

**To: Keystone First/Keystone First Community HealthChoices (CHC) Durable Medical Equipment (DME) Providers**

**Date: January 28, 2025**

**Re: Update to services requiring Prior Authorization**

**Effective April 1, 2025, the following codes require plan prior authorization. Prior authorization requests can be quickly and easily obtained through NaviNet or faxed to Keystone First at 1-215-937-5322 or Keystone First CHC at 1-855-540-7066.**

<b>Code</b>	<b>Description</b>
B4105	In-Line cartridge containing digestive enzymes for enteral feeding, each
B4149	Enteral formula, manufactured blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4160	Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4161	Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit

**Reminder: Authorization guidelines are subject to change. For the most up to date plan guidelines and to review if any service needs prior authorization, use the Prior Authorization Lookup Tool on the provider website(s) at:**

- [www.keystonefirstpa.com](http://www.keystonefirstpa.com) → Providers → Prior Authorization → Prior Authorization Lookup Tool.
- [www.keystonefirstchc.com](http://www.keystonefirstchc.com) → For Providers → Resources → Prior Authorization Lookup Tool.

Thank you for your participation in our network and the continued care you provide to our Members/Participants. If you have any questions regarding this notice, please contact Provider Services at 1-800-521-6007.