



TEXAS  
Health and Human  
Services

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

## **Vitamins and Minerals**

July 2020

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

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

## 3 Pharmacy Claims

### 3.1 Fee for Service

Claims for people enrolled in 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
- To expedite processing, prescribing providers are encouraged to include diagnosis on prescription
  - ▶ Faxed prescriptions must include the name of the designated agent who transmitted the fax or electronic order, the telephone number of the prescribing provider, and a statement the prescription was faxed

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 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 a person's three prescription-per-month limit.

### 3.1.4 Reimbursement

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

### 3.1.5 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 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](http://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
Phosphorus	Disorders of phosphorus metabolism
Trace elements	Mineral deficiency

Vitamin or Mineral	Condition
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 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 D (ergocalciferol)	Vitamin D deficiency, Galactosemia, Glycogenosis, Disorders of magnesium metabolism, Intestinal malabsorption, Chronic renal disease, Cystic fibrosis, Disorders of phosphorus metabolism, Hypocalcemia, Disorders of the biliary tract, Hypoparathyroidism, Intestinal disaccharidase deficiencies and disaccharide malabsorption, Allergic gastroenteritis and colitis
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

Vitamin or Mineral	Condition
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Zinc

Zinc deficiency, Wilson's disease, Acrodermatitis enteropathica