



#### In this Newsletter:

Attention: Pharmacy, DME Providers  
and Ordering Practitioners

#### Contact Details

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Per legislation, benefit limits based on medical necessity have been established for enteral nutritional formula. Effective for authorization dates on or after May 1, 2011, enteral nutritional formula benefit coverage is limited to:

- Beneficiaries who are fed via nasogastric, gastrostomy or jejunostomy tube.
- Beneficiaries with inborn metabolic disorders.
- Children up to 21 years of age, who require liquid oral enteral nutritional formula when there is a documented diagnostic condition where caloric and dietary nutrients from food cannot be absorbed or metabolized.

Prior authorizations obtained prior to May 1, 2011 under the previous benefit:

- The prior authorization is valid for the approved period of service.
- Claims for these authorizations will be processed under the previous benefit.

#### Important References:

- Enteral nutritional formula codes: B4149- B4162 and B9998.
- See Pharmacy Provider Communications for [enteral classification list](#).
- For further documentation requirements see [DME Provider Procedure Code manual](#).

Questions may be directed to the Division of Provider Relations and Utilization Management,  
1 800 342-3005, option 1.

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