Web Portal
Total Parenteral Nutrition (TPN) Claim Submission Training

Mississippi Envision
Summer 2010
Agenda

Total Parenteral Nutrition Claim Submission
Checking Claim Status
Questions
Web Portal Highlights
Questions
We know how frustrating TPN paper claim submission can be!!!
IMAGINE OUR OFFICE…
The purpose of this Webinar is to show you how easy it is to submit your TPN claims through the Web Portal.
Welcome to the Envision Web Portal

Helpful Hints:

• Please allow Pop Ups
• Your back button does not work within the Web Portal
**Steps to Login**
1. Enter the Log In ID created during Account Registration Process
2. Enter your Password

**Quick Tip**
Every person within your group will need a separate Login ID and password
Below are the selections from the Provider Tab

- Fee Schedules
- Frequently Asked Questions
- General Billing Tips
- Provider Bulletins
- Provider Enrollment
- Provider Hotlinks
- Provider Rates
- Provider Type Specific Information
- Report Third Party Insurance
- Search for a Provider
- Statistics
- Training Material / CBT
- WINASAP 2003
- Claims Entry
- Communication Options
- Inquiry Options
- Prior Authorization
- School Based Services
- Submission Options
- User Admin Options
TPN Submission

Directions to Claim Submission
1. Provider Tab
2. Claim Entry
3. Pharmacy Claim
4. Click on Pharmacy Claim
Beneficiary Medicaid Number

Steps to complete this section
1. Enter the Beneficiary ID
2. Click <Submit>
Types of Claims and Provider Sections

Below are the Types of Claims that can be submitted:

- Regular POS Claim
- TPN (Total Parenteral Nutrition)
- Retro Eligibility
- 72 Hour Emergency Supply

Steps to complete this section
1. Select the TPN claim type
2. Enter the Prescriber NPI
Beneficiary Information

**This portion of the electronic form will auto-populate from the beneficiary entry screen on page 10.**
Rx Information Section

This section contains the prescription information and the following will need to be entered:

- Prescription Number
- New or Refill
- Estimated Days (Day Supply)
- Date Dispensed
- Date Written

Steps to complete this section
1. Enter the prescription number in the Rx/Svc No field and hit “Tab key”
2. Click on the down arrow in the New/Refill field and choose the appropriate selection
3. Click in the Estimated Days field and enter the “Day Supply” and hit the “Tab key”
4. Enter the dispense date in the Date Dispensed field and hit the “Tab Key”. The format of the date should be mm/dd/yyyy.
5. Enter the date the prescription was written in the Date Written field.
6. Continue to the next section
Basic Line Item Information

This section will contain each ingredient with the corresponding quantity used in the TPN. Only one line item per ingredient. The following information will need to be entered:

- Quantity (in ml.)
- Actual NDC number of ingredient dispensed
- Usual & Customary Charge per ingredient (*the dispensing fee should not be included in this amount*)
- The dispensing fee will be added to your claim after submission upon review

Steps to complete this section
1. Enter the quantity in the Submit Qty field and hit the “Tab key”
2. Enter the NDC code in the NDC field
3. Enter the charge for the ingredient in the U/C charge field
4. If the information in the section is correct, hit the <Add Rx Info> button (this will save the information)
5. Continue steps 1-4 for each ingredient used in the TPN
6. After all ingredients are entered continue to the next section
Basic Line Item Information

These are the items that you entered.

Basic Line Item Information continued

This is what the screen will look like after clicking the <Add Rx Info> button.

NOTE: The total volume will be calculated internally, however, it will not be displayed on this screen.
Summary Information and TPL Payment Submission

This section contains the following information:

- Total charges for this claim (Envision will automatically total the charges for each line item)
- Any payments from another payer (example: Blue Cross Blue Shield)
- Attachment options

Steps to complete this section

Have you received payment from other insurance?
1. If no, move onto the attachment field (page 17)
2. If yes, click the circle next to “Yes”
   a) In the TPL (Third Party Liability) field, enter the total reimbursement amount received from the other insurance. Remember to use dollars and cents. Envision will automatically deduct the amount entered from the total charge amount. The new amount will be shown in the balance field.
3. If you do not have any attachments, go onto the Medicaid Certification Statement (page 20)
4. If you do have attachments, move on to the attachment field (page 17)
Submitting An Attachment

The following attachments are required for TPN New Prescriptions

- Medical Necessity Statement
- TPN Order

This information can be found in the Medicaid Provider Policy Manual: Pharmacy Section, 31.14
Browsing Your Hard Drive

Helpful Hint

• Save all of your Medicaid documents in one folder
## Document Attached

### Rx Info

<table>
<thead>
<tr>
<th>RxInfo</th>
<th>Refill</th>
<th>New Refill</th>
<th>Date Dispensed</th>
<th>Date Written</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>09/18/2019</td>
<td>09/18/2019</td>
</tr>
</tbody>
</table>

### Basic Line Item Information

<table>
<thead>
<tr>
<th>Submit Qty</th>
<th>NDC</th>
<th>UIC Charge</th>
<th></th>
<th></th>
<th>Delete</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>00386005006</td>
<td>154.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>500</td>
<td>00386005003</td>
<td>65.89</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2000</td>
<td>00386078906</td>
<td>44.49</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4000</td>
<td>00386001366</td>
<td>218.4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>800</td>
<td>00074151362</td>
<td>5.54</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Summary

- **Total Submitted Charges**: $257.75
- **Is there TPL amount to be entered?**: Yes
- **TPL**: $200.00
- **Balance**: $57.75

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I hereby certify that the procedures as indicated by date are in progress for procedures that require multiple visits or have been completed and that the fees submitted are the actual fees I have charged and intend to collect for the procedures.

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**Your documents are now attached**
Submitting the TPN

This section contains the Medicaid clause certifying the service was performed

Steps to complete this section
1. Review the claim for accuracy
   • Remember the Dispensing Fee will be added to your claim after submission upon review
2. Please read the statement:
   • I hereby certify that the procedures as indicated by date are in progress (for procedures that require multiple visits) or have been completed and that the fees submitted are the actual fees I have charged and intend to collect for the procedures
3. Please check the Box.
4. Click the <Submit> button **ONLY ONCE**
5. A text box will appear. Click the <OK> button.
We suggest printing this page and attaching it to the TPN Order.

This claim will automatically suspend for review by the Division of Medicaid (DOM) and an internal Prior Authorization (PA) will be issued.
Claim Status Inquiry

Directions to the Inquiry Option
1. Go under the Provider Tab
2. In the drop down menu, choose Inquiry Options
3. In the side ladder, click on “Claim Status Inquiry”
Criteria for claim inquiry:

TCN

Or

Beneficiary ID

Service begin date

Service end date

Choose “Pharmacy” for Claim Type

Click the <Submit> button
Inquiry Results

The results will include the following information:

- **TCN**
- **Beneficiary Information**
- **Date the Prescription was written**
- **Current Claim Status**
- **Payment Information**
- **Line Items billed on claim**
- **Exception Codes (edit codes)**
Who do I call?

Contact Information for TPN claims

Terri Kirby- DOM Pharmacist
Terri.Kirby@medicaid.ms.gov
Phone 601-359-5253

Joyce Grizzle- ACS Pharmacy Services Manager
Joyce.Grizzle@acs-inc.com
Phone 615-503-9246
Welcome to the Envision Web Portal

• Late Breaking News
• Latest Bulletin
Bulletins

Mississippi Envision
Quality Health Care Services Improving Lives

Provider
- Free Schedules
- Frequently Asked Questions
- General Billing Tips
- Provider Bulletins
- Provider Enrollment
- Provider Notifications
- Provider Rates
- Provider Type Specific Information
- Report Third Party Insurance
- Search for Provider
- Statistics
- Training Material/COD
- VISTA-SAP 2003 Software
- Claim Entry
- Communication Options
- Inquiry Options
- Long Term Care
- Prior Authorization
- School Based Services
- Submission Options
- User Admin Options

Reach Us

Search

Terms of Usage
Privacy Policy
Browser Compatibility

What's New?
- Changes in Pre-certification/Certification Requirements

Latest News
- Site Map
- Current Month's Medicaid

Medicaid and Me

Bulletin selection
Provider Bulletin Search

This screen will allow providers to search the Envision Database for new and old bulletins. Below are the methods for searching the Database:

- Date Range
- Keyword
- Combination of Date and Keyword
Prescribing Physician Selection

This screen provides a link to the Mississippi Medicaid Database of Prescribing Providers. The list is broken down by state. This is purely for informational purposes only.

Steps to Reach this web page

1. Click on the Provider Tab
2. Click on the Provider Type Specific Information
3. On the right a drop down ladder will appear. Click on Pharmacy
4. On the right of Pharmacy will appear another ladder. Click on Prescribing Provider List
Denial Code Descriptions

The purpose of this Web page is to link you to our Database of Denial Codes for Pharmacy claims. By clicking on link you will be given access to a spreadsheet of pharmacy denial codes.

Steps to Reach this web page
1. Click on the Provider Tab
2. Click on the Provider Type Specific Information
3. On the right a drop down ladder will appear. Click on Pharmacy
4. On the right of Pharmacy will appear another ladder. Click on Denial Code Descriptions
Physician Administered Drug Inquiry Screen

This Web page will give providers access to our Database of Rebatable Drugs.

**Steps to reach this page**
1. Click on the Provider Tab
2. Click on Inquiry Options
3. On the right a drop down ladder will appear. Click on Physician Administered Drug Inquiry

**Steps to use this function**
1. Enter the NDC of the drug in box to the right of NDC.
2. Enter a date of service. (The date cannot be a future date.)
3. Click on the <Submit> button
Non-DESI Drug Example

Physician Administered Drug Inquiry

<table>
<thead>
<tr>
<th>NDC:</th>
<th>1715602465</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug Name:</td>
<td>NYO/IEWT</td>
</tr>
<tr>
<td>Rebatable:</td>
<td>No</td>
</tr>
<tr>
<td>DESI Status:</td>
<td>Non-DESI</td>
</tr>
<tr>
<td>CMS Term Date:</td>
<td>2011/9999</td>
</tr>
<tr>
<td>Drug Obsolete Date:</td>
<td>2011/9999</td>
</tr>
</tbody>
</table>

Disclaimer:
The purpose of this inquiry is to assist the provider in ordering/stocking physician administered drugs for Medicaid beneficiaries. Drugs are eligible for coverage if: (1) Rebated (2) Non-DESI (3) CMS TERM DATE is greater than the date of service (4) OBSOLETE DATE is within 18 months of the date of service. Display does not guarantee coverage as other restrictions/limits may still apply.

This is an example of a drug that is Non-rebated, Non-DESI
The purpose of the Third Party Liability Selection is to update the beneficiary’s insurance information on file. Medicaid is always the payer of last resort.

**Quick Tips**

1. The beneficiary’s Medicaid number is required for this function
2. TPL can also be updated through the Eligibility Function
### TPL Form

**Tpl Update**

**Beneficiary Policy Information**
- *Medicaid Id:__
- *Policy Number:__
- Begin Date:__
- End Date:__
- Resource Type:__
- Policy Holder Relationship:__
- Policy Holder Name
  - *First Name:__
  - Middle Initial:__
  - *Last Name:__
  - Policy Holder Phone Number:__

**Carrier Information**
- *Carrier Name:__
- Carrier Type:__
- Address Line 1:__
- Address Line 2:__
- City:__
- State:__
- Zip:__
- Phone:__

**Employer/Group Information**
- Group ID:__
- Employer Name:__
- Address Line 1:__
- Address Line 2:__
- City:__
- State:__
- Zip:__
- Phone:__

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***All Fields with asterisks are required***
### Beneficiary Eligibility

**Search criteria:**

- Last Name, First Name, DOB
- Beneficiary ID
- Last Name, First Name, SSN
- SSN, DOB
**Beneficiary Over 21**

- **Medicaid Information**
  - Eligibility or Benefit Information: Active
  - Plan Coverage: Full Drug Coverage

- **Other Party Insurance (TPL)**

- **Beneficiary Over 21**
Any Questions???