



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

MEMORANDUM

To: DME Providers

From: Simone Bratton, Chief
 Division of Community Support Services
 DME/DMS/Oxygen Unit
 Office of Long Term Services and Supports

Subject: B4105

Date: September 10, 2020

Note: Please ensure the appropriate staff members in your organization are informed of the contents of this memorandum.

Utilization and Coverage:

Medication	Relizorb
HCPCS Code	B4105
Description	Single use, point of care digestive enzyme cartridge that connects in-line with existing enteral pump feeding sets and pump extension sets
Criteria:	<ol style="list-style-type: none"> 1. Children (5 years old or older) and adults with Cystic Fibrosis receiving enteral nutrition 2. Caloric intake >70% 3. Documented difficulty in maintaining weight, chronic deficiency of fatty acids or chronic GI symptoms
Frequency	6 Months
Pre-Authorization Required	Yes

