ON-LINE BILLING INSTRUCTIONS FOR
COMPOUNDED HOME INTRAVENOUS THERAPY (HIT) CLAIMS

TPN

Submit as one claim under one prescription number. **Do not use Submission Clarification Code = 99.**
Use compound code 2 for multi-ingredient functionality.
Enter NDC and quantity of each ingredient, including the large volume diluents (sterile water for injection).
Quantity and days supply should be per batch sent. Use proper units. NOTE: Units for TPNs are all expressed in "mls".
Lipids (HIC3=M4B) can be included on the compound or billed separately depending on the manner prescribed (1:3 TPN formula or 1:2 TPN formula). If the lipids are dispensed separately from the TPN admixture, submit the lipid claim as a non-compound claim using **compound code 0 or 1**. Claim will adjudicate on-line with a pharmacy dispensing fee. If the lipids are prescribed as part of the TPN formula, then bill the lipids as part of the TPN compound claim in the multi-ingredient segment.

Claim will pay on-line with one regular pharmacy dispensing fee for the drug portion of the IV compound.
Provider will bill for the IV compounding fee and supplies under DMS/DME *HCPC* codes.
Submit completed Pharmacy Invoice and Record of Home IV Therapy and DME/DMS Dispensed form along with a copy of the TPN order for State to review.

NOTE: For Fee-for-Service Recipients enrolled in PAC and Medicaid recipients residing in Nursing Homes without supply coverage under DME/DMS, the TPN claim is manually priced and includes reimbursement of all drug ingredients in the TPN, a professional fee ($7.25 per day of therapy) and compounding supplies and materials ($17.10). The TPN supply flat rate ($17.10) includes reimbursement for the empty bag, compounding supplies and materials, all electrolytes and the diluent (Water for injection). Providers will only need to list the NDC and quantity of each of the 3 main TPN active drugs (Amino Acids, Dextrose, and Lipids) on the Pharmacy Invoice for pricing purpose. However, when submitting the TPN claim on-line under one Rx#, in order to allow the claim to deny for manual pricing, the provider **must submit the TPN claim UNDER ONE Rx#, Compound Code 2 and '99' in the Submission Clarification Code** field (NCPDP field #420D.). The NDC for the amino acid, the dextrose 70% in Water, and the lipids (only if the order calls for a 3:1 formula). Since the electrolytes are paid under the supply flat rate of $17.10, there is no need to enter the NDCs of the electrolytes on-line in the multi-ingredient segment. If the "99" in the Submission Clarification Code field is inadvertently omitted, the TPN claim will adjudicate on-line with a pharmacy dispensing fee without payment for the supply portion. In this case, the provider must reverse the claim and resubmit it with the proper codes.

TPN (Cont'd)

For all recipients, including fee-for-service MA, PAC, and Nursing Home recipients, the provider may bill each TPN drug additive (MVI, Vitamin K, Pepcid, etc.) separately as **a** non-compound claim using the non-compound code 0 or 1 under Pharmacy Services. Each of these claims will adjudicate on-line with a pharmacy dispensing fee.

HYDRATION THERAPY

Submit as one claim under one prescription number.
Use compound code 2 for multi-ingredient functionality. **Do not use Submission Clarification Code = 99**
Enter NDC and quantity of each ingredient (i.e. sodium bicarbonate, magnesium sulfate, etc). Use proper units. NOTE: Units for hydration therapy are all expressed in "mls".
May bill for the large volume diluent (i.e. Dextrose 5% in Sodium chloride 0.45%).
Note: Hydration Therapy and TPN are the only therapies for which providers may bill the diluents under Pharmacy Services.
Quantity and days supply should be per batch sent.
Claim will pay on-line with one pharmacy dispensing fee.
Submit completed Pharmacy Invoice and Record of Home IV Therapy and DME/DMS Dispensed form along with a copy of the IV order for post-payment review by the State.
Bill for compounding fees, supplies under DMS/DME codes using the specific HCPC codes.

NOTE: For Fee-for-Service Recipients enrolled in PAC and Medicaid recipients residing in Nursing Homes without supply coverage under DME/DMS, the hydration therapy claim is manually priced and includes the reimbursement of each drug ingredient in the hydration therapy compound, an IV compounding dispensing fee ($7.25 per day of therapy) and supplies (at a flat rate = $8.67/bag) used in compounding. Both drug and supply portions are paid under pharmacy Services. To allow manual pricing, **the provider must submit Compound Code 2 and the '99' in the Submission Clarification Code field** (NCPDP field #420D. The provider must enter each ingredient of the hydration therapy formula with its corresponding quantity in the multi-ingredient segment. Submit completed Pharmacy Invoice and Record of Home IV Therapy and DME/DMS Dispensed form along with a copy of the hydration therapy order for State to review and release payment. This will allow Program staff to price each ingredient listed in the Line Item Section of the ACS system or on the Pharmacy Invoice. The Program mandates providers to use the premix hydration therapy products if they are commercially available in the active ingredients and specific concentrations as prescribed (i.e Potassium chloride 20mEq in D5 0.45 NS).

NON-TPN, NON-HYDRATION THERAPY
(i.e. Anti-infective, anti-fungal, antiviral therapy, chemotherapy, cardiac drugs, iron chelating agents, etc.)

Use Compound Code = 0 or 1 to bill for cost of active drug only-
Do not use Submission Clarification Code = 99.

Do not bill for any Diluents. Use single drug NDC with corresponding quantity and days supply per batch sent. Use proper units. NOTE: Unit is "each" for each vial in the powder form (and not "each" for each gram) and "ml" for liquid vials in the unreconstituted form.

Pays on-line for the single active drug ingredient only with a pharmacy dispensing fee. Bill for IV compounding fees, diluents and supplies including IV administration sets or tubings using DMS/DME HCPC codes.

Submit completed Pharmacy Invoice and Record of Home IV Therapy and DME/DMS Dispensed form along with a copy of the IV order for State to conduct post-payment review.

NOTE: For Fee-for-Service Recipients enrolled in PAC and Medicaid recipients residing in Nursing Homes, reimbursement for dispensing fee ($7.25 per day of therapy), and supplies (which include reimbursement for the diluents) used in compounding will be included in the calculated reimbursement rate and paid under pharmacy services. Submit claim under one Rx number, using Submission Clarification Code = 99 and Compound Code 2 so the claim can be manually priced by the State to add an IV compounding fee to the calculated drug cost and supplies/diluents. Depending on the type of containers used, the supply portion is reimbursed at flat rate. Submit completed Pharmacy Invoice and Record of Home IV Therapy and DME/DMS Dispensed form along with a copy of the IV order for State to review and release payment.

NON-COMPOUNDED PREMIX SYSTEMS
(i.e. anti-infectives or commercial hydration therapies, premixed TPN, etc.)

Billing procedures for the premix systems apply to all providers (homecare, nursing home and fee-for-service PAC). Appropriate or pertinent HCPC supply codes may be billed under DME/DMS.

Use Compound Code = 0 or 1.
Do not use Submission Clarification Code = 99.

Bill for the NDC and the quantity of the premixed product. Units for the premix systems are all expressed in "ml". Quantity and days supply should be per batch sent.

NON-COMPOUNDED PREMIX SYSTEMS (Cont'd)
(i.e. anti-infectives or commercial hydration therapies, premixed TPN, etc.)

Pays on-line with a pharmacy dispensing fee. For ex. a 7 day supply of vancomycin 1g in 200ml Dextrose 5% in Water prescribed qd (daily) should be billed with quantity of 1400 (200ml x 7).

Bill for NDC of the diluent bag only if applicable to the two-component premix system such as the Advantage system).

Each claim pays on-line with a pharmacy dispensing fee.
Submit completed Pharmacy Invoice and Record of Home IV Therapy and DME/DMS Dispensed form along with a copy of the IV order for State to review.

CLOTTING FACTORS AND HIGH COST DRUGS SUCH AS IV ENZYME REPLACEMENT THERAPIES

(HIC3 = MOE and MOF and other IV enzyme replacement therapies)

IV claims for clotting factors and other extremely expensive IV replacement therapies are set to deny for hand-pricing and review of appropriate use by the State.
Submit on-line using **non-compound code 0 or 1**. **No need to submit with Submission Clarification Code 99.**

Units billed for clotting factors dispensed in various potencies may be combined and billed using the NDC of one of the vial potency for the same product.

Do not combine the units of enzyme replacement therapies. For ex. claims for Cerezyme in the 200 units and 400 units potencies must be submitted as separate claims and priced as individual claims for each strength.

Claim will automatically deny with message to submit to State for review and hand-pricing.

Fill out and submit Clotting Factor and High-Cost Drug Standard Invoice along with a copy of the prescriber's order, a copy of the actual purchase invoice showing cost paid for the clotting factor, proof of delivery (signed delivery ticket), Pharmacist Clotting Factor Dispensing Record, and the Voluntary Recipient Kept Factor Infusion Log.