

# MTM Drug Interaction Manual Fee Reimbursement Request

Fax Number: 866-686-2220

PHARMACY INFORMATION			
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Pharmacy Name	NCPDP/NPI #	Telephone	
<input style="width: 100%;" type="text"/>			
Street Address	City	State	Zip Code

MEMBER INFORMATION			
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
MEMBER ID NUMBER	Member Name ( Last, First )	Member DOB	
<input style="width: 100%;" type="text"/>			
Street Address	City	State	Zip Code

REJECTING DRUG			
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Date	Rx #	Drug Name	Drug NDC #

PREVIOUSLY FILLED INTERACTING DRUG			
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>
Rx #	Drug Name		Drug NDC #
<input style="width: 15%;" type="text"/>	<input style="width: 15%;" type="text"/>	<input style="width: 50%;" type="text"/>	
Last Filled Date	Quantity	Days Supply	

**Dispensing Outcome:**

Select Appropriate NCPDP DUR/PPS Codes for Intervention Taken				
Reason Code	Professional Code	Professional Description	Level Of Effort Description	Value
<input type="checkbox"/> DD Drug-Drug Interaction	<input type="checkbox"/> MR	Medication Review	<input type="checkbox"/> Level 1 (Lowest)	11
<input type="checkbox"/> DC Drug-Condition Interaction	<input type="checkbox"/> MO	Prescriber Consulted	<input type="checkbox"/> Level 2	12
	<input type="checkbox"/> PH	Patient Medication History	<input type="checkbox"/> Level 3	13
	<input type="checkbox"/> PO	Patient Consulted	<input type="checkbox"/> Level 4	14
			<input type="checkbox"/> Level 5 (Highest)	15

Result Code	Result Description
<input type="checkbox"/> 1A	Filled As Is, False Positive
<input type="checkbox"/> 1B	Filled Prescription As Is
<input type="checkbox"/> 1C	Filled, Different Dose
<input type="checkbox"/> 1D	Filled, Different Directions
<input type="checkbox"/> 1E	Filled, Different Drug
<input type="checkbox"/> 1F	Filled, Different Quantity
<input type="checkbox"/> 1G	Filled, Prescriber Approval
<input type="checkbox"/> 1H	Brand-to-Generic Change
<input type="checkbox"/> 1J	Rx-to-OTC Change
<input type="checkbox"/> 1K	Filled, Different Dsg Form
<input type="checkbox"/> 2A	Prescription Not Filled
<input type="checkbox"/> 2B	Not Filled, Dirctions Clarif
<input type="checkbox"/> 3A	Recommendation Accepted
<input type="checkbox"/> 3B	Recommm. Not Accepted
<input type="checkbox"/> 3C	Discontinued Drug
<input type="checkbox"/> 3D	Regimen Changed
<input type="checkbox"/> 3E	Therapy Changed
<input type="checkbox"/> 3F	Therapy Changed-CostIncAck
<input type="checkbox"/> 3G	Drug Therapy Unchanged
<input type="checkbox"/> 3H	Follow-up Report
<input type="checkbox"/> 3J	Patient Referral
<input type="checkbox"/> 3K	Compliance Aid Provided
<input type="checkbox"/> 3M	Compliance Aid Provided
<input type="checkbox"/> 3N	Medication Administered

FOR OFFICE USE ONLY				
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Ingredient cost	Dispensing Fee	Prorated Fee	Plan Paid	Total Amount Paid
Date <input style="width: 15%;" type="text"/>	Initials <input style="width: 15%;" type="text"/>			