

# Writing a Letter of Medical Necessity for Supplements Not on the VT Medicaid Covered List

August 2022

## What is an over the counter (OTC) supplement?

Over-the-counter supplements are vitamins and other dietary supplements that can be purchased in a variety of places such as a grocery or convenience store, pharmacy and by mass merchandisers.

A Medicaid enrolled doctor may determine that an OTC supplement is medically necessary in the plan of care for one of their pediatric patients. The doctor can check to see if the supplement is on the VT [Medicaid OTC Covered List](#) before they write a prescription.

If the supplement is not listed, the doctor's office should:

- Medically determine if another supplement that is covered by VT Medicaid could be used instead. If not;
- Submit a prior authorization request. Prior authorization forms can be found on the Department of Vermont Health Access [Clinical Prior Authorization Forms](#) webpage.
- Include a letter of medical necessity when submitting the prior authorization. Some clinical notes should be attached with the letter.

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid. Additional information can be found here about Early [MedicaidPolicy GCRClarifications GCR-19-022 EPSDT Service Requests Clarification.pdf](#)

## Suggestions when writing the letter of medical necessity:

<b>Letter</b>	Use medical office letterhead
<b>Date</b>	
	Write LETTER OF MEDICAL NECESSITY/EPSDT
<b>To:</b>	Department of Vermont Health Access/Change HealthCare
	Re: Child's name, date of birth, insured's name, Medicaid number
<b>Writer and Patient Information</b>	<ul style="list-style-type: none"> <li>• A statement of who you are: the child's primary care physician/specialist/etc.</li> <li>• The date you last evaluated the patient.</li> <li>• The diagnosis of the patient – include all but highlight the diagnosis(s) that the prescription is being written for.</li> <li>• Pertinent medical history</li> </ul>

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History	<ul style="list-style-type: none"> <li>• Include what treatments, medicines have been trialed and the results - Include any side effects. Any hospitalizations or ER visits?</li> </ul>
Request Information	<ul style="list-style-type: none"> <li>• <b>Important to document is the supplements listed on the <a href="#">DVHA Over the Counter Medicaid Cover List</a> have either been trialed and failed or are not appropriate for the treatment plan for this child and why.</b></li> <li>• Document <b>what the supplement is you are requesting and include the NDC code and manufacturer in bold.</b></li> <li>• Document why the supplement is <b>medically necessary</b>. Include the wording that the Medicaid Act defines medical necessity as “to correct or ameliorate physical and mental illnesses and conditions”</li> <li>• There is no equally effective course of treatment available for the recipient which is more conservative or less costly.</li> </ul>
Could include	<ul style="list-style-type: none"> <li>• Link(s) to published articles or journals supporting the use/need of this supplement.</li> </ul>
Summary Statement	<ul style="list-style-type: none"> <li>• Include prognosis if not able to use this medicine. (Worsening of symptoms, increased pain, increased office visits and possible hospitalizations.)</li> <li>• Include the wording that that using the supplement is <b>medically necessary and is covered under his EPSDT benefits.</b></li> </ul>
Signature(s)	Professional qualifications and contact information in case the reviewer has questions.

## Resources:

- Department of Vermont Health Access [DVHA Providers Pharmacy Drug Coverage Lists](#)
- Department of Vermont Health Access [EPSDT](#)
- Health Care for Children & Youth: <https://www.healthvermont.gov/family/health-care>
- Medicaid.gov: [Early and Periodic Screening, Diagnostic, and Treatment](#)
- [Children with Special Health Needs \(CSHN\)](#)

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