

# PROVIDER BULLETIN

## Provider information



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

March 1, 2013

### National Drug Code submission on Minnesota Health Care Programs (MHCP) claims

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.

Blue Plus<sup>®</sup> is required by its contract to furnish the NDC for physician-administered drugs on MHCP claims to the Minnesota Department of Human Services (DHS) effective with dates of service May 1, 2013, and after.

#### Subscribers impacted

This requirement applies to all subscribers in the following MHCP groups:

Product name	Group numbers that begin with
Blue Advantage PMAP	PP0, PP4
Blue Advantage MSC+	PP0, PP4, PP5
MinnesotaCare	PP1
SecureBlue <sup>SM</sup> (HMO SNP)	PP2

#### Health Care Procedure Coding System (HCPCS) codes impacted

Listed below are the specific HCPCS codes the DHS currently requires reporting of the NDC:

90281-90399	J0120 – J1817	Q0138 and Q0139	S0012 – S0197
B4185	J1826 – J3465	Q0144 – Q0181	S4989
B5000	J3475 – J3520	Q0515	S4993
B5100	J3570 – J7199	Q2004 – Q2017	S5000 – S5014
B5200	J7300 – J7312	Q2026 and Q2027	S5550 – S5553
C9113	J7335	Q2043	S5570 and S5571
C9121	J7500 – J7599	Q2049	S9364 – S9368
C9248	J7604 – J7799	Q3025 and Q3026	
C9254 and C9257	J8498 – J9999	Q4074	
C9275 – C9296		Q4081	
C9285 – C9290			
C9399			

**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 the NDC code. 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**.