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DMAP Policy and Planning Section

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Authorized Signature

Issue Date: 06/17/2011

Topic: Medical Benefits

Subject: **Provider announcement** - Reminder about 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.

- The announcement tells providers that they are required to report National Drug Code information to DMAP for most outpatient medical claims beginning July 1, 2011.
- To support this requirement, hospitals will now have to enter CPT/HCPCS and NDC information when they bill using certain Revenue Center Codes.

For more information information about this change, refer to the transmittal posted at <http://www.dhs.state.or.us/policy/healthplan/transmit/im/2011/im11038.pdf>.

If you have any questions about this information, contact:

| | |
|--------------------|--|
| Contact(s): | Angel Wynia, DMAP Hospital Services Policy Analyst |
| Phone: | 503-945-5754 |
| E-mail: | angel.wynia@state.or.us |

Medical providers and hospitals

NDC reporting for physician-administered drugs required starting July 1, 2011

Starting July 1, 2011, the Division of Medical Assistance Programs (DMAP) will review all institutional (UB-04/837I) and professional (CMS-1500/837P) claims for the following information:

- HCPCS/CPT units of service for the drug billed;
- National Drug Code (NDC) and unit of measurement for the drug billed; and
- The actual metric decimal quantity administered.

If this information is missing or invalid:

- Claims will be denied (see list of EOB codes at right). Providers will need to resubmit the claim with the required NDC information and/or correct number of units.

Revenue Center Code changes

To support this requirement, the following Revenue Center Codes will require a CPT or HCPCS code for administration of the drug, and reporting of the specific NDC and quantity:

- | | |
|-----------|-----------|
| ■ 250-259 | ■ 332 |
| ■ 262 | ■ 335 |
| ■ 263 | ■ 634-636 |
| ■ 331 | |

Who is included in “physician-administered” drugs?

Any medical practitioner whose licensed scope of practice includes administration of drugs.

Which codes require NDC information?

Drugs billed using HCPCS codes, including:

- A, C, J, Q, and S codes.
- “Not otherwise classified” (NOC) and “Not otherwise specified” (NOS) drug codes (*e.g.*, J3490, J9999 and C9399).

The only CPT codes that require NDC information are immune globulin codes 90281 through 90399.

Generally, diagnostics, radiopharmaceuticals and vaccines are exempt from the NDC reporting requirements.

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.



Learn more about NDC reporting

- For specific paper billing instructions and helpful tips, see the CMS-1500 and UB-04 Claim Form Instructions at www.oregon.gov/DHS/healthplan/tools_prov/tips/main.shtml#handbooks
- For information required for electronic data interchange (EDI) 837P and 837I claims, see the 837 Companion Guides at www.oregon.gov/DHS/edi/resources.shtml#guides).

You can also find additional resources in DMAP's April announcement at <https://apps.state.or.us/cf1/OHP/OHPadmin/files/ndc-resources0411.pdf>.

Other fee-for-service billing reminders

- For multi-ingredient compounds, list each component separately on its own detail line using the appropriate HCPCS and NDC codes.
- DMAP will only pay for rebateable drugs. The "Drug Product Data" posted at www.cms.hhs.gov/MedicaidDrugRebateProgram/09_DrugProdData.asp includes a complete list of these drugs.

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.
- **About billing OHP Medical Plans:** Contact the Plan.

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