



BlueCross BlueShield  
of Texas

# Immobilized Lipase Cartridges Added as Texas Medicaid Benefit

## What is New?

On March 1, 2021, [Texas Medicaid and Healthcare Partnership \(TMHP\)](#) will add a benefit code for B4105-Immobilized Lipase Cartridges. This will assist Medicaid members with exocrine pancreatic insufficiency (EPI) to help break down the fats in enteral formulas.

## Requirements for Prior Authorization:

Prior authorization is required and may be considered with documentation of medical necessity demonstrating the member meets all of the criteria:

- Member has exocrine pancreatic insufficiency.
- Member utilizes an enteral feeding pump.
- Member utilizes a compatible formula and the amount of formula (mL) the member is receiving daily is documented.

## Requirements for Billing:

- **Procedure Code: B4105:** In-line cartridge containing digestive enzyme(s) for enteral feeding
- **Place of service:** Medical Supplier (durable medical equipment) providers in the home setting
- **Ages:** 5 - 20 years old
- **Status:** Member with EPI and who utilizes an enteral feeding pump with a compatible formula. One cartridge can be used with up to 500ml of formula, maximum of two cartridges used per day. Procedure code B4105 will be limited to 62 per month.

## Have questions:

Contact our BCBSTX Medicaid Provider Service Center at 1-877-560-8055 or contact your BCBSTX Medicaid Provider Network Representative at 1-855-212-1615.

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