



Suite 1300
4000 Town Center
Southfield, MI 48075

mibluecrosscomplete.com

MCG message

To: All Blue Cross Complete providers
Date: Nov. 27, 2023
Subject: **Prior Authorization Requirement Removed for Select Enteral Services**

Beginning February 1, 2024, prior authorization for the Healthcare common procedure coding system codes and services listed in the table below do not require prior authorization:

Codes	Title
41899	Other Procedures on the Dentoalveolar Structures
95708	Long-term EEG Monitoring
B9998	Enteral Supplies
B4034	Enteral feeding supply kit; syringe fed
B4036	Enteral feeding supply kit; gravity fed, per day,
B4081	Nasogastric tubing with stylet
B4088	Gastrostomy/jejunostomy tube, low-profile, any material, any type
B4100	Food thickener, administered orally, per ounce
B4162	Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism

Removal of the prior authorization and medical necessity review for these services is part of Blue Cross Complete’s continued dedication to supporting providers in our shared commitment to high quality health care for our members.

Information about prior authorizations is available in the new [Prior Authorization Requirement Updates](#). To view Prior Authorization Updates, go to mibluecrosscomplete.com. Click on **Providers**, then go to the [Prior Authorization Resources](#) tab.

As a reminder, refer to the [Prior Authorization Lookup Tool](#) to learn more about services that require prior authorization. If you have any questions, please contact your Blue Cross Complete provider account executive or Provider Inquiry at **1-888-312-5713**.

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