STATE OF MARYLAND
DHMH

Maryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201
Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

**To**: All Home Intravenous Therapy Providers

**From**: Tuong Nguyen, Pharmacist Consultant, DHMH

**Date**: 4/12/2007

**Re**: New Billing Procedures for Home Intravenous Infusion Therapy (HIT)

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This memo is an update of billing procedures for home IV therapy and is meant to supplement the billing information that was sent out on 6/29/2006. Effective April 12, 2007, the Program is applying the multi-ingredient functionality of the new Point-of-Sale Claim Adjudication system to IV compounds, and providers may now bill Home Intravenous Infusion Therapy according to the new guidelines as described below.

Providers are to continue billing supplies for compounding and for administering the IV therapy for **homecare fee-for-service Medicaid recipients** under DME/DMS using the specific HCPC codes with the drug portion of the IV admixture being billed under Pharmacy Services. However, the major change is in the adjudication of the drug portion of the IV portion under Pharmacy Services. Instead of denying at the point-of-sale as it has been in the past, the IV compound drug claim can now adjudicate right on-line when submitted with the proper codes. Providers are to refer to the attached On-Line Billing Instructions for Compounded Home IV Therapy Claims for the proper use of these codes for the different types of IV therapies in order to generate a paid claim.

Total parenteral nutrition (TPN) and parenteral hydration therapy are multiple-active ingredient therapies that may be billed using the multi-ingredient functionality. When submitted under one Rx number and Compound Code 2, the TPN ingredients will be automatically priced by the system. The cost of each ingredient submitted will be calculated and included in the total reimbursement that includes a pharmacy dispensing fee for the whole IV admixture. Providers should not bill each ingredient that makes up the compound as a separate claim with the compound code 0 or 1. This will generate a pharmacy fee for each claim. The Program will reverse any claims found to be improperly submitted. Special attention will be given to billing errors associated with the wrong quantities or units billed due to misunderstanding of the dosage form (powder or liquid), drug concentration or vial potency and package size.

Other types of IV drug claims that will adjudicate on-line for the drug portion of the compound involve anti-infective, antiviral, antifungal agents and miscellaneous drugs used as single active ingredient therapies that are diluted out in large volume diluents (Dextrose 5% in Water or

Normal Saline). The Claim for the active ingredient NDC may be submitted with the non-compound code 0 or 1 to generate a paid claim. Providers are not to bill for the diluents since these are already reimbursed under the specific HCPC codes for supplies payable under DME/DMS.

Although the drug portion of the IV compound claim can now adjudicate on-line, providers must continue to complete the "Pharmacy Invoice and Record of Home Intravenous Therapy (HIT) and DME/DMS Supplies Dispensed" Form and mail it to the Program within 60 days of the date of service along with a copy of the IV order for a post-payment review. This requirement applies also to the premix or commercial IV products. If the IV invoice is not submitted to the Program within the specified time frame, the Program may reverse any undocumented and/or unjustified paid claims. Providers will be informed of any such claim reversals. On the Pharmacy invoice, providers must document the date of service, units billed, and the specific IV supply HCPC codes billed under DME/DMS in relation to the IV drug NDCs with units and days supply billed under Pharmacy Services. Providers are encouraged to double-check units billed for accuracy to avoid claim reversals by the Program or any potential rebate disputes by drug manufacturers.

IV Claims for **nursing home and Maryland fee-for-service Primary Adult Care (PAC) recipients** will continue to be manually priced for these patient populations with no DME/DMS coverage benefits. Providers must continue to bill the whole compound claim under one Rx number, using Compound Code 2 and code 99 in the Submission Clarification Field to allow the IV claim to deny for manual review, pricing (of both drug and supply portion_of the compound) and payment release. The paper documentation requirement for post-payment review also applies to nursing home providers.

All claims for the high-cost clotting factors and other extremely expensive enzyme replacement therapies are set to deny on-line for hand-pricing by the State because of their extremely high cost. These claims must be reviewed by the Program for medical necessity, proper utilization, proper billing intervals and units accuracy. These should be submitted on-line using the Non-Compound Code 0 or 1. There is no need to submit the Submission Clarification Code 99. The units billed for clotting factors dispensed in various potencies may be combined and the total units billed as one prescription using the NDC of one of the vial potency for the same product. However, the units for enzyme replacement products dispensed in various potencies should not be combined and billed as one prescription. For ex. claims for Cerezyme in the 200 units and 400 units potencies dispensed to the same recipient must be submitted as separate prescriptions and priced as individual claims for each strength.

Providers must complete and submit the Clotting Factor or 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.

Any questions pertaining to this memorandum should be addressed to Tuong-Anh Nguyen, Clinical Pharmacist Consultant for DHMH at 410-767-5701.

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