Texas Vendor Drug Program
Pharmacy Provider Procedure Manual

Home Health Supplies

June 2019

www.txvendordrug.com/about/policy/manual
# Table of Contents

Table of Contents ................................................................................................. 2

1 Home Health Supplies .......................................................................................... 3

2 Pharmacy Benefit .................................................................................................. 3
   2.1 Formulary Search ............................................................................................. 4

3 Pharmacy Claims ................................................................................................... 4
   3.1 Fee for service ................................................................................................. 4
   3.2 Managed Care .................................................................................................. 5

Appendix A. Home Health Products ..................................................................... 6
1 Home Health Supplies

Certain home health supply products are a covered Texas Medicaid benefit and available from pharmacies enrolled in the Vendor Drug Program (VDP). These products are classified as a Title XIX (Medicaid) home health benefit and as durable medical equipment or medical supplies. These products are available to people enrolled in Medicaid, the Children’s Health Insurance Program (CHIP), the Children with Special Health Care Needs (CSHCN) Services Program, and the Kidney Health Care (KHC) Program.

Pharmacies are not required to enroll as a durable medical equipment (DME) provider to provide access to supplies. Pharmacies already enrolled as a Medicaid DME provider have the option to submit claims for these products either as a pharmacy benefit or as a medical benefit through the Texas Medicaid Healthcare Partnership (TMHP).

All DME and home health supplies must be prescribed by a physician. Advanced practice registered nurses and physician assistants are prohibited from prescribing DME and home health supplies to people enrolled in Medicaid or CHIP.

- Refer to 42 C.F.R. 440.70: Home health Services

2 Pharmacy Benefit

The content in Appendix A contains:

- Covered products by program
- Refill limitations
- Reimbursement rates
  - Based on the Texas Medicaid Fee Schedule. Refer to the Static Fee Schedules at public.tmhp.com/FeeSchedules/StaticFeeSchedule/FeeSchedules.aspx.
- Quantity guidelines
2.1 Formulary Search
The VDP website formulary search is used to find home health supplies. Users enter either the brand or generic name of the product, the 11-digit national drug code (NDC), or type of supply. Additional filters are available to find products payable by each program. Refer to the product search at www.txvendordrug.com/formulary/formulary-search to learn more.

3 Pharmacy Claims

3.1 Fee for service
Claims for Traditional Medicaid, the CSHCN Services Program, and the KHC program are submitted to the Vendor Drug Program.

3.1.1 Prescription Guidelines
A written, faxed, or electronic prescription is required with the following information:

- Person’s name
- Description of the home health supply to be provided
- Quantity to dispense (quantity per day or month)

The "Home Health Services (Title XIX) DME/Medical Supplies Physician Order Form" is not required for home health supplies dispensed through a pharmacy.

3.1.2 Claim Submission
- Claims must include the specific national drug code (NDC) for the product.
- Multi-ingredient compound claims submitted with home health supplies will reject.

3.1.3 Excessive Quantity
Claims will reject if the submitted quantity exceeds the maximum unit per filling. If it is medically necessary for the prescribed quantity to be dispensed, pharmacy staff must attest the submitted quantity is the actual quantity prescribed by resubmitting the claim with a value of “2” ("Other override") in the “Submission Clarification Code” field (42Ø-DK). Refer to the Pharmacy Benefit Chart (Section 2 above) for quantity limits and refill limitations.
This applies to claims for blood glucose test strips, blood glucose test strips with disposable monitor, diabetic lancets, aerosol holding chamber, spring powered device for lancet, and blood glucose monitor (talking).

3.1.4 Prescription Limits

- Claims for traditional Medicaid do not count towards a person’s three prescription-per-month limit.
- Claims for KHC will count towards a person’s four prescription-per-month limit.

3.1.5 Reimbursement

- Pharmacies are not paid a dispensing fee or delivery incentive.

3.1.6 Signature

- If a pharmacy requires a signature to pick up a prescription, then a signature should also be required when picking up home health supplies.
- The "DME Certification and Receipt Form" is not required.

3.2 Managed Care

Pharmacy claims for people enrolled in Medicaid managed care or CHIP are submitted to the managed care organization (MCO). Pharmacy staff must work with the MCO’s pharmacy benefit manager to determine the billing requirements, reimbursement rates, and coverage limitations for these products. MCOs can also designate certain home health supplies as preferred.

Refer to the Pharmacy MCO Assistance Chart from the "Downloads" page at www.txvendordrug.com/resources/downloads for the pharmacy call center phone numbers for each MCO, or refer to the "Managed Care" section in the Contact chapter of this manual to contact the appropriate MCO in your area.
## Appendix A. Home Health Products

<table>
<thead>
<tr>
<th>Description</th>
<th>HCPCS</th>
<th>Unit</th>
<th>Unit Price</th>
<th>Max. Billable Units per Filling</th>
<th>Quantity Guidelines</th>
<th>Limited to 5 Refills?</th>
<th>Covered Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insulin Syringes (1 cc or less)</td>
<td>A4206</td>
<td>EA</td>
<td>$0.23000</td>
<td>100</td>
<td>A refill may not be dispensed until 75% of the day supply has been used.</td>
<td>No</td>
<td>Medicaid, CHIP, CSHCN, KHC</td>
</tr>
<tr>
<td>Insulin Needles</td>
<td>A4215</td>
<td>EA</td>
<td>$0.18000</td>
<td>100</td>
<td>A refill may not be dispensed until 75% of the day supply has been used.</td>
<td>No</td>
<td>Medicaid, CHIP, CSHCN, KHC</td>
</tr>
<tr>
<td>Blood Glucose Test Strips (for home blood glucose monitor)</td>
<td>A4253</td>
<td>EA</td>
<td>$0.56560</td>
<td>100</td>
<td>Maximum: 100 units per calendar month. Limited to a 30-day supply. A refill may not be dispensed until 100% of the day supply has been used.</td>
<td>Yes</td>
<td>Medicaid, CHIP, CSHCN, KHC</td>
</tr>
<tr>
<td>Blood Glucose Test Strips with Disposable Monitor</td>
<td>A9275</td>
<td>EA</td>
<td>$0.56560</td>
<td>100</td>
<td>Maximum: 100 units every calendar month. Limited to a 30-day supply. A refill may not be dispensed until 100% of the day supply has been used.</td>
<td>Yes</td>
<td>Medicaid, CHIP, CSHCN, KHC</td>
</tr>
<tr>
<td>Blood Glucose Monitor (Talking)</td>
<td>E2100</td>
<td>EA</td>
<td>$312.80000</td>
<td>1</td>
<td>Maximum: 1 unit per three rolling years. Only available for people with visual impairment.</td>
<td>No</td>
<td>Medicaid, CHIP, CSHCN</td>
</tr>
</tbody>
</table>

Home Health Supplies | 6
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<tr>
<th>Description</th>
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<th>Limited to 5 Refills?</th>
<th>Covered Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lancets</td>
<td>A4259</td>
<td>EA</td>
<td>$0.11100</td>
<td>100</td>
<td>Maximum: 100 units every calendar month. Limited to a 30-day supply.</td>
<td>Yes</td>
<td>Medicaid, CHIP, CSHCN, KHC</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>A refill may not be dispensed until 100% of the day supply has been used.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spring-Powered Device for Lancets</td>
<td>A4258</td>
<td>EA</td>
<td>$14.65000</td>
<td>1</td>
<td>Maximum: 2 units per rolling year.</td>
<td>No</td>
<td>Medicaid, CHIP, CSHCN, KHC</td>
</tr>
<tr>
<td>Aerosol Holding Chamber (for use with metered dose inhaler)</td>
<td>A4627</td>
<td>EA</td>
<td>$27.60000</td>
<td>1</td>
<td>Maximum: 1 unit every 180 days.</td>
<td>No</td>
<td>Medicaid, CHIP, CSHCN</td>
</tr>
<tr>
<td>Oral Electrolyte Replacement Fluid</td>
<td>B4103</td>
<td>ML</td>
<td>$4.51000 per 500 ML or $0.00902 per ML</td>
<td>2000</td>
<td>A refill may not be dispensed until 75% of the day supply has been used.</td>
<td>No</td>
<td>Medicaid, CHIP, CSHCN</td>
</tr>
<tr>
<td>Hypertonic Saline Solution 7%</td>
<td>T1999</td>
<td>ML</td>
<td>(AWP-10.5%) - 8%</td>
<td>1800</td>
<td>A refill may not be dispensed until 75% of the day supply has been used.</td>
<td>No</td>
<td>Medicaid, CHIP, CSHCN</td>
</tr>
<tr>
<td>Hypertonic Saline Solution 3%</td>
<td>T1999</td>
<td>ML</td>
<td>(AWP-10.5%) - 8%</td>
<td>1800</td>
<td>A refill may not be dispensed until 75% of the day supply has been used.</td>
<td>No</td>
<td>Medicaid, CHIP, CSHCN</td>
</tr>
<tr>
<td>Nasal Saline Spray</td>
<td>T1999</td>
<td>ML</td>
<td>(AWP-10.5%) - 8%</td>
<td>1800</td>
<td>A refill may not be dispensed until 75% of the day supply has been used.</td>
<td>No</td>
<td>Medicaid, CHIP, CSHCN</td>
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