**MARYLAND MEDICAID PHARMACY PROGRAM**
PH 1-800-932-3918
FAX 1-866-440-9345

## NOTIFICATION OF APPROVAL/DENIAL OF REQUEST FOR PAYMENT OF NUTRITIONAL SUPPLEMENT

**To:** Prescriber:_____ Ph._____ Fax_____
Pharmacy Provider:_____ Ph._____ Fax_____

**Ref:** Recipient Name:_____ MA#:_____ DOB_____

The request for prior-authorization for payment of the product _____ for above recipient has been received and reviewed by the Program. The following steps have been taken in regards to this request:

☐ **Notification of approval of payment for nutritional/dietary supplements/vitamins and minerals**

Your request for prior-auth of payment of the above product has been approved. Although nutritional supplements are considered over-the counter items, a valid prescription is required for the pharmacist to be able to fill the Rx for recipients enrolled in the Maryland Medicaid fee-for-service program. Providers must bill on-line to obtain a claim denial, then fax to the Program a completed Provider Nutritional Supplement Service P/A Request (Form 3495C) along with a copy the Nutritional Prior-Auth Form (Form 3495). Once the service overrides are entered on-line by the State for the approved time periods, claims for nutritional supplements will adjudicate upon resubmission. For refills, or to request additional overrides of second-tier type exception codes, which pop up sequentially, Form 3495 C may be completed and faxed to the State. Providers will be notified when the service PAs have been entered on-line and providers may start resubmitting their claim for payment.

☐ **Notification of Rejection of Payment for Nutritional Supplement**

- ☐ **MA Recipients Not in the Rare and Expensive Management (REM) Program, not tube-fed, and without a metabolic disorder.** Request of payment for nutritional supplements is rejected because its use was determined to be not medically necessary and/or because the product is not a Program benefit under recipient's plan.
- ☐ **Rare and Expensive Management (REM) Recipients: not meeting criteria** (See Pending Approval Section).
- ☐ **Not tube-fed MA Recipients under 5 years of age;** please contact the Women Infants Children Program (WIC) at 1-800-242-4942 or 410-767-0298 for possible benefit coverage under this program.

☐ **Pending Approval of Payment for Nutritional Supplement for REM recipients**

Prescriber must submit the following information to the Program for an evaluation of the recipient's nutritional supplement needs when the recipient is not, or does not have a metabolic disorder:

- ☐ A comprehensive metabolic panel, serum pre-albumin/albumin, magnesium, and phosphorus levels;
- ☐ A medical history and physical exam documenting recipient's under-nutrition status and/or weight loss over the prior 6-month period. Provide Body Mass Index, with dated weight & height measurements.
- ☐ For recipients under 18 y/o, a growth chart and percentile placement on the BMI-for age chart. Body weights and heights with corresponding dates provided must be legible.

☐ **Return/Pending Prior-Auth Request for Payment of Nutritional Supplement**

- ☐ Missing or unclear dosage/dosage form/dosage frequency/quantity/product NDC
- ☐ Missing length of nutritional therapy
- ☐ Unspecified percent tube-fed
- ☐ Missing conversion formula if prescribed in other units than billing units
- ☐ Missing prescriber's name, signature, and date signed
- ☐ Missing clinical data for determination of recipient's nutritional status: ___ pre-albumin level; ___ growth chart; ___ serum Mg and Phos values; ___ weight measurements/BMI; ___ comprehensive metabolic panel
- ☐ Other:

_____

**Please refax nutritional supplement pre-authorization form with required information by fax.**