

District of Columbia

New review process for not otherwise classified drug codes

Effective February 1, 2018, Amerigroup District of Columbia, Inc. is implementing a new review process for not otherwise classified (NOC) drug codes. Our Reimbursement Policy for "Unlisted or Miscellaneous Codes" requires NOC drug codes be submitted with the correct national drug code (NDC). As a large number of NOC drug claims do not contain the NDC, we will review claims to ensure the presence of a NDC, and claims without an NDC will be denied.

The scope of review will include both professional and facility claims for Medicaid members. The NOC drug codes listed below will suspend and be routed for review. Note, to ensure billed drugs are a benefit and covered per our medical policies or state policies, Amerigroup may request that you submit medical records.

| NOC drug codes and descriptions as of May 4, 2017: | |
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| A9150 | Nonprescription drug |
| A9152 | Single vitamin/mineral/trace element — oral, per dose, not otherwise specified (NOS) |
| A9153 | Multiple vitamins (with or without minerals and trace elements) — oral, per dose, NOS |
| C9399 | Unclassified drug or biological |
| J1566 | Immune globulin injection — intravenous, lyophilized, NOS (500 mg) |
| J1599 | Immune globulin injection — intravenous, nonlyophilized, NOS (500 mg) |
| J3490 | Unclassified drug |
| J3590 | Unclassified biological |
| J7199 | Hemophilia clotting factor — NOC |
| J7599 | Immunosuppressive drug — NOC |
| J7699 | NOC drugs — inhalation solution administered through durable medical equipment |
| | (DME) |
| J7799 | NOC drugs — drugs (other than inhalation drugs) administered through DME |
| J7999 | Compounded drug — NOC |
| J8498 | Antiemetic drug — rectal/suppository, NOC |
| J8499 | Prescription drug — oral, nonchemotherapeutic, NOS |
| J8597 | Antiemetic drug — oral, NOS |
| J8999 | Prescription drug — oral, chemotherapeutic, NOS |
| J9999 | Antineoplastic drugs — NOC |
| S5000 | Prescription drug — generic |
| S5001 | Prescription drug — brand name |
| 90749 | Unlisted vaccine/toxoid |

What if I need assistance?

If you have questions about this communication or need assistance with any other item, call Provider Services at 1-800-454-3730.

The information in this update may be an update or change to your provider manual. Find the most current manual at: https://providers.amerigroup.com/DC