



## Physician

### Enteral Nutritional Formula Benefit Update

#### In this Newsletter:

Enteral Nutritional Formula Benefit Update

#### Contact Details

1-800-343-9000  
[emednyalert@csc.com](mailto:emednyalert@csc.com)

### Enteral Nutritional Formula Benefit Update

Effective with regulatory changes on June 7, 2013, the Medicaid benefit limit for enteral nutritional formula has been changed to include coverage of orally administered formula for the following adults:

- Adults with a diagnosis of HIV infection, AIDS, or HIV-related illness, or other disease or condition, who are oral-fed, and who;
  - require supplemental nutrition, demonstrate documented compliance with an appropriate medical and nutritional plan of care, and have a body mass index (BMI) under 18.5 as defined by the Centers for Disease Control, up to 1,000 calories per day; or
  - require supplemental nutrition, demonstrate documented compliance with an appropriate medical and nutritional plan of care, have a body mass index (BMI) under 22 as defined by the Centers for Disease Control, and a documented, unintentional weight loss of 5 percent or more within the previous 6 month period, up to 1,000 calories per day; or
  - require total oral nutritional support, have a permanent structural limitation that prevents the chewing of food, and placement of a feeding tube is medically contraindicated.

**This benefit change applies to Medicaid fee for service, managed care and managed long term care programs.**

#### **Fee for Service Prior Authorization**

The Medicaid fee for service automated telephone prior authorization system is expected to be updated to accommodate the benefit change by July 1, 2013.

In the interim, practitioners treating an adult patient with an urgent medical need who now qualifies under the new benefit may request coverage through prior approval. Requests must be submitted by a qualified enrolled Medicaid pharmacy or DME provider and include the valid order and supporting medical documentation from the enrolled practitioner. For information on how to submit a prior approval refer to the [Prior Approval Guidelines](#).

Questions may be directed to the Division of OHIP Operations, Medical Prior Approval, at [ohipmedpa@health.state.ny.us](mailto:ohipmedpa@health.state.ny.us) or 1 800 342-3005, option 1.

---

**If you are having problems viewing content within this newsletter, please email [emednyalert@csc.com](mailto:emednyalert@csc.com) for further assistance.**

The Department has attempted to ensure that the information contained in these notifications is as accurate as possible. However, no e-mail transmittals or materials provided are intended to constitute legal or medical advice.