

October 20, 2011

Montana Health Care Programs Notice Physician, Mid-Level Practitioner, and Pharmacy

Effective Immediately

Prior Authorization for Children's Vitamins

Medicaid will now cover certain vitamins for children with special medical needs under the Early Periodic Screening Diagnosis, and Treatment (EPSDT) program when billed through a Montana Medicaid participating pharmacy.

Criteria

- Patient must have a medically necessary diagnosis, and the vitamin must be used specifically for the treatment of a deficiency related to a disease state.

Limitations

- Patient must be between the ages of 0–20 years old.
- The vitamin must be prior authorized.
- The vitamin must have a billable National Drug Code (NDC).

The prescriber (e.g., physician) or pharmacy may submit requests by mail, telephone, or fax to:

**Drug Prior Authorization Unit
Mountain-Pacific Quality Health
3404 Cooney Drive
Helena, MT 59602
(406) 443-6002 or (800) 395-7961 (Phone)
(406) 513-1928 or (800) 294-1350 (Fax)**

To request prior authorization, providers must submit the information requested on the *Request for Drug Prior Authorization* form to the Drug Prior Authorization Unit.

This form can be downloaded from the *Forms* page of the Provider Information website:
<http://medicaidprovider.hhs.mt.gov/pdf/requestfordrugpriorauthorization.pdf>

Contact Information

If you have questions regarding this notice, please contact Dave Campana at (406) 444-5951 or the Medicaid Drug Prior Authorization Unit at (406) 443-6002.

For claims questions or additional information, contact Provider Relations:

**Provider Relations toll-free in- and out-of-state: 1-800-624-3958
Helena: (406) 442-1837
E-mail: MTPRHelpdesk@ACS-inc.com**

Visit the Provider Information website:

<http://medicaidprovider.hhs.mt.gov>