

**NEW YORK STATE MEDICAID PROGRAM
 ENTERAL FORMULA PRIOR AUTHORIZATION
 DISPENSER WORKSHEET** (Rev. 2/04)

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** and choose **Option 4**.

1. Enter the 8-digit prior authorization number obtained by the prescriber and written on the fiscal order.	_ _ _ _ _
2. Enter the recipient CIN (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 Provider ID Number .	_ _ _ _ _
4. Enter your Pharmacy (0161, 0288 or 0441) or DME (0160, 0287, 0321, 0323 or 0442) Category of Service .	_ _ _ _
5. Enter a telephone number where you can be reached.	(_ _ _) _ _ _ - _ _ _ _
6. Enter numeric portion of HCPCS code of enteral being prescribed (B4150, B4151, B4152, B4153, B4154, B4155, or B4156). See the Enteral Products Classification List , included in this 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 same HCPCS code must be combined into one prior authorization request by the prescriber .	B. <i>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.</i>
7. Record caloric units authorized per month (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)	_ _ _ _ CALORIC UNITS/MONTH
8. Record the authorization activation date (today), number of refills authorized and the prior authorization expiration date. Use the same authorization number for each refill. New authorizations cannot be activated until 10 days prior to expiration date of the existing authorization.	_ _ / _ _ / _ _ ACTIVATION DATE _ _ REFILLS _ _ / _ _ / _ _ EXP. DATE

NOTE: DISPENSERS CANNOT COMPLETE THE PRESCRIBER PORTION OF AN AUTHORIZATION.

CONTACTS

- **Billing Questions/Claim Submission:** Computer Sciences Corporation
 For Pharmacy providers call (800) 343-9000, for DME providers call (800) 522-5535.
- **Policy Questions, Coverage Criteria, HCPCS codes:** Bureau of Medical Review and Payment: (518) 474-8161.
- **Prior Approval**, when directed by the telephone authorization system:
 Obtaining prior approval forms-Computer Sciences Corporation: (800) 522-5518.
 Completing prior approval forms- Medical Prior Approval Unit: (800) 342-3005.