

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

## Vitamin and Mineral Products

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



**TEXAS**  
Health and Human  
Services

*Medical and  
Social Services*

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## 1 Vitamin and Mineral Products

HHSC allows for the addition of vitamin and mineral products to the Vendor Drug Program (VDP). These products are classified as a Title XIX (Medicaid) home health benefit as durable medical equipment or medical supplies. These vitamin and mineral products are only available to people 20 years of age and younger enrolled in Medicaid, the Children’s Health Insurance Program (CHIP), and the Children with Special Health Care Needs (CSHCN) Services Program.

Pharmacies are not required to enroll as a durable medical equipment (DME) provider or in the Medicaid Comprehensive Care Program (CCP) to provide access to vitamin and mineral products on the VDP formularies for Medicaid, CHIP, and CSHCN. Pharmacies that have already enrolled as a Medicaid DME or CCP provider have the choice to submit claims for vitamin and mineral products to either (but not both) the Texas Medicaid Healthcare Partnership (TMHP) as a medical benefit or pharmacy benefit.

Medicaid DME providers already enrolled with TMHP but not enrolled with VDP should continue to submit claims for vitamin and mineral products for people enrolled in FFS Medicaid to TMHP in accordance with the Texas Medicaid Provider Procedures Manual (TMPPM) **Children’s Services Handbook** at [tmhp.com/Pages/Medicaid/Medicaid\\_Publications\\_ProviderManual\\_Current.aspx](http://tmhp.com/Pages/Medicaid/Medicaid_Publications_ProviderManual_Current.aspx).

## 2 Pharmacy Benefit

Table 1 includes covered products, reimbursement rates, and quantity guidelines. Any product or medical conditions not listed may be considered for coverage through the Medicaid Comprehensive Care Program (CCP) for people enrolled in FFS Medicaid.

**Table 1 - Pharmacy Benefit**

Vitamin or Mineral	Condition
Beta-carotene	Vitamin A deficiency, Cystic fibrosis, Disorders of porphyrin metabolism, Intestinal malabsorption

Vitamin or Mineral	Condition
Biotin	Biotin deficiency, Biotinidase deficiency, Carnitine deficiency
Calcium	Calcium deficiency, Disorders of calcium metabolism, Chronic renal disease, Pituitary dwarfism, isolated growth hormone deficiency, Hypocalcemia and hypomagnesaemia of the newborn, Intestinal disaccharidase deficiencies and disaccharide malabsorption, Allergic gastroenteritis and colitis, Hypocalcemia due to use of Depo-Provera contraceptive injection
Iodine	Iodine deficiency, Simple and unspecified goiter and nontoxic nodular goiter
Iron	Disorders of iron metabolism, Iron deficiency anemia, Sideroachrestic anemia
Magnesium	Magnesium deficiency, Hypoparathyroidism
Multi-minerals	Other and unspecified protein-calorie malnutrition
Multi-vitamins	Cystic fibrosis, Other and unspecified protein-calorie malnutrition
Trace elements	Mineral deficiency
Vitamin A (retinol)	Vitamin A deficiency, Intestinal malabsorption, Disorders of the biliary tract, Cystic fibrosis
Vitamin B1 (thiamin)	Vitamin B1 deficiency, Disturbances of branched-chain amino-acid metabolism (e.g., maple syrup urine disease), Disorders of mitochondrial metabolism, Wernicke-Korsakoff syndrome
Vitamin B2 (riboflavin)	Vitamin B2 deficiency, Disorders of fatty acid oxidation, Riboflavin deficiency, ariboflavinosis, Disorders of mitochondrial metabolism
Vitamin B3 (niacin)	Vitamin B3 deficiency, Disorders of lipid metabolism, (e.g. pure hypercholesterolemia)
Vitamin B5 (pantothenic acid)	Vitamin B5 deficiency

Vitamin or Mineral	Condition
Vitamin B6 (pyridoxine, pyridoxal 5-phosphate)	Vitamin B6 deficiency, Sideroblastic anemia
Vitamin B12 (cyanocobalamin)	Vitamin B12 deficiency, Disturbances of sulphur-bearing amino-acid metabolism (e.g., homocystinuria and disturbances of metabolism of methionine), Pernicious anemia, Combined B12 and folate-deficiency anemia
Vitamin C (ascorbic acid)	Vitamin C deficiency, Anemia due to disorders of glutathione metabolism, Disorders of mitochondrial metabolism
Vitamin E (tocopherols)	Vitamin E deficiency, Inflammatory bowel disease (e.g., Crohn's, granulomatous enteritis, and ulcerative colitis), Disorders of mitochondrial metabolism, Chronic liver disease, Intestinal malabsorption, Disorders of the biliary tract, Cystic fibrosis
Zinc	Zinc deficiency, Wilson's disease, Acrodermatitis enteropathica

### 3 Pharmacy Claims (Fee for Service)

Claims for people enrolled in FFS Medicaid and the CSHCN Services Program are submitted to the Vendor Drug Program.

#### 3.1 Claim Submission Guidelines

Refer to the "Pharmacy Benefits" in Section 2 above, for covered products, quantity guidelines, refill limitations, and reimbursement rates.

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 vitamin/mineral products are not payable; however, some compound claims may be considered for coverage through CCP.

Claims are limited to a 30-day supply. Pharmacy staff should contact the Pharmacy Benefits Access Help Desk for liquid formulations in excess of this limit. Refills may

not be dispensed until 100% of the supply has been used. Prescriptions are valid for six months after the date written.

Pharmacy staff must acknowledge that the prescribed product is for a medically-accepted indication according to the current vitamin and mineral policy by submitting the values in Table 2.

**Table 2 - VDP Vitamin and Mineral Medical Certification Codes**

Field Name	Field Number	Value
Prior Authorization Type Code	461-EU	"8" (Payer Defined Exemption)
Prior Authorization Number Submitted	463-EV	"826" (Medically accepted indication for vitamins and minerals)

Medicaid claims do not count towards a person's three-prescription limit because all people twenty years of age or younger receive an unlimited number of prescriptions per month. Claims for people enrolled in KHC will count towards that person's four prescriptions per month limit.

Quantity guidelines are based on those found within the Texas Medicaid Provider Procedures Manual.

Reimbursement rates are set at Average Wholesale Price minus 10.5 percent, minus 8 percent. Pharmacies are not paid a dispensing fee or delivery incentive for vitamin and mineral claims.

The "CCP Prior Authorization Request form" is not required for vitamin and mineral products dispensed through a pharmacy. A prescription (faxed, written, or electronic) is required with the following information:

- Eligible individual's name and address
- Name, strength, and quantity of product prescribed
- Date written
- Directions and indications for use
- If faxed, a statement that the prescription has been faxed, telephone number of prescriber, and full name of designated agent who transmitted the fax or electronic order must be included
- To expedite processing, prescribing providers are encouraged to include diagnosis on prescription

If a pharmacy requires an individual'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.

## 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.

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