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**MCG message**

**To:** All Blue Cross Complete providers

**Date:** Nov. 29, 2023

**Subject: CORRECTED: Updated Prior Authorization Requirements for Select Enteral Services**

Blue Cross Complete issued a notice on Nov. 27, 2023, that listed several enteral services as no longer requiring prior authorization. However, we have reversed this decision. Prior authorization continues to be required on the following services until further notice:

- B9998 Enteral Supplies
- B4034 Enteral feeding supply kit; syringe red
- B4036 Enteral feeding supply kit; gravity fed, per day

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
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 [mibluccrosscomplete.com](http://mibluccrosscomplete.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**.