



Date: \_\_\_\_\_, 2009

MassHealth Provider Number (NPI): \_\_\_\_\_

Provider Name: \_\_\_\_\_

Provider Address: \_\_\_\_\_

RE: 2009 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 noncovered.

- 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, 6 a.m. to 7 p.m. EST.

Thank-You.

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**NHIC, Corp.**

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