



March 21, 2022

RE: Enterals and Nutritional Formulas

Providers,

A Prior Authorization (PA) is not required for nutritional formulas for EPSDT beneficiaries from age 5 years through 20 years. Please reference Section II of the Arkansas Medicaid Provider Manual Prosthetics (includes DME and Orthotics) for additional information at the link below <https://humanservices.arkansas.gov/divisions-shared-services/medical-services/helpful-information-for-providers/manuals/prosthet-prov/>.

If you have additional questions about this alert, please contact Empower Healthcare Solutions Utilization Management at 855-429-1028 and select option 2.

Thank you,

Empower Provider Relations