

New HCPCS NDC Requirement

The What, Why, When, Where, and
How to use an NDC when billing
physician administered drugs

SoonerCare

Fall 2008 Provider Training

What are we talking about?

- NDCs will be required on *SoonerCare* claims for drugs administered in an outpatient setting
 - Includes all secondary claims
 - Medicare Crossover Claims
 - Other Third Party Claims

When will NDCs be required?

- Effective w/ Dates of Service on or after **January 1, 2008** for claims billed on CMS 1500 or electronic equivalent
- Effective w/ Dates of Service on or after **July 1, 2008** for claims billed on UB-04 or electronic equivalent

What is an NDC?

- **National Drug Code (NDC):**
a unique 11-digit, three-segment number assigned to drugs by the Food and Drug Administration (FDA)

Why is OHCA requiring an NDC?

- Deficit Reduction Act of 2005 (DRA) requires Medicaid agencies, including the Oklahoma Health Care Authority, to collect **NDC** numbers on pharmaceuticals

Who will be affected?

- Primary Care Providers
- Specialty Care Providers
- Outpatient Hospital Departments
- Federally Qualified Health Centers
- Rural Health Centers
- All other outpatient providers administering drugs to patients

What remains the same?

- Still use the same billing forms
 - CMS 1500
 - UB04
 - Electronic 837
 - Soonercare Secure Site
- All of the information is still placed in the same locations on the form

What remains the same?

- Reimbursement
 - Based on current HCPCS code rate
 - Unclassified and Not Otherwise Classified drugs still need the invoice sent in with the claim (i.e. J3490, J9999, etc.)
- Edits and audits
 - Still remain in place

What has changed?

- Some HCPCS codes will require a NDC
- New Data Elements required on **SoonerCare** Claims
- New fields on CMS 1500, Electronic 837, UB04, and **SoonerCare** Secure Site

Which HCPCS Codes Require a NDC?

- Generally – All drug products administered by a provider in outpatient settings
 - Exceptions : Vaccines, Devices, Radiopharmaceuticals
- A list of HCPCS codes requiring a NDC for billing can be found at www.okhca.org/NDCbilling

What data elements will be needed?

- Qualifier – N4
- 11 digit NDC (Do Not Report Dashes)
- Unit of Measure
 - F2 (international units)
 - GR (gram)
 - ML (milliliter)
 - UN (unit)
- NDC Units Value (Quantity)
 - Example: 1.125 (up to 3 digits after decimal)

Where to place NDC on UB 04?

- The NDC is placed in FL43
- Additional information can be found at:
www.nucc.org

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1 250	N458468012201ML10	J1270	010508	20	311.80	⋮	1
2						⋮	2
3						⋮	3
4						⋮	4
5						⋮	5

Where to place NDC on Soonercare Secure Site Professional

Item	Procedure	Units	Charges	Status	Allowed Amount
1	J3370	2	\$9.08		0.00

Add
Remove

Detail Information

Item	1	From DOS*	01/05/2008	To DOS*	01/05/2008
POS*	49 - Independent Clinic				
Procedure*	J3370	Modifiers			
Diag. Cross-Ref		Units*	2	Charges*	\$9.08
NDC Code	00409653301	NDC Qty	1.000	NDC UOM	GR - Gram
	<input type="checkbox"/> Pregnancy?		<input type="checkbox"/> Emergency?		
EPSDT		CLIA Number			
Rendering Physician*					
NPI		ZIP		Contract Code	
Status		Allowed Amount	0.00	Co-Pay Amount	0.00

Where to place NDC on Soonercare Secure Site?

Institutional-Outpatient

Item	Rev. Code	Procedure	Units	Charges	Status	Allowed Amount	
1	250	J3370	2.00	\$9.80			<input type="button" value="Add"/> <input type="button" value="Remove"/>

Detail Information

Item	1	From DOS*	01/05/2008	To DOS	
Revenue Code*	250	HCPCS / Rates	J3370	Modifiers	1
NDC Code	00409653301	NDC Qty	1.000	NDC UOM	GR-Gram
Units*	2.00	Units of Measurement	UN - Unit		
Charges	\$9.80	Co-Pay	0.00		
Status		Allowed Amount	0.00		
Units Allowed		Paid Amount			

Claims Examples

Claim with 1 NDC

- NDC: 00409653301 (vancomycin HCl Intravenous 1 GM)
- J3370 (Injection, vancomycin HCl, 500 mg)

2. _____		4. _____																
24. A. DATE(S) OF SERVICE							B.	C.	D. PROCEDURES, SERVICES, OR SUPPLIES			E.	F.	G.	H.	I.	J.	
From		To					PLACE OF		(Explain Unusual Circumstances)			DIAGNOSIS	\$ CHARGES	DAYS	EPSCOT	ID.	RENDERING	
MM	DD	YY	MM	DD	YY	SERVICE	EMG	CPT/HCPCS	MODIFIER			POINTER		OR	Family	QUAL.	PROVIDER ID. #	
1																		
N400409653301								GR1										
01	05	08	01	05	08	22		J3370					9.08	2		NPI		
2																		
																NPI		
3																		
																NPI		

SUPPLIER INFORMATION

UB-04

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1 250	N400409653301GR1	J3370	010508	2	9.08	.	
2					.	.	
3					.	.	
4					.	.	
5					.	.	
					.	.	

Soonercare Secure Site

Professional

Item	Procedure	Units	Charges	Status	Allowed Amount
1	J3370	2	\$9.08		0.00

Add
Remove

Detail Information

Item	1	From DOS*	01/05/2008	To DOS*	01/05/2008	
POS*	49 - Independent Clinic					
Procedure*	J3370	Modifiers	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Diag. Cross-Ref	<input type="text"/>	Units*	2	Charges*	\$9.08	
NDC Code	00409653301	NDC Qty	1.000	NDC UOM	GR - Gram	
	<input type="checkbox"/> Pregnancy?		<input type="checkbox"/> Emergency?			
EPSDT	<input type="text"/>				CLIA Number	<input type="text"/>
Rendering Physician*	<input type="text"/>		<input type="text"/>			
NPI	<input type="text"/>	ZIP	<input type="text"/> - <input type="text"/>	Contract Code	<input type="text"/>	
Status		Allowed Amount	0.00	Co-Pay Amount	0.00	

Claim with 1 NDC

SoonerCare Secure Site

Institutional – Outpatient

Item	Rev. Code	Procedure	Units	Charges	Status	Allowed Amount
1	250	J3370	2.00	\$9.80		

Detail Information

Item	<input type="text" value="1"/>	From DOS*	<input type="text" value="01/05/2008"/>	To DOS	<input type="text"/>
Revenue Code*	<input type="text" value="250"/>	HCPCS / Rates	<input type="text" value="J3370"/>	Modifiers	<input type="text" value="1"/>
NDC Code	<input type="text" value="00409653301"/>	NDC Qty	<input type="text" value="1.000"/>	NDC UOM	<input type="text" value="GR-Gram"/>
Units*	<input type="text" value="2.00"/>	Units of Measurement	<input type="text" value="UN - Unit"/>		
Charges	<input type="text" value="\$9.80"/>	Co-Pay	<input type="text" value="0.00"/>		
Status	<input type="text"/>	Allowed Amount	<input type="text" value="0.00"/>		
Units Allowed	<input type="text"/>	Paid Amount	<input type="text"/>		

Claim with more than 1 NDC per HCPCS code (up to 3 NDCs)

- Modifiers
 - KP (FIRST DRUG OF A MULTIPLE DRUG UNIT DOSE FORMULATION)
 - KQ (SECOND OR SUBSEQUENT DRUG OF A MULTIPLE DRUG UNIT DOSE FORMULATION)
- NDCs: 00703301812 (Adrucil 50 MG/ML 50 ML VIAL)
00703301513 (Adrucil 50 MG/ML 10 ML VIAL)
- J9190 (Fluorouracil, 500 mg)

CMS 1500

24. A. DATE(S) OF SERVICE		B.	C.	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)		E.	F.		G.	H.	I.	J.
From To		PLACE OF	EMG			DIAGNOSIS	\$ CHARGES		DAYS OR UNITS	EPBCOT Family Plan	ID. QUAL.	RENDERING PROVIDER ID. #
MM	DD	YY	MM	DD	YY	SERVICE	MODIFIER					
2. _____ 4. _____												
N400703301812 ML50												
01	09	08	01	09	08	22	J9190	KP				
									24	25	5	NPI
N400703301513 ML10												
01	09	08	01	09	08	22	J9190	KQ				
									4	85	1	NPI
												NPI

SUPPLIER INFORMATION

UB-04

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1 250	N400703301812ML50	J9190KP	010908	5	24.25	.	1
2 250	N400703301513ML10	J9190KQ	010908	1	4.85	.	2
3					.	.	3
4					.	.	4
5					.	.	5

Soonercare Secure Provider Site

Item	Procedure	Units	Charges	Status	Allowed Amount
1	J9190	5	\$24.25		0.00
2	J9190	1	\$4.85		0.00

Add

Remove

Detail Information

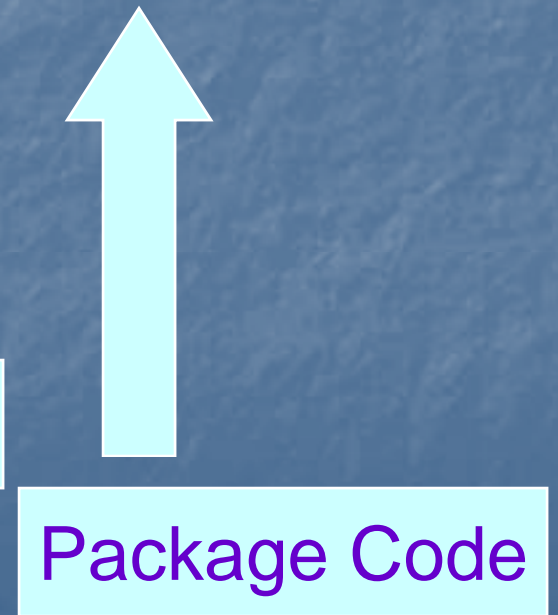
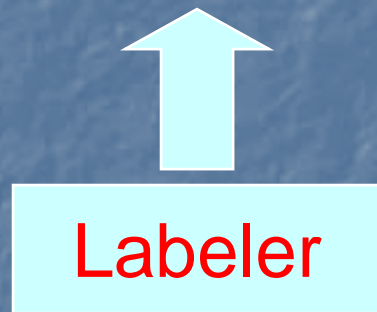
Item	1	From DOS*	01/09/2008	To DOS*	01/09/2008
POS*	49 - Independent Clinic				
Procedure*	J9190	Modifiers	KP		
Diag. Cross-Ref		Units*	5	Charges*	\$24.25
NDC Code	00703301812	NDC Qty	50.000	NDC UOM	ML - Milliliter
	<input type="checkbox"/> Pregnancy?		<input type="checkbox"/> Emergency?		
EPSDT		CLIA Number			
Rendering Physician*					
NPI		ZIP		Contract Code	
Status		Allowed Amount	0.00	Co-Pay Amount	0.00

NDC Format Explained

Required NDC Format

- 11 digit format (5-4-2 format)

5 4 2
99999-9999-99



NDC Format

- NDC may be displayed in a 10 digit format on the package or vial.



- The required format is an 11 digit format

Converting NDCs to 11 digits

- 10 digit formats include:
 - 4-4-2
 - 5-3-2
 - 5-4-1
- Requires **strategically** placed zero to convert to 11 digit format

Examples of NDC Conversion

- 4-4-2 to 5-4-2
 - 10 digit NDC: 0002-7597-01
 - 11 digit conversion: 00002-7597-01
- 5-3-2 to 5-4-2
 - 10 digit NDC: 50242-040-62
 - 11 digit conversion: 50242-0040-62
- 5-4-1 to 5-4-2
 - 10 digit NDC: 50242-0040-1
 - 11 digit conversion: 50242-0040-01

Why is the NDC important?

- Collection is required by the Deficit Reduction Act of 2005
- Medicaid agencies can identify drugs in the Medicaid Drug Rebate Program

What is the Medicaid Drug Rebate Program?

- Part of Omnibus Reconciliation Act of 1990
 - requires labelers (manufacturers) to give Federal Agencies the “best” price on pharmaceuticals.
- Drug manufacturers who wish to participate, sign a National Drug Medicaid Rebate Agreement with CMS.
 - Required for states to receive Federal funding for outpatient drugs dispensed to Medicaid patients.

What is the Medicaid Drug Rebate Program?

- Non-participating labelers' drugs are **non-rebatable** and cannot be covered by Medicaid.
- CMS has a reference list of labelers with an active agreement.
 - Large companies typically have more than one labeler code; so check the actual labeler code.
 - DO NOT look at the manufacturers name.
- Link to labeler reference list can be found at:
www.okhca.org/NDCbilling

Soonercare Secure Site

- The secure site may also be used to verify if an NDC is covered.

oklahoma health care authority

Main Claims Eligibility Pricing Prior Auth Trade Files Account Mailbox Help Log Off

Wednesday 9 April 2008 5:22 pm

Reference Search

Pricing and eligibility listed does not guarantee payment of a claim.
Please refer to Provider Rules for coverage by specific provider type.

Procedure Drug DRG

NDC: Benefit Package: Date of Service:

For **Title 19** Benefit Package, on date of service **01/09/2008**:

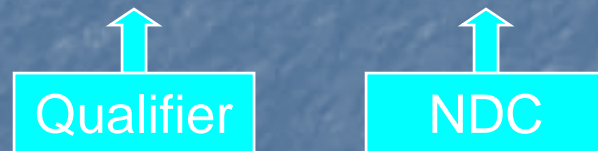
00703301513 - ADRUCIL

[00703301513](#)

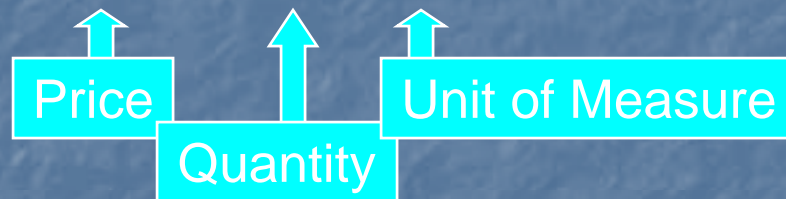
Where to place NDC on Electronic 837?

- The NDC is placed in 2410 loop

- LIN**N4*01234567891



- CTP***2.50*2*UN



- For additional information please contact your software vendor

Electronic 837 Modifiers

- The modifiers are placed behind the procedure code using a colon to separate (i.e. J9190:KP).

- For each additional service add LX*2, LX*3

- LX*2~

SV1*HC:J9190:KP*3.60*UN*1*11**1~

DTP*472*RD8*20080327-20080327~

LIN**N4*00703301513~

CTP***4.85*10*ML~

List of EOBs

EOB Code	EOB Description
146	HCPC/REVENUE CODE MISSING
152	MISSING DRUG CODE
153	INVALID DRUG CODE
155	MISSING DRUG QUANTITY
157	INVALID DRUG QUALIFIER
183	MISSING UNITS OF SERVICE
331	THIS DRUG NOT COVERED FOR THE RECIPIENT
356	NDC IS DEACTIVED AND NOT PAYABLE ON DATE FILLED
358	INACTIVE DRUG
360	THIS NATIONAL DRUG CODE IS NOT ON FILE

EOB Code	EOB Description
804	POSSIBLE DUPLICATE OF ANOTHER CLAIM
806	EXACT DUPLICATE OF ANOTHER CLAIM
807	POSSIBLE DUPLICATE OF ANOTHER CLAIM
814	POSSIBLE CONFLICT OF ANOTHER CLAIM
823	EXACT DUPLICATE OF ANOTHER CLAIM
824	POSSIBLE DUPLICATE OF ANOTHER CLAIM
826	EXACT DUPLICATE OF ANOTHER CLAIM
828	POSSIBLE CONFLICT OF ANOTHER CLAIM
830	POSSIBLE DUPLICATE OF ANOTHER CLAIM
5001	THIS IS A DUPLICATE OF ANOTHER CLAIM.

Info

- OHCA Provider Services
 - (405) 522-6205 or (800) 522-0114
 - Option 1 – claim Status, eligibility, or policy questions
 - Option 2 – Internet Help Desk or EDI
 - Option 3 – Adjustments or Third Party Liability (TPL)
 - Option 4 – Pharmacy Issues
- Electronic 837 Help
 - EDS-EDI Help Desk – (405) 416-6801