

Texas Vendor Drug Program **Pharmacy Provider Procedure Manual**

Home Health Supplies

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The Pharmacy Provider Procedure Manual (PPPM) is available online at txvendordrug.com/about/policy/manual.



TEXAS
Health and Human
Services

*Medical and
Social Services*

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1 Home Health Supplies

HHSC allows for certain home health supply products that are a covered Texas Medicaid benefit to be provided by 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, and 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 that have 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. In accordance with federal regulation (42 C.F.R. 440.70), guidance from the Centers for Medicare and Medicaid Services (CMS), and state law, advanced practice registered nurses and physician assistants are prohibited from prescribing any DME (including home health supplies) for people enrolled in Medicaid or CHIP.

2 Pharmacy Benefit

Table 1 includes covered products, reimbursement rates, and quantity guidelines. The Healthcare Common Procedure Coding System (HCPCS) Codes are CMS codes.

Table 1 - Pharmacy Benefit

Description	HCPCS	Unit	Unit Price	Max. Billable Units per Filling	Quantity Guidelines	Limited to 5 Refills?
Insulin Syringes (1 cc or less) †	A4206	EA	\$0.23000	100	A refill may not be dispensed until 75% of the day supply has been used.	No
Insulin Needles †	A4215	EA	\$0.18000	100	A refill may not be dispensed until 75% of the day supply has been used.	No
Blood Glucose Test Strips (for home blood glucose monitor) †	A4253	EA	\$0.56560	100	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.	Yes
Blood Glucose Test Strips with Disposable Monitor †	A9275	EA	\$0.56560	100	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.	Yes
Blood Glucose Monitor (Talking)	E2100	EA	\$312.80000	1	Maximum: 1 unit per three rolling years. Only available for people with visual impairment.	No

Description	HCPCS	Unit	Unit Price	Max. Billable Units per Filling	Quantity Guidelines	Limited to 5 Refills?
Lancets †	A4259	EA	\$0.11100	100	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.	Yes
Spring-Powered Device for Lancets †	A4258	EA	\$14.65000	1	Maximum: 2 units per rolling year.	No
Aerosol Holding Chamber (for use with metered dose inhaler)	A4627	EA	\$27.60000	1	Maximum: 1 unit every 180 days.	No
Oral Electrolyte Replacement Fluid	B4103	ML	\$4.51000 per 500 ML or \$0.00902 per ML	2000	A refill may not be dispensed until 75% of the day supply has been used.	No
Hypertonic Saline Solution 7%	T1999	ML	(AWP-10.5%) - 8%	1800	A refill may not be dispensed until 75% of the day supply has been used.	No
Hypertonic Saline Solution 3%	T1999	ML	(AWP-10.5%) - 8%	1800	A refill may not be dispensed until 75% of the day supply has been used.	No
Nasal Saline Spray	T1999	ML	(AWP-10.5%) - 8%	1800	A refill may not be dispensed until 75% of the day supply has been used.	No

† People enrolled in the KHC program are limited to these products.

3 Pharmacy Claims (Fee for Service)

Claims for Medicaid fee-for-service, the CSHCN Services Program, and the KHC program are submitted to the Vendor Drug Program.

3.1 Claim Submission Guidelines

Pharmacy claims are submitted in accordance with the current NCPDP pharmacy billing standard, and must include the specific national drug code (NDC) for the product. Multi-ingredient compound claims submitted with home health supplies will reject.

Claims for fee-for-service Medicaid do not count towards that person's three prescription-per-month limit. Claims for KHC will count towards that person's four prescription-per-month limit.

Refer to Table 1 for covered products (including those only available to people enrolled in KHC), quantity guidelines, refill limitations, and reimbursement rates.

Quantity guidelines are based on the Texas Medicaid Provider Procedures Manual (TMPPM). Refer to the **Durable Medical Equipment and Supplies Handbook** at tmhp.com/Pages/Medicaid/Medicaid_Publications_ProviderManual_Current.aspx.

Reimbursement rates are based on the Texas Medicaid Fee Schedule. Pharmacies are not paid a dispensing fee or delivery incentive for home health supply claims. Refer to the "TMHP Static Fee Schedules" at public.tmhp.com/FeeSchedules/StaticFeeSchedule/FeeSchedules.aspx.

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

If a pharmacy requires a person's signature when a prescription is picked up then a signature should also be required when picking up home health supplies. The "DME Certification and Receipt Form" is not required.

3.2 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 that 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).

4 Pharmacy Claims (Managed Care)

Pharmacy claims for people enrolled in Medicaid managed care or CHIP are submitted to the person's 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 have the ability to designate certain home health supplies as preferred.

Refer to the "Managed Care" section in the [Contact Information](#) chapter of the PPPM to contact the appropriate MCO in your area.