



## Network Notification

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**Date:** July 15, 2011

**Number:** OH-P-2011-35

**To:** Ohio Providers

**From:** CareSource

**Subject:** NDC Requirements for Physician Administered Drugs in an Office Setting

**Effective:** August 2, 2011

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With the implementation of the Medicaid Information Technology System (MITS) this summer, the Office of Ohio Health Plans is requiring that National Drug Codes (NDC) are submitted on select medical claims that itemize drugs administered in the provider's office.

While overall MITS implementation will have little impact to your relationship with CareSource, CareSource will be required to submit NDC data to ODJFS for applicable services paid for by us.

### **What to include on a Claim:**

NDC codes are on each drug package, identifying the manufacturer, product and package size. The NDC will be required at the detail level when a claim is submitted with a Healthcare Common Procedure Coding System (HCPCS) code that represents a drug.

### **Who Should Comply?**

With the exception of hospital claims, NDCs are required for any drug covered by Medicaid.

The specific code may be included in one of the following groups:

- HCPCS codes in the J series J0120-J9999
- HCPCS codes in the Q or S series that represent drugs
- CPT codes in 90281-90399 series

## What to Include on the EDI Claim?

Claims impacted by this policy require four elements:

- 1) NDC and unit of measure (e.g., pill, milliliter (cc), international unit or gram)
- 2) Quantity administered – number of NDC units
- 3) NDC unit price – detail charge divided by quantity administered
- 4) HCPCS codes that will require NDCs on professional claims: (submitted on the 837P format)

### HCPCS Code:

NOTE: This information must be provided for: HCPCS codes in the J series; HCPCS codes in the Q or S series that represent drugs; CPT codes in the 90281-90399 series:

J Series	J0120-J9999
Q0138	Ferumoxytol, non-esrd
Q0139	Ferumoxytol, esrd use
Q0515	Inj, Sermorelin Acetate, 1 mcg
Q2009	Fosphenytoin 50mg
Q2010	Glatiramer Acetate per dose
Q2017	Teniposide 50mg
Q2026	Radiesse injection
Q2027	Sculptra injection
Q3025	IM inj interferon beta 1-a, 11 mcg
Q4081	Epoetin alfa, 100 units ESRD
Q4096	Inj. Von Willebrand Factor Com. Human per I.U.
Q4097	Inj. Privigen IV 500 mg
Q4098	Inj. Iron Dextran 50 mg
Q4099	Formoterol fum inh
S0145	Peg interferon alfa-2A/180
S0148	Peg interferon alfa-2b/10
S0166	Injection, olanzapine, 2.5 mg
CPT codes	90281-90399 series

## What to Include on Paper Claims

All of the following information is required for each applicable code required on a claim:

- In the shaded area of 24A, enter the N4 qualifier (only the N4 qualifier is acceptable)
- 11-digit NDC (this excludes the N4 qualifier)
- A unit of measurement code – F2, GR, ML or UN (only acceptable codes)
- The metric decimal or unit quantity that follows the unit of measurement code
- Do not enter a space between the qualifier and the NDC or qualifier and quantity
- Do not enter hyphens or spaces with the NDC
- Use 3 spaces between the NDC number and the units on paper forms

**Example:**

2A	A. DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. B&G	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)				E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSDT FAMILY PLAN	I. ID QUAL	J. RENDERING PROVIDER ID #
	FROM	TO							CPT/HCPCS	MODIFIER								
MM	DD	YY	MM	DD	YY													
N400409116001		MG2.5						J3490				1	2000	1		1D	999999900	
12	09	10	12	09	10	11									NA	1234567890		

**Claim Denials**

CareSource is required to report this information back to the state; therefore, NDCs are required on professional claims for consideration of payment.

Questions? Ask your Provider Relations Representative or call Provider Services at 1-800-488-0134.