



# Prior Approval Request Form for Newborn Screening Benefits

**Date:**

Certain medical foods, dietary supplements, vitamins, and confirmatory labs not identified in the Allowable Benefits List can be granted and billed with prior approval from the Newborn Screening Benefits Program on a case-by-case basis. Fill out the form below and submit via email to [NBSBenefits@dshs.texas.gov](mailto:NBSBenefits@dshs.texas.gov) or RightFax# 512-206-3909. Questions? Call 800-252-8023 ext. 3957.

## Physician Specialists

- If the patient is not a current NBS Benefits client, submit this form along with a complete NBS Benefits application and supporting documents.
- If the client or prospective client has private health insurance and/or other program benefits such as Medicaid, CHIP, or Children with Special Health Care Needs (CSHCN), submit this form along with the Waiver of Ineligibility form.
- Baylor Miraca is the contracted entity for all laboratory procedures for NBS Benefits Program clients.

## Pharmacies/Low Protein Foods Vendors

- Complete all fields in the Medical Foods/Formulas section when requesting to add new product items to the NBS Benefits Program Product Catalog.

**NBS Benefits will respond within 10 business days to approve or deny a request.**

## **Client Information**

Account #:

Eligibility Period:

Client's Name:

DOB:

Gender:

Diagnosis:

## **Physician Specialist:**

Complete this section to request confirmatory labs/medical food/dietary supplements/vitamins.

Lab Procedure(s) Requested (include CPT code):

Medical necessity for lab procedure(s):

Medical Food/Dietary Supplement/Vitamin Requested:

Medical necessity for medical food/dietary supplement/vitamin (include ICD 10 code):

## Pharmacy/Low Protein Food Vendor:

Complete this section to request to add items to the NBS Benefits Program Products Catalog.

Item Number	Description	Qty. Type	Protein (g)	PHE (mg)	Price

## Entity Information

Entity Submitting Request:

Person Submitting Request:

Phone:

Email:

Additional Comments:

Signature:

Entity Signature Date:

## NBS Benefits Program Only

**Approved:**

Yes

No

**Approved For:**

All Clients

This Client Only

This Diagnosis Only

**Denial Reason:**

**Benefits Program Decision Date:**