STATE OF IOWA DEPARTMENT OF
Health AND Human
SERVICES

Vitamin, Mineral, Amino Acid Supplements
MED-006

Iowa Medicaid Program:	Prior Authorization	**Effective Date:**	07/01/2008
Revision Number:	7	**Last Rev Date:**	01/19/2024
Reviewed By:	Medicaid Medical Director	**Next Rev Date:**	01/17/2025
Approved By:	Medicaid Clinical Advisory Committee	**Approved Date:**	06/04/2018

Criteria

Prior authorization is required.

Vitamin, mineral, amino acid supplements are considered medically necessary when **ONE** of the following is met:

1. Member has a gastrointestinal, metabolic, psychological, or other physiologic condition that can be expected to be corrected with the use of a vitamin, mineral, or amino acid and treatment is supported in evidence-based literature; **OR**
2. For vitamin, mineral, or amino acid deficiencies, laboratory evidence must show the deficiency for which the supplement is intended to treat.

Coding and Product Information

The following list(s) of codes and product information are provided for reference purposes only and may not be all inclusive. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment, nor does the exclusion of a code imply that its association to the HCPCS code is inappropriate.

HCPCS	Description
A9152	Single vitamin/mineral/trace element, oral, per dose, not otherwise specified
A9153	Multiple vitamins, with or without minerals and trace elements, oral, per dose, not otherwise specified
S9434	Modified solid food supplements for inborn errors of metabolism

Compliance

1. Should conflict exist between this policy and applicable statute, the applicable statute shall supersede.
2. Federal and State law, as well as contract language, including definitions and specific contract provisions or exclusions, take precedence over medical policy and must be considered first in determining eligibility for coverage.
3. Medical technology is constantly evolving, and Iowa Medicaid reserves the right to review and update medical policy on an annual or as-needed basis.

Medical necessity guidelines have been developed for determining coverage for member benefits and are published to provide a better understanding of the basis upon which coverage

decisions are made. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. Criteria are revised and updated annually, or more frequently if new evidence becomes available that suggests needed revisions.

References

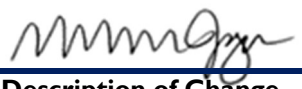
Development of utilization management criteria may also involve research into other state Medicaid programs, other payer policies, consultation with experts and review by the Medicaid Clinical Advisory Committee (CAC). These sources may not be referenced individually unless they are specifically published and are otherwise applicable to the criteria at issue.

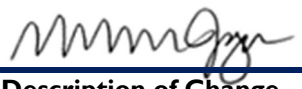
Criteria Change History

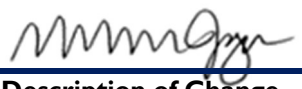
Change Date	Changed By	Description of Change	Version
[mm/dd/yyyy]	CAC		
Signature			

Change Date	Changed By	Description of Change	Version
[mm/dd/yyyy]	CAC		
Signature			

Change Date	Changed By	Description of Change	Version
01/19/2024	CAC	Annual review.	7
Signature			
William (Bill) Jagiello, DO			

Change Date	Changed By	Description of Change	Version
01/20/2023	CAC	Annual review.	6
Signature			
William (Bill) Jagiello, DO			

Change Date	Changed By	Description of Change	Version
04/15/2022	CAC	Annual review.	5
Signature			
William (Bill) Jagiello, DO			

Change Date	Changed By	Description of Change	Version
04/16/2021	CAC	Annual review.	4
Signature			
William (Bill) Jagiello, DO			

Change Date	Changed By	Description of Change	Version
04/20/2018	CAC	Re-worded criterion #1.	3
Signature			
C. David Smith			

Criteria Change History *(continued)*

Change Date	Changed By	Description of Change	Version
04/17/2015	CAC	Added paragraph in references.	2
Signature			

Change Date	Changed By	Description of Change	Version
04/08/2014	Medical Director	Formatting changes. Added to criterion #1 "and supported in evidence-based literature".	1
Signature			

CAC = Medicaid Clinical Advisory Committee