

PROVIDER BULLETIN

Provider information



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

May 28, 2013

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

The information in this bulletin replaces Bulletin P4-13 entitled “National Drug Code submission on Minnesota Health Care Programs (MHCP) claims” that was issued on March 1, 2013.

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 the standard medical data code set 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. This change will be effective for claims with a date of service May 1, 2013.

Criteria for an invalid NDC:

- Is not 11 digits
- Contains all the same number 99999999999 or 4444444444444
- Contains an alpha character
- First 5 digits are all zeros

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 that DHS currently requires reporting of the NDC and drug quantity

90281 – 90399	J0120 – J3465	Q3026
B4185	J3475 – J3520	Q4074
B5000	J3590 – J7315	Q4081
B5100	J7335 – J9999	S0012 – S0191
B5200	Q0138	S4989
C9113	Q0139	S4993
C9121	Q0144 – Q0181	S5010 – S5014
C9248	Q0515	S5550 – S5553
C9254 – C9257	Q2004 – Q2017	S9364 – S9368
C9275	Q2026	
C9285	Q2027	
C9290	Q2043	
C9292 – C9296	Q2049	
C9399	Q3025	

Claims impact

Blue Plus has updated our system to deny MHCP claim(s) that include any of the HCPCS codes listed above with dates of service May 1, 2013, and after if they are submitted without a valid NDC and/or if the drug quantity is zero or missing. 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**.