for review/determination of coverage of medical nutrition.

To comply with this request all Medicaid referrals for enteral nutrition on those under age 21 should be forwarded to Complex Case Navigation.

For Medicaid members age 21 and over, enteral nutrition referrals do NOT need to go to Complex Case Navigation and referral/DME nurses may work these referrals and approve or deny as per THP DME guideline.

Relizorb® by Alcresta Pharmaceuticals could be included in the enteral supply kit as indicated by Medicare guidelines, and billing should be B4035, if the member is receiving enteral nutrition with a pump. No separate billing of Relizorb (B4105) will be allowed. It can only be used with feeding pumps that have low flow/no flow alarms. Relizorb HAS NOT been tested for use with gravity systems.

### **NUTRIENTS**

Enteral formulas consisting of semi-synthetic intact protein/protein isolates (B4150 or B4152) are appropriate for the majority of patients requiring enteral nutrition.

The medical necessity for special enteral formulas (B4149, B4153 - B4157, B4161, and B4162) will need to be justified within the medical record and submitted with precertification for coverage.

### **PUMPS**

Pumps are considered medically necessary DME, only where gravity feedings or syringe feedings have caused complications, or are otherwise not indicated (e.g., gravity feeding is not satisfactory due to reflux and/or aspiration, severe diarrhea, dumping syndrome, administration rate less than 100 ml/hr, blood glucose fluctuations, circulatory overload, gastrostomy/jejunostomy tube used for feeding).

### **NONCOVERAGE STATEMENT**

Enteral nutrition is noncovered for patients with a functioning gastrointestinal tract whose need for enteral nutrition is due to reasons such as anorexia or nausea associated with mood disorder, end-stage disease, etc.

Enteral nutrition products administered orally and related supplies are not covered.

Infant formula given orally is not covered.

Enteral nutrition is not covered for temporary conditions.

Regular food products/self-blenderized formulas are not covered. Examples include food thickeners, baby food, gluten-free food products, high protein powders and mixes, nutritional supplement puddings, weight loss foods and formula (products to aid weight loss), or other regular grocery products that can be mixed in blenders and used with an enteral system.

Codes B4102 and B4103 describe electrolyte –containing fluids. These are not covered.

B4104 is an enteral formula additive. Requests will be denied as not separately reimbursable.

Codes A5200 (catheter/tube anchoring device) is not separately reimbursable from enteral feeding supply kits. Requests will be denied as not separately reimbursable.

The pump supply kit (B4035) is not covered if the medical necessity for the pump is not met.

Relizorb® by Alcresta Pharmaceuticals is not covered as a standalone product. New code 2019 B4105 crosswalk to Code Q9994

Relizorb® by Alcresta Pharmaceuticals is not covered with gravity feedings. New Code 2019 B4105  
Crosswalk to Code Q9994

Enteral formula is not covered for West Virginia Medicaid members under 5 years old on WIC or if on another food subsidy program.

Pumps are not covered unless they meet criteria above.

**CODING INFORMATION**

**CPT/HCPCS codes: The appearance of a code in this section does not necessarily indicate coverage.**

**HCPCS MODIFIERS**

<b>BA</b>	Item furnished in conjunction with parenteral / enteral nutrition (PEN) services
<b>BO</b>	Orally administered nutrition, not by feeding tube
<b>EY</b>	No physician or other licensed health care provider order for this item or service

**HCPCS CODES**

<b>A5200</b>	PERCUTANEOUS CATHETER/TUBE ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT NONCOVERED FOR ENTERAL FEEDING
<b>A9270</b>	NONCOVERED ITEM OR SERVICE
<b>B4034</b>	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY—INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, AND TAPE. 1 PER DAY
<b>B4035</b>	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING, ADMINISTRATION SET TUBING, DRESSINGS, TAPE – 1 PER DAY
<b>B4036</b>	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATIONSET TUBING, DRESSINGS, TAPE – 1 PER DAY
<b>B4081</b>	NASOGASTRIC TUBING WITH STYLET – 3 EVERY 3 MONTHS
<b>B4082</b>	NASOGASTRIC TUBING WITHOUT STYLET – 3 EVERY 3 MONTHS
<b>B4083</b>	STOMACH TUBE - LEVINE TYPE – 3 EVERY 3 MONTHS
<b>B4087</b>	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH – 1 EVERY 3 MONTHS WHEN USED IN PLACE OF E4081, E4082, OR E04083

<b>B4088</b>	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH – 1 EVERY 3 MONTHS WHEN USED IN PLACE OF E4081, E4082, OR E04083
<b>B4100</b>	FOOD THICKENER, ADMINISTERED ORALLY, PER OUNCE
<b>B4102</b>	ENTERAL FORMULA, FOR ADULTS, USED TO REPLACE FLUIDS AND ELECTROLYTES (E.G. CLEAR LIQUIDS), 500 ML = 1 UNIT
<b>B4103</b>	ENTERAL FORMULA, FOR PEDIATRICS, USED TO REPLACE FLUIDS AND ELECTROLYTES (E.G. CLEAR LIQUIDS), 500 ML = 1 UNIT
<b>B4104</b>	ADDITIVE FOR ENTERAL FORMULA (E.G. FIBER)
<b>B4105</b>	IN-LINE CARTRIDGE CONTAINING DIGESTIVE ENZYMES FOR ENTERAL FEEDING, EACH
<b>B4149</b>	ENTERAL FORMULA, MANUFACTURED BLENDERIZED NATURAL FOODS WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT
<b>B4150</b>	ENTERAL FORMULA, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT
<b>B4152</b>	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, CALORICALLY DENSE (EQUAL TO OR GREATER THAN 1.5 KCAL/ML) WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT
<b>B4153</b>	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, HYDROLYZED PROTEINS (AMINO ACIDS AND PEPTIDE CHAIN), INCLUDES FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT
<b>B4154</b>	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR SPECIAL METABOLIC NEEDS, EXCLUDES INHERITED DISEASE OF METABOLISM, INCLUDES ALTERED COMPOSITION OF PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND/OR MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT
<b>B4155</b>	ENTERAL FORMULA, NUTRITIONALLY INCOMPLETE / MODULAR NUTRIENTS, INCLUDES SPECIFIC NUTRIENTS, CARBOHYDRATES (E.G. GLUCOSE POLYMERS), PROTEINS/AMINO ACIDS (E.G. GLUTAMINE, ARGININE), FAT (E.G. MEDIUM CHAIN TRIGLYCERIDES) OR COMBINATION, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT
<b>B4157</b>	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR SPECIAL METABOLIC NEEDS FOR INHERITED DISEASE OF METABOLISM, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT

<b>B4158</b>	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER AND/OR IRON, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT
<b>B4159</b>	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE SOY BASED WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER AND/OR IRON, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT
<b>B4160</b>	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE CALORICALLY DENSE (EQUAL TO OR GREATER THAN 0.7 KCAL/ML) WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT
<b>B4161</b>	ENTERAL FORMULA, FOR PEDIATRICS, HYDROLYZED/AMINO ACIDS AND PEPTIDE CHAIN PROTEINS, INCLUDES FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT
<b>B4162</b>	ENTERAL FORMULA, FOR PEDIATRICS, SPECIAL METABOLIC NEEDS FOR INHERITED DISEASE OF METABOLISM, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT
<b>B9000</b>	ENTERAL NUTRITION INFUSION PUMP – WITHOUT ALARM. Deleted by CMS 2017. Remains on WV Medicaid fee schedule.
<b>B9002</b>	ENTERAL NUTRITION INFUSION PUMP –ANY TYPE
<b>B9998</b>	NOC FOR ENTERAL SUPPLIES
<b>E0776</b>	IV POLE

**There are no specified diagnoses or ICD-10 codes that indicates medical necessity.**

**DOCUMENTATION REQUIREMENTS**

For the purposes of this policy, it is expected that the medical record will support the need for the care provided. It is generally understood that the medical record includes the physician's office records, hospital records, nursing home records, home health agency records, records from other health care professionals and test reports.

This documentation must be available with precertification.

Medicare has made changes to its requirements for dispensing orders, detailed written orders, and proof of delivery. The Health Plan will require the following:

1. Physician detailed written order. Order must include the following:
  - a. Member’s name
  - b. Date

- c. Description of item. The medical record must contain the information that supports the request for each item and must be submitted with the precertification, if the item requires precertification, or with the claim, if no precertification was required
- d. Order must include diagnosis code
- e. Physician signature with date. Date stamps are not appropriate
- f. Quantity of items required and duration. A new order is required if there is an increase in the quantity of the supply used per month and/or the type of supply used

The supplier is to contact The Health Plan in this instance to update referral

2. There must be documentation in the supplier's records to support the medical necessity of that item. This information must be available upon request, usually with precertification per The Health Plan policy.
3. Proof of delivery to be kept on file by the provider of the item.

**Note:** If templates or forms are submitted, (i.e., a Medicare Certificate of Medical Necessity, and/or a provider created form), and all of the required information is not included, The Health Plan reserves the right to request the medical record, that may include, but not limited to, the physician office notes, hospital and nursing facility records, and home health records.

**Note:** Template provider forms, prescriptions, and attestation letters are not considered part of the medical record, even if signed by the ordering physician.

An order for each item billed must be signed and dated by the treating physician, kept on file by the supplier, and made available upon request. Items billed before the supplier has received a signed and dated order must be submitted with an EY modifier added to each affected HCPCS code.

Information can be submitted in the form of a DIF, however The Health Plan reserves the right to request clinical documentation directly from the medical record. The DIF for parental nutrition is CMS form 10126.

The provider will need to notify The Health Plan for a new referral or update a current referral when:

1. Change in formula and a different code is ordered.
2. Resumption of enteral services due to a break in service.
3. Addition of supplies.
4. Change in route of administration - i.e., gravity to pump.
5. Change in calories resulting in change of units required in greater quantities than what was authorized.

#### **ENTERAL NUTRITION PROVIDED WHILE MEMBER IN PART A FACILITY**

Enterals are not billable under the DME benefit while in an inpatient acute care setting.

Reimbursement for enteral nutrition provided to a patient in a Part A covered SNF, or inpatient rehabilitation unit, will be based on the specific contract language with each facility.

If a beneficiary is in a facility not covered under the Part A benefit, enteral nutrition is eligible for coverage under Part B and should be billed directly to The Health Plan. Precertification and network rules apply.

### **BILLING GUIDELINES**

Some infusion provider contracts may allow “S” code per diem’s versus “A” or “B” codes for supplies. That is dependent on the entity and the particular provider contract. Providers who are primarily DME suppliers should use the appropriate “A” and “B” codes.

The infusion provider can bill “B” codes for the actual enteral itself.

The feeding supply kit (B4034 - B4036) must correspond to the method of administration indicated in question 5 of the DME Information Form (DIF). If it does not correspond, it will be denied as not reasonable and necessary.

The codes for feeding supply kits (B4034 - B4036) are specific to the route of administration. Claims for more than one type of kit code delivered on the same date or provided on an ongoing basis will be denied as not reasonable and necessary.

More than three nasogastric tubes (B4081 - B4083), or one gastrostomy/jejunostomy tube (B4087 - B4088) every three months is not reasonable and necessary.

The codes for feeding supply kits (B4034 - B4036) include all supplies, other than the feeding tube itself, required for the administration of enteral nutrients to the patient for one day. Individual items may differ from patient to patient and from day to day. Only one unit of service may be billed for any one day. Units of service in excess of one per day will be denied as not separately payable. Some items are changed daily; others may be used for multiple days. Items included in these codes are not limited to prepackaged “kits” bundled by manufacturers or distributors. These supplies include, but are not limited to, feeding bag/container, flushing solution bag/container, administration set tubing, extension tubing, feeding/flushing syringes, gastrostomy tube holder, dressings (any type) used for gastrostomy tube site, tape (to secure tube or dressings), Y connector, adapter, gastric pressure relief valve, declogging device, etc. These items must not be separately billed using the miscellaneous code (B9998) or using specific codes for dressings or tape.

When enteral nutrition is covered, dressings used in conjunction with a gastrostomy or enterostomy tube are included in the supply kit code (B4034 - B4036) and should not be billed separately using dressing codes.

When an IV pole (E0776) is used for enteral nutrition administered by gravity or a pump, the BA modifier should be added to the code. Code E0776 is the only code with which the BA modifier may be used.

When enteral nutrients (B4149 - B4162) are administered by mouth, the BO modifier must be added to the code.

Code B4149 describes formulas containing natural foods that are blenderized and packaged by a manufacturer. Code B4149 must not be used for foods that have been blenderized by the patient or caregiver for administration through a tube.



**DISPENSING SUPPLIES**

The Health Plan is following Medicare's guidelines for supplies provided on a reoccurring basis.

Suppliers are not to automatically dispense supplies according to allowable limits. Suppliers are required to reorder supplies based on actual usage of each member. There must be a specific request for the supplies from the member or caregiver prior to dispensing the supplies. Supplies should not be shipped/delivered no sooner than 10 days prior to end of usage.

The DME supplier is responsible to monitor utilization of covered, rented, and frequently purchased supplies for member owned equipment that they would request reimbursement from The Health Plan.

Utilization above the current allowable quantities will not be reimbursed unless corroborated by medical record of the medical necessity of the quantity of supplies being used.

A precertification is required for requests above the allowable amounts.

**ADVANCED BENEFICIARY NOTICE**

The Health Plan expects providers to follow the Medicare policy on ABN across all Medicare, Medicaid, and Commercial plans.

**NOTE:** Providers may be held financially responsible if they furnish the above items without notifying the member, verbally and in writing, that the specific service being provided is not covered. This must be done prior to the dispensing of the device. The provider must submit the waiver or ABN to The Health Plan with the claim showing the member agreed to pay for the device. Generalized statements on waivers or ABN are not acceptable.

**PRICING, DATA ANALYSIS, AND CODING (PDAC)**

The Health Plan has implemented use of Medicare's PDAC contractor for review of authorizations. Please refer to PDAC website for enteral product classification list.

[dmepdac.com/](http://dmepdac.com/)

<https://www.dmepdac.com/dmecsapp/>

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**MEDICARE CERTIFICATE OF MEDICAL NECESSITY:**

DME Information  
Form - Enteral and F

**INTERNET LINKS AND SOURCES**

The Pricing, Data Analysis, and Coding Contractor. Noridian. Internet website. Last accessed 10/26/18. Retrieved from <https://www.dmepdac.com/dmecsapp/>

West Virginia Medicaid Internet Provider Manual. Chapter 506. Covered Services, Limitations, and Exclusions for DME Medical Supplies. Last accessed 10/26/18. Retrieved from [dhhr.wv.gov/bms/Pages/default.aspx](http://dhhr.wv.gov/bms/Pages/default.aspx)

CMS.gov. Centers for Medicare and Medicaid Services. Local Coverage Determination: Enteral Nutrition (L33783). Article A52461. Last accessed 02/20/2019. Retrieved from: <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33783&ContrId=389>

National Government Services Local Coverage Determination Policy: Enteral Nutrition. LCD L27214. ArticleA47078. Last accessed 10/26/18. Retrieved from <http://ngsmedicare.com>

Please refer to CMS Program Integrity Manual for more information. (CMS Program Integrity Manual, Internet-Only Manual, CMS Pub. 100-8, Chapter 5, Section 5.2.6)

Noridian Healthcare Solutions. Billing for Enteral Nutrition. Posted 2013. Retrieved from [noridianmedicare.com/dme/news/docs/2013/11\\_nov/billing\\_for\\_enteral\\_nutrition.html](http://noridianmedicare.com/dme/news/docs/2013/11_nov/billing_for_enteral_nutrition.html)

HCPCS Public meeting Agenda for DME. June 2016. Agenda Item #1. Last accessed 10/26/18. Retrieved from: <https://www.cms.gov/Medicare/Coding/MedHCPCSGenInfo/Downloads/Supply-Agenda-2016-06-01.pdf>

West Virginia Legislature 2017 regular Session. Senate bill 526. Introduced March 7, 2017. Pending legislation. Last accessed 10/26/18. Accessed from: [http://www.wvlegislature.gov/Bill\\_Text\\_HTML/2017\\_SESSIONS/RS/Bills/sb526%20intr.htm](http://www.wvlegislature.gov/Bill_Text_HTML/2017_SESSIONS/RS/Bills/sb526%20intr.htm) & [http://www.legis.state.wv.us/Bill\\_Status/Bills\\_history.cfm?input=526&year=2015&sessiontype=RS](http://www.legis.state.wv.us/Bill_Status/Bills_history.cfm?input=526&year=2015&sessiontype=RS)

The Health Plan Provider Procedural Manual. Payment Voucher, Section 14, Page 11