



Date: _____, 2008

MassHealth Provider Number (NPI): _____

Provider Name: _____

Provider Address: _____

RE: 2008 Letter of Non-covered Items

The following items are not reimbursable through the Medicare Program. Claims received and processed for these services will be denied as non-covered.

- Enteral nutrients, HCPCS B4102 through B4162, taken orally by a Medicare beneficiary and billed with a BO modifier

If you have any questions, please contact our Customer Service Department at 1-866-419-9458, Monday through Friday, 8:00 am to 4:00 pm.

Thank-You.

NHIC, Corp.

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A CMS CONTRACTOR