NEW YORK STATE MEDICAID PROGRAM- ENTERAL FORMULA PRIOR AUTHORIZATION PRESCRIBER WORKSHEET

Prescribers may complete this worksheet to prepare for submitting 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**. Dispensers may not initiate a prior authorization for enteral formula. Caller ID is recorded for audit purposes, do not block your Caller ID. Documentation must be maintained in the member's medical record.

1. Prescriber type (select one) ◯ NYS Physician/PA/Resident ◯ Nurse Practitioner/ Midwife

2. Prescriber's 10-digit National Provider ID # (NPI): _ _ _ _ _ _ _ _ _ _

3. Prescriber's email address and telephone number _____ (_____) _____-_____

4. Transaction type (select one) (PA# required for cancelling an authorization or inquiry only)
◯ New Request ◯ Cancel an Authorization ◯ Inquiry only PA#_____

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

6. Member's Date of Birth (MM/DD/YYYY) _____

7. Mode of administration: ☐ Tube ☐ Oral

8. If oral administration was selected at question #7, is the enteral formula being prescribed for an Inborn Metabolic disease? If yes, the ICD-10 diagnosis code will be requested. ◯ Yes ◯ No ICD: _____

9. Are you prescribing more than one enteral formula? ◯ Yes ◯ No

10. Number of enteral formula calories prescribed per day. _____Number of refills (up to 5) _____

Answer the following questions for oral administration only:

11. Is the enteral formula prescribed for an inborn metabolic disease or an infant formula for lactose intolerance, severe food allergy, or gastroesophageal reflux disease that is not responding to an added rice formula? ◯ Yes ◯ No

12. Member's height in inches and weight in pounds _____inches _____lbs

13. Does this member have a medical condition that prevents them from consuming normal table foods or softened, mashed, pureed, or blenderized foods? ◯ Yes ◯ No

14. Have alternatives such as dietary changes, instant breakfast drinks, or rice cereal been tried but were unsuccessful? ◯ Yes ◯ No

15. Has the adult member had a significant, unintentional, weight loss (>5%) over the past two months, or the pediatric member had no weight gain in the past six months? ◯ Yes ◯ No

16. Is there objective medical evidence in the medical record to support the need for enteral nutrition (e.g., malnutrition documented by serum protein levels, albumin levels, or hemoglobin; changes in skin or bones; or physiological disorders resulting from surgery)? ◯ Yes ◯ No

Record the 11-digit prior authorization number and document on the member's order/prescription. _____

NEW YORK STATE | Department of Health

INSTRUCTIONS

Please note: all qualified prescribing practitioners **must be an enrolled NYS Medicaid provider**. The prescriber worksheet should only be used as a guide when accessing the automated systems. Do not submit this form as a prior approval request or as medical documentation.

- A qualifying **ICD diagnosis** is required for a member with an Inborn Metabolic Disorder.

- **Entering the member's Medicaid ID number (CIN)**. You will be asked to enter the CIN in the Portal/IVR systems. When using the IVR, letters will be entered using the corresponding numbers on your phone (e.g. #2 was entered, press 1 for A, 2 for B). After the full CIN is entered, you will confirm the letters you entered.

- **How many products are being prescribed**? More than 1 "generally equivalent" product (same HCPCS code), request the combined calories under 1 authorization. If products are not equivalent, obtain separate authorizations.

- **How many calories/day** will the Portal/IVR system allow for an authorization?
  - 2500 calories/day for persons who are tube fed or have an inborn metabolic disorder
  - 1250 calories/day for persons with a BMI under 18.5

- **How many refills are allowed?**
  - five refills per authorization

- **For qualifying oral fed persons with a BMI under 18.5 requiring supplemental nutrition**, the following questions will be asked to determine authorization. Responses must be based on the medical record.
  1. Does the member have a medical condition that prevents consuming normal table foods or softened, mashed, pureed, or blenderized foods?
  2. Have alternatives such as dietary changes, instant breakfast drinks, rice cereal, etc., been tried but were unsuccessful?
  3. Has the member had a significant unintentional weight loss greater than five percent over the past two months, or has the pediatric member had no weight gain in the past six months?
  4. Is there objective medical evidence in the medical record to support the need for enteral nutrition?

- **Manual prior approval is required** if any of the following apply:
  - Oral fed persons with BMI over 18.5
  - Persons who require over the allowed calories/day
  - Persons with a permanent structural limitation (1250 calorie limit does not apply).

- **Some products may be covered by the Women, Infants and Children (WIC) program. If a product is covered by WIC, authorizations can be obtained through Medicaid prior to WIC enrollment.**

Important References:
- Benefit limit 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 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