

**INSTRUCTIONS FOR COMPLETION OF STANDARD INVOICE
FOR ALL IV COMPOUNDS INCLUDING TOTAL PARENTERAL NUTRITION**

Page 1 of 2

Complete standard invoice. Do not bill the supply portion of the IV compound claim under DME/DMS. Providers must ensure that no duplicate billing of any supply charges is made under both DME/DMS and Pharmacy Services. Fill in **all** requested information. Specific points to note on each item:

- Item 2.** * Enter the patient's 11 digit- MA number, age, name, diagnosis. Indicate patient's location to determine billing intervals and dispensing fees.
- Item 3.** * Please attach a copy of the prescriber order (mandatory).
Check appropriate type of container dispensed. Use of proper type should be justified based on individual need and type of therapy prescribed.
- * Enter proper day supply corresponding to quantity dispensed based on IV order. Total days supply billed for all claims must match length of therapy prescribed.
- Item 4.** * Document all drug wastage/overflow. Overflowing of TPNs are allowed only if actually incurred. Without valid reason for overflow or drug wastage, the Program will automatically adjust payment based on quantity prescribed.
- Item 5.** * Enter service provider #, and NABP provider #, NDC of most expensive drug, Exact Quantity (Do not round-up) & Date of Service.
- * Enter same Date Written as Date of Service for all IV claims.
- * Quantity billed on-line refers to decimal units corresponding to the most expensive drug NDC, and **not** to the number of containers dispensed.
- * Assign a new different Rx # to each claim. Do not bill for the diluents as reimbursement of these is already included in the supply flat rate.
- Exception: Reimbursement for the TPN bag includes the cost of all electrolytes besides the cost of all compounding materials. List the NDC and quantity of the three main TPN ingredients used (amino acid, dextrose, and lipids).
- * Treat each IV claim as the **original** prescription. Multiple original prescriptions may be submitted within the time frame that the IV order is valid for. All IV orders must be signed by the prescriber and may be faxed. No verbal orders.
- * The Usual and Customary (U/C) for the Diluent Claim should include the IV dispensing fee and the cost of all materials. Use the AWP of the active ingredient as the U/C for the Drug Claim. Do not add another dispensing fee to the drug claim.
- * **Unit calculation:** The new version 5.1 now can accommodate decimal units. To determine correct quantity to be billed, always consider the powder or liquid state of the drug **before** reconstitution. **Do not bill the quantity of the final preparation after dilution with the diluent.** If the unreconstituted drug comes in liquid form, the unit is "ml"; if in powder form before reconstitution, the unit is "ea". Providers may only claim drug wastage on single dose vials and not on multiple dose vials. **Examples:** 1/ Rx: gentamicin 70mg qd x 7d; Drug strength used: 40mg/ml; Quantity of drug needed for entire batch: 70mg x7 = 490mg : 40mg/ml = 12.25ml. Bill quantity of 14 if 7 vials of 2ml single dose vials were used and 1.75 were wasted and not used on any other patient. Bill exact quantity of 12.2 if the multiple dose vial NDC were used (i.e. NDC for the 20 ml vials) or if drug was not actually wasted or used for any other patient.

Item 5 (Cont'd)

2/ Rx: 1250 mg vancomycin qd x7d; If 1000mg (=1 gm) vials were used, the quantity for the entire batch is $1250\text{mg} \times 7 = 8750\text{mg}$ or $8750\text{mg} : 1000 \text{ mg/vial} = 8.75$ units. Bill quantity of 9 if the remaining 0.25 units (250mg) were actually wasted. Bill exact quantity of 8.75 if the remaining drug was used for another patient. If the 5000mg (or 5g) vial NDC was used, providers must bill exact quantity of 1.75 ($8750 \text{ mg} : 5000 \text{ mg/vial}$) since no wastage is allowed on multiple dose vials. If providers incorrectly rounded up the quantity to 2, the amount of drug wasted would have been 0.25 unit = 1250mg.

- Item 6.** *
- * Itemize all active drug ingredients. List supply type dispensed, and dispensing fees.
 - * See attached Flat Rate Reimbursement Schedule for the Supply Portion of the IV Compound Claim Based on Type of Container Used (Table I).
 - * If the recipient has other insurance coverage, Medical Assistance is always the payer of last resort. In the third party liability (TPL) field, list the amount of payment received from the primary payer. The Program will cover the remaining balance minus the co-pay.

- Item 7.** *
- * For quantities that are incorrectly billed on-line by providers, the Program will automatically adjust the units in order to bill drug manufacturers the proper rebate units. Payment to providers will reflect the correct units calculated based on information documented on the IV standard invoice.

POINT-OF-SALE BILLING INSTRUCTIONS FOR ALL IV COMPOUNDS INCLUDING TPNs

Bill as **one transaction** using one prescription number. Do not bill for the supplies or any diluent or any compounding material. If supplies are billed under DME/DMS, please indicate so on the IV standard invoice. Each claim is a new prescription number. No refills. Bill based on information reported on the standard invoice.

1. Bill the NDC of the most expensive drug ingredient. For the TPN claim, bill the NDC of the Amino Acid. Do not bill the diluent or supplies.
2. Use the **actual decimal units as quantity** corresponding to the drug NDC billed.
3. Enter the usual and customary charge (U/C) for the entire claim.
4. Use the day supply that corresponds to the quantity dispensed and reflects the dosage prescribed.
5. Bill the Compound Code 2.
6. Submit "99" in the Submission Clarification Code field (NCPDP field #420-D) to indicate this is a Home IV claim.
7. Claim will deny with NCPDP error code 70, "NDC not covered, Submit Home IV Claim to State" for manual pricing and review.
8. Take care of any error messages (P/A & DUR alerts received) at the point-of-sale immediately. Re-transmit if necessary.
3. Submit the Standard Invoice for all IV Compounds **along with the signed prescriber order** to: OOE, PO Box 2158, Baltimore, MD 21203.
9. Each claim must be manually priced, reviewed, and overridden by the Program staff.

Please Note:

This form and the pharmacist's signature are mandatory.