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TEXAS  
Health and Human  
Services

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

## **Home Health Supplies**

July 2020

[txvendordrug.com/about/manual/pharmacy](http://txvendordrug.com/about/manual/pharmacy)

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# 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).

A physician must prescribe all DME and home health supplies. 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 at [txvendordrug.com/about/rules/us-code-federal-regulations](http://txvendordrug.com/about/rules/us-code-federal-regulations)

## 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](http://public.tmhp.com/FeeSchedules/StaticFeeSchedule/FeeSchedules.aspx).
- Quantity guidelines
  - ▶ Based on the *Volume 2: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook* chapter of the **Texas Medicaid Provider Procedures Manual** at

[tmhp.com/Pages/Medicaid/Medicaid\\_Publications\\_ProviderManual\\_Current.aspx](http://tmhp.com/Pages/Medicaid/Medicaid_Publications_ProviderManual_Current.aspx).

## 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 [txvendordrug.com/formulary/formulary-search](http://txvendordrug.com/formulary/formulary-search) to learn more.

## 3 Pharmacy Claims

### 3.1 Fee for service

Claims for 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
- 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 the prescribed quantity is medically necessary, then 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 Appendix A for quantity limits and refill limitations. This applies to claims for blood glucose test strips, blood glucose test strips with a 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

- Pharmacies requiring signatures to pick up prescriptions should require a signature for people 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 [txvendordrug.com/resources/downloads](http://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

Description	HCPCS	Unit	Unit Price	Max. Billable Units per Filling	Quantity Guidelines	Limited to 5 Refills?	Covered Programs
Insulin Syringes (1 cc or less)	A4206	EA	\$0.23000	100	A person must use 75% of the product before refills are allowed.	No	Medicaid, CHIP, CSHCN, KHC
Insulin Needles	A4215	EA	\$0.18000	100	A person must use 75% of the product before refills are allowed.	No	Medicaid, CHIP, CSHCN, KHC
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 person must use 100% of the product before refills are allowed.	Yes	Medicaid, CHIP, CSHCN, KHC
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 person must use 100% of the product before refills are allowed.	Yes	Medicaid, CHIP, CSHCN
Blood Glucose Monitor (Talking)	E2100	EA	\$312.80000	1	Maximum: 1 unit per three rolling years. Only available for people with visual impairment.	No	Medicaid, CHIP, CSHCN
Lancets	A4259	EA	\$0.11100	100	Maximum: 100 units every calendar month. Limited to a 30-day supply.  A person must use 100% of the product before refills are allowed.	Yes	Medicaid, CHIP, CSHCN, KHC

Description	HCPCS	Unit	Unit Price	Max. Billable Units per Filling	Quantity Guidelines	Limited to 5 Refills?	Covered Programs
Spring-Powered Device for Lancets	A4258	EA	\$14.65000	1	Maximum: 2 units per rolling year.	No	Medicaid, CHIP, CSHCN
Aerosol Holding Chamber (for use with a metered-dose inhaler)	A4627	EA	\$27.60000	1	Maximum: 1 unit every 180 days.	No	Medicaid, CHIP, CSHCN
Oral Electrolyte Replacement Fluid	B4103	ML	\$4.51000 per 500 ML or \$0.00902 per ML	2000	A person must use 75% of the product before refills are allowed.	No	Medicaid, CHIP, CSHCN
Hypertonic Saline Solution 7%	T1999	ML	(AWP-10.5%) - 8%	1800	A person must use 75% of the product before refills are allowed.	No	Medicaid, CHIP, CSHCN
Hypertonic Saline Solution 3%	T1999	ML	(AWP-10.5%) - 8%	1800	A person must use 75% of the product before refills are allowed.	No	Medicaid, CHIP, CSHCN
Nasal Saline Spray	T1999	ML	(AWP-10.5%) - 8%	1800	A person must use 75% of the product before refills are allowed.	No	Medicaid, CHIP, CSHCN