

PROVIDER BULLETIN

Provider information



Note: This Bulletin was revised on 9/18/13. See Bulletin P4R3-13 for the revision.

August 15, 2013

Revised: Changes to the National Drug Code submission on Minnesota Health Care Programs (MHCP) claims

The information in this bulletin replaces Bulletin P4R1-13 entitled “Revised: Changes to the National Drug Code submission on Minnesota Health Care Programs (MHCP) claims” that was issued on May 28, 2013. The purpose of this revision is to provide further guidance on the information we previously published. This revision includes instructions on how to report the 11-digit NDC, the updated list of HCPCS codes and the web address that contains the document entitled “HCPCS Codes Requiring NDC.”

The Federal Deficit Reduction Act of 2005 (DRA) requires states to collect Medicaid drug rebates from manufacturers for covered outpatient drugs administered by physicians. In order for a state to receive the rebate, the state must gather utilization data including the National Drug Code (NDC), quantity and unit of measure from claims submitted for physician-administered drugs.

The Health Insurance Portability and Accountability Act (HIPAA) established NDC numbers as an acceptable standard for reporting drugs and biologics in all standard transactions. To comply with HIPAA standards and the contract with the Minnesota Department of Human Services (DHS), Blue Plus has put into place changes to reject the claims with a missing NDC, invalid NDC, and/or if the quantity of the drug is zero or missing. The 11-digit NDC must be reported in Loop 2410 as described below. This change will be effective for claims with a date of service May 1, 2013, and after.

Criteria for an invalid NDC:

- Is not 11 digits
- Contains all the same number 9999999999 or 444444444444
- Contains an alpha character
- First 5 digits are all zeros

NDC is to be reported in Loop 2410 on the HIPAA 837P:

- Field LIN02, enter the Product ID Qualifier “N4”
- Field LIN03, enter the 11-digit NDC, without hyphens
- Field CTP04, enter the quantity
- Field CTP05, enter the Unit of Measurement Qualifier (F2, GR, ML or UN)

NDC is to be reported in Loop 2410 on the HIPAA 837I:

- Field LIN02, enter the Product ID Qualifier “N4”
- Field LIN03, enter the 11-digit NDC, without hyphens
- Field CTP04, enter the quantity
- Field CTP05, enter the Unit of Measurement Qualifier (F2, GR, ML or UN)

Subscribers impacted

Although the NDC should be reported for all drugs and biologics, all subscribers in the following MHCP groups in particular will be impacted:

Product name	Group numbers that begin with
Blue Advantage PMAP	PP0, PP4
Blue Advantage MSC+	PP0, PP4
MinnesotaCare	PP1
SecureBlue SM (HMO SNP)	PP2

Health Care Procedure Coding System (HCPCS) codes impacted

Below are the specific HCPCS codes updated as of July 23, 2013, that DHS currently requires reporting of the NDC and drug quantity:

90281 – 90399	C9257	Q0090	Q4074
B4185	C9275	Q0138 – Q0139	Q4081
B5000	C9285	Q0144 – Q0181	Q9957
B5100	C9290	Q0515	S0012 – S0191
B5200	C9292 – C9296	Q2004 – Q2017	S4989
C9113	C9399	Q2026	S4993
C9121	J0120 – J3465	Q2027	S5010 – S5014
C9131	J3475 – J3520	Q2040 – Q2051	S5550 – S5553
C9248	J3590 – J7315	Q3025	
C9254	J7335 – J9999	Q3026	

Please refer to the following DHS website for future changes with the HCPCS codes:

dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_147971

Claims impact

Blue Plus will deny MHCP claim(s) that include any of the HCPCS codes listed above as well as additional HCPCS codes that DHS includes in the future on their website listed above, for the following reasons:

- If a claim is submitted without a valid NDC
- If the drug quantity is zero or missing
- If the NDC 11-digit number is not reported in the appropriate transaction 2410 loop

A replacement claim will need to be submitted in accordance with claim submission requirements to include the correct NDC for the drug administered.

Coding requirements reminder

All coding and reimbursement is subject to changes, updates or other requirements of coding rules and guidelines. All codes are subject to federal HIPAA rules, and in the case of medical code sets (for example, HCPCS, CPT, ICD-9-CM), only valid codes for the date of service may be submitted or accepted.

Questions?

If you have questions, please contact provider services at **(651) 662-5200** or toll free at **1-800-262-0820**.