

**NEW YORK STATE MEDICAID PROGRAM  
 ENTERAL FORMULA PRIOR AUTHORIZATION  
 DISPENSER WORKSHEET (Rev. 10/05)**

To facilitate the process, be prepared to answer these questions when you call the voice interactive Enteral Prior Authorization Call Line at **1-866-211-1736, Option 4**. Do not block your Caller ID. For audit purposes, Caller ID is recorded by the call line.

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| 1. Enter the 11-digit <b>prior authorization number</b> obtained by the prescriber and written on the fiscal order.  | _____   |
| 2. Enter the <b>recipient CIN</b> (Client Identification Number) of the patient for which the enteral formula is ordered. The automated system will then confirm that a valid, unused prior authorization number exists for this patient. (Client ID number is 2 alpha/5 numeric/1 alpha.)   | _____   |
| 3. Enter your MMIS <b>Provider ID Number</b> .   | _____   |
| 4. Enter your Pharmacy (0161, 0288 or 0441) or DME (0160, 0287, 0321, 0323 or 0442) <b>Category of Service</b> .   | _____   |
| 5. Enter a <b>telephone number</b> where you can be reached.   | (____) _____ - _____  |
| 6. Enter numeric portion of <b>HCPCS code</b> of enteral being prescribed. See the <b>Enteral Products Classification List</b> published in Medicaid Update for further information. The system will add the two-digit alpha BO modifier (indicating oral administration) to the HCPCS code, if applicable (shaded area). Products categorized under the <b>same</b> HCPCS code must be combined into <b>one</b> prior authorization request by the <b>prescriber</b> . Please be sure of the Product Code being requested and the age of the recipient are appropriate. | B _____ <span style="background-color: #cccccc; display: inline-block; width: 20px; height: 15px; vertical-align: middle;"></span><br><br><i><b>Your claim must match the full five digit or seven digit code on the prior authorization record for payment to be made. The full code is reported to you on the telephone system.</b></i> |
| 7. <b>To activate the prior authorization you must continue and validate the information below.</b> Record caloric units authorized per month, the prior authorization activation date (today), refills, and the prior authorization expiration date. Use the same authorization number for each refill. Renewal authorizations cannot be activated until 10 days prior to expiration date of existing authorization.  | _____ CALORIC UNITS/MONTH<br>____/____/____ ACTIVATION DATE<br>_____ REFILLS<br>____/____/____ EXP. DATE  |

**Caloric units are calculated by the telephone system from the prescriber's input of enteral formula calories per day, then divided by 100 and multiplied by 30 days to equal caloric units per month, i.e., a month's supply of formula.**