

## NEW YORK STATE MEDICAID PROGRAM - ENTERAL FORMULA PRIOR AUTHORIZATION DISPENSER WORKSHEET

Dispensers may complete this worksheet to prepare for activating prior authorization for enteral formula using the Enteral Prior Authorization portal at <https://MEDICAIDENTERALPORTAL.health.ny.gov/portal/> or Interactive Voice Response System at **1-866-211-1736**. Prescribers may not activate a prior authorization for enteral formula. Caller ID is recorded for audit purposes, do not block your Caller ID.

1. Enter the 11 digit-prior authorization number obtained by the prescriber and written on the fiscal order.

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2. Member's Medicaid ID (2 alpha/5 numeric/1 alpha)

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3. Dispenser's 10-digit National Provider ID # (NPI):

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4. Enter your Pharmacy (0161, 0288 or 0441) or DME (0160, 0287, 0321, 0323 or 0442) **Category of Service**.

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5. Dispenser's email address \_\_\_\_\_ and telephone number \_\_\_\_\_

6. Enter numeric portion of **HCPCS code** of enteral being prescribed.

B \_\_\_\_\_

If applicable, the system will add the BO modifier (indicating oral administration) to the HCPCS code.

Products categorized under the same HCPCS code must be combined into one prior authorization request by the prescriber.

Please be sure the Product Code being requested and the age of the member are appropriate.

7. To activate the prior authorization, you must continue and validate the information below. 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

\_\_\_\_\_ REFILLS

\_\_\_\_\_ ACTIVATION DATE

\_\_\_\_\_ EXP. DATE

Caloric units are calculated by the 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.

### Important References:

- Defined benefit citation: Title 18 NYCRR Section 505.5(g)(3).
- Enteral nutritional formula codes: B4149- B4162.
- Refer to the Medical Supply Procedure Codes & Coverage Guidelines at [www.eMedny.org](http://www.eMedny.org) for complete documentation requirements and current Enteral Product Classification list

Questions may be directed to the Division of Medical and Dental Directors, Bureau of Medical Review at 1(800) 342-3005, Option 1 or [OHIPMEDPA@health.ny.gov](mailto:OHIPMEDPA@health.ny.gov)