

Donald Ross, Manager
DMAP Policy and Planning Section

Number: DMAP IM 11-081

Authorized Signature

Issue Date: 8/3/2011

Topic: Medical Benefits

Subject: Provider Announcement – Change in July 1 NDC reporting requirements

Applies to:

- | | |
|--|---|
| <input type="checkbox"/> All DHS employees | <input type="checkbox"/> County Mental Health Directors |
| <input type="checkbox"/> Area Agencies on Aging | <input type="checkbox"/> Seniors and People with Disabilities |
| <input type="checkbox"/> Children, Adults and Families | <input checked="" type="checkbox"/> Other (please specify): DHS and OHA staff and others identified on the SPD, CAF, AMH and DMAP transmittal lists |
| <input type="checkbox"/> County DD Program Managers | |

Message:

DMAP will post the following announcement and send it to the OHP Provider Announcement eSubscribe list.

Change in Revenue Center Code list:

Providers are required to report National Drug Code information to DMAP for most outpatient medical claims beginning July 1, 2011 and hospitals will now have to enter CPT/HCPCS and NDC information when they bill using certain Revenue Center Codes, however, that list of codes has changed since the previous announcement.

Effective retroactive to July 1, 2011, the following Revenue Center Codes require a CPT or HCPCS code for administration of drugs, and reporting of the specific NDC and quantity:

- 251-259
- 634-636

Providers are asked to disregard the previous list we sent.

For more information about this change, refer to the transmittal posted at <http://www.dhs.state.or.us/policy/healthplan/transmit/main.htm>

If you have any questions about this information, contact:

Contact(s):	Angel Wynia, DMAP Hospital Services Policy Analyst
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Medical providers and hospitals

Change to Revenue Center Codes that require CPT/HCPCS and NDC reporting effective July 1, 2011

Revenue Center Codes update

Effective retroactive to July 1, 2011, only the following Revenue Center Codes require a CPT or HCPCS code for administration of drugs, and reporting of the specific NDC and quantity:

- 251-259
- 634-636

Please disregard the previous list posted at <https://apps.state.or.us/cf1/OHP/OHPadmin/files/ndc-reminders0611.pdf>.

Reminders:

On July 1, DMAP began reviewing all institutional (UB-04/8371) and professional (CMS-1500/837P) claims to ensure NDC reporting requirements are followed.

If information is missing or invalid, claims will be denied (see list of EOB codes at right). Providers will need to resubmit denied claims with the required NDC information or correct number of units.

Questions?

- **About billing DMAP:** Please call the Provider Services Unit at 1-800-336-6016, Monday through Thursday from 8:30 a.m. to 4:30 p.m. and 10 a.m. to 4:30 p.m. on Friday. (phone lines closed 11:25 a.m. to 12:30 p.m. daily)

Explanation of Benefit (EOB) messages

- 0403 - Drug code not on file.
Correct and resubmit
- 1015 - Invalid Drug Code [enter NDC in 5-4-2 format]
- 1062 - NDC is deactivated and not payable on date filled [drug is not on CMS or First DataBank file]
- 1100 - Non-participating manufacturer [drug is not rebateable]
- 3459 - Revenue code requires procedure code
- 4001 - Submitted claim has multiple NDCs on a single detail [line]
- 4002 - HCPCS procedure code requires an NDC and no NDC is found on the claim detail
- 4008 - The unit of measure is missing or invalid for the detail NDC
- 4038 - The qualifier NDC ID is invalid. Submit a valid value.
- 5020 - A [NDC] quantity unit value greater than zero must be present.

