



TEXAS
Health and Human
Services

Texas Vendor Drug Program Pharmacy Provider Procedure Manual

Vitamins and Minerals

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www.txvendordrug.com/about/policy/manual

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1 Vitamins and Minerals

Vitamins and minerals are 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 these products. Pharmacies that have already enrolled as a Medicaid DME or CCP provider have the choice to submit claims for vitamin and mineral products as a pharmacy benefit or medical benefit submitted to the Texas Medicaid Healthcare Partnership (TMHP).

Medicaid DME providers already enrolled with TMHP but not enrolled with VDP should continue to submit traditional Medicaid claims to TMHP in accordance with *Volume 2: Children's Services Handbook* of the Texas Medicaid Provider Procedures Manual at tmhp.com/Pages/Medicaid/Medicaid_Publications_ProviderManual_Current.aspx.

2 Pharmacy Benefit

The content in Appendix A contains:

- Covered products
- Reimbursement rates
 - ▶ Set at Average Wholesale Price minus 10.5 percent, minus 8 percent.
- Quantity guidelines
 - ▶ Based on those found within the Texas Medicaid Provider Procedures Manual.

Products or medical conditions not listed in Appendix A may be considered for people enrolled in traditional Medicaid through the Medicaid Comprehensive Care Program (CCP).

2.1 Formulary Search

The online VDP Formulary Search is used to find vitamins and minerals. Users enter either the brand or generic name of the product, the 11-digit national drug code (NDC), or select "Vitamin and Mineral" from the description dropdown. 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 people enrolled in traditional Medicaid and the CSHCN Services 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 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

The "CCP Prior Authorization Request form" is not required for vitamins and minerals dispensed through a pharmacy.

3.1.2 Claim Submission

Multi-ingredient compound claims submitted with vitamins or minerals are not payable through VDP. 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 more than 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 1.

Table 1 - 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)

3.1.3 Prescription Limits

- Claims for traditional 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.

3.1.4 Reimbursement

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

3.1.5 Signature

- If a pharmacy requires a signature to pick up a prescription, then a signature should also be required when picking up vitamins and minerals.
- 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 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 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. Pharmacy Benefit

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