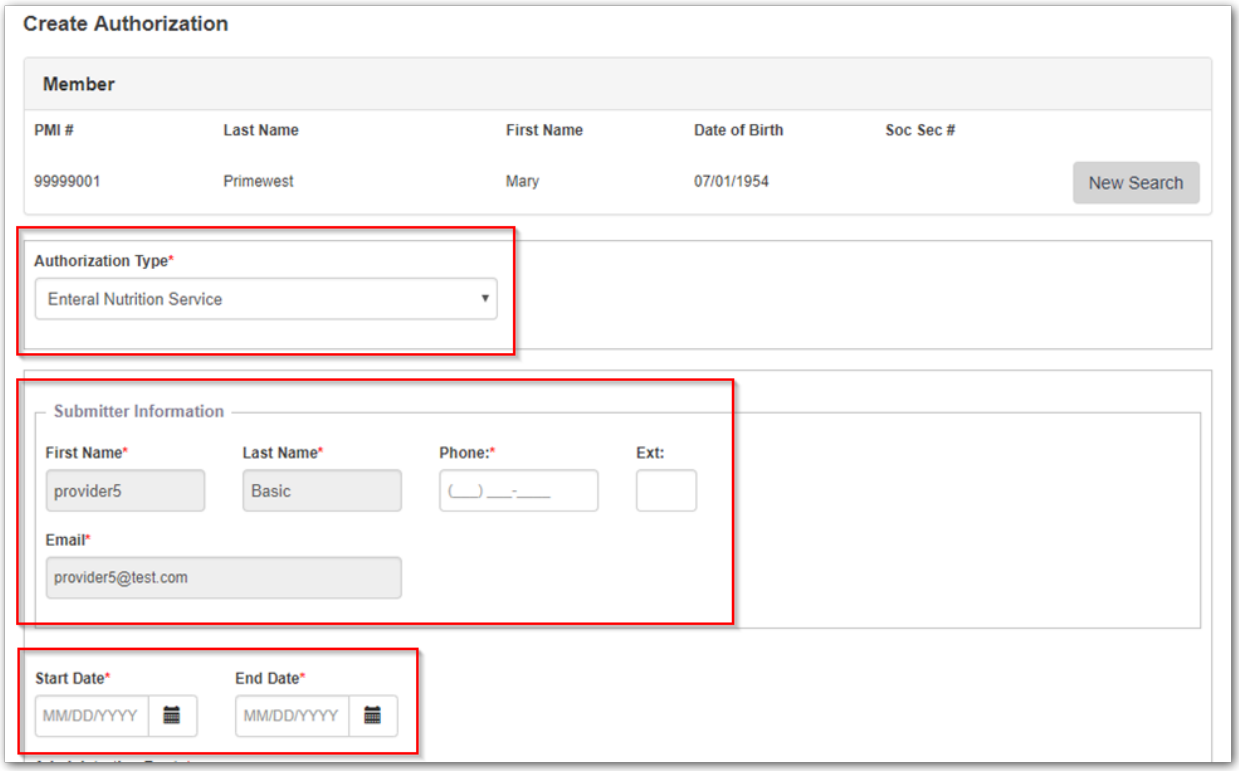
Enteral Nutrition

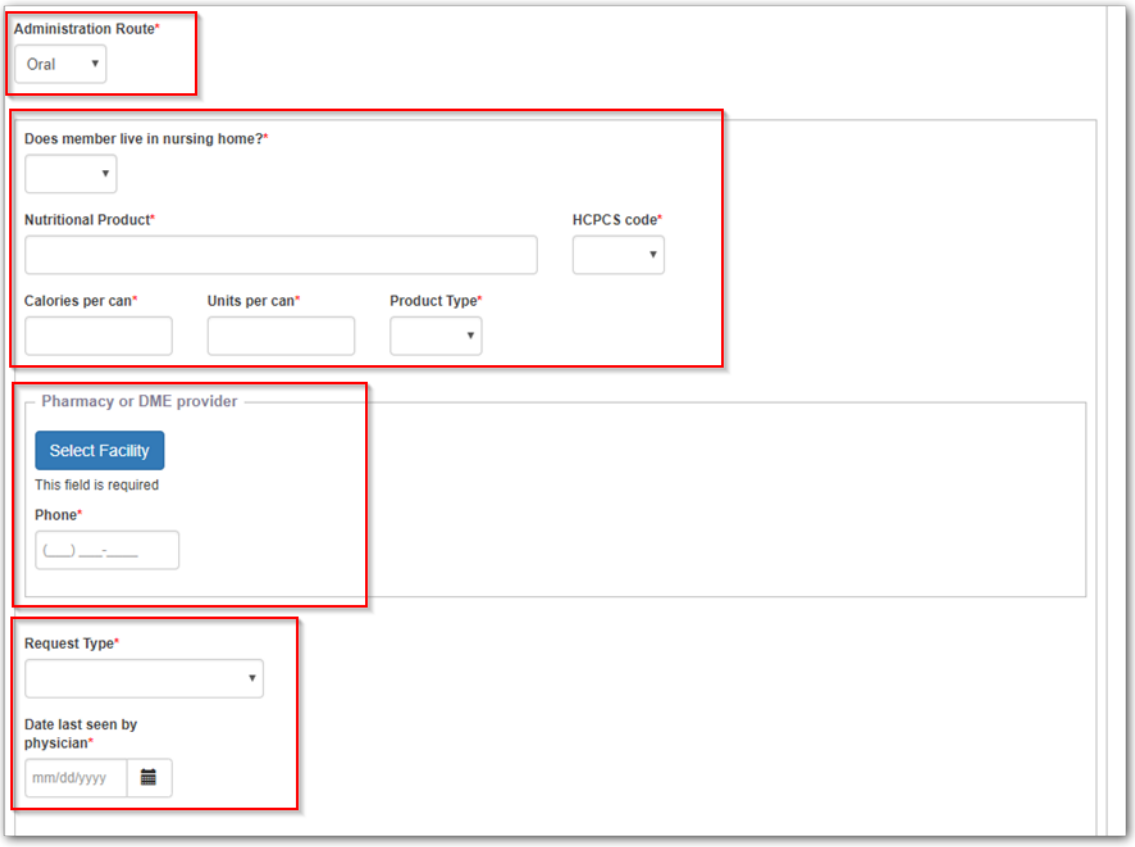
Create a new Authorization or edit Member information (see *Getting Started*).
Note: All fields with a red asterisk are required.

Select Enteral Nutrition Service from the *Authorization Type* dropdown menu and fill out *Submitter Information* in full.



Select Oral or Tube feeding from the *Administration Route* dropdown menu. If you select Tube feeding, no authorization is required.

Fill out fields as needed. You must select a facility under *Pharmacy or DME Provider*.



Continue filling out required fields with information necessary for the request.

Note: You must indicate if this is an *expedited request*. An expedited request is appropriate when the standard time frame for determination could seriously jeopardize the life or health of the member or the member's ability to regain maximum function.

When the form is complete, attach supporting documentation and click *Submit*.