

# Provider Update

## National Drug Code submission for outpatient clinician-administered drugs

**Summary of change:** Amerigroup\* is updating our processing of outpatient professional and facility claims that contain claim lines with clinician-administered drugs. Previously, Amerigroup rejected outpatient claims containing clinician-administered drug procedure codes with invalid or missing National Drug Codes (NDC) or drug procedure code/NDC combinations not present on the *HHSC NDC-to-HCPCS Crosswalk*. Effective February 17, 2015, Amerigroup will no longer reject claims for these reasons. Instead, we will deny the claim line(s) with the invalid or missing NDC or the drug procedure code/NDC combination that is not on the crosswalk. The claim line denial will be reflected on your Explanation of Payment (EOP) or Remittance Advice (RA).

✦ **What this means to you:** You will no longer receive claim rejections for outpatient claims containing clinician-administered drug procedure codes with invalid or missing NDCs or drug procedure code/NDC combinations not present on the *HHSC NDC-to-HCPCS Crosswalk*. These claim lines will be denied. Please remember that outpatient claims containing clinician-administered drugs must contain all required NDC elements. This requirement applies to both Medicaid (STAR and STAR+PLUS) and CHIP products for the CMS1500, UB04 (or equivalent claim forms), 837P, 837I and web submissions.

### Frequently Asked Questions

#### Why is Amerigroup making this change?

Amerigroup values the care you provide your patients, our members. In the spirit of being easy-to-do business with, a core value of Amerigroup, we are changing the way we handle this claim edit based on feedback from the provider community. This change will allow you to better identify the affected line, which will be reflected in your EOP or RA.

#### What is the difference between a valid and rebate-eligible NDC?

A NDC may have a valid relationship with a particular drug procedure code. However, a drug procedure code/NDC combination can only be reimbursed by a Texas Medicaid/ CHIP managed care organization (MCO) or fee-for-service Medicaid if it is considered rebate-eligible. Rebate-eligible means the drug's manufacturer participates in the Centers for Medicare & Medicaid Services (CMS) Drug Rebate Program and the drug shows as active on the CMS list for the date of service the drug is administered. The Texas Health and Human Services Commission (HHSC) publishes the *HHSC NDC-to-HCPCS Crosswalk* to determine if a drug is rebate-eligible.

#### How frequently is the *HHSC NDC-to-HCPCS Crosswalk* updated?

The crosswalk is updated at least quarterly by HHSC. Updates may occur more frequently. Updated crosswalks are posted on the Texas Vendor Drug Program website under the Clinician-Administered Drugs section at: <http://txvendordrug.com/formulary/clinician-administered-drugs.shtml>.

\*Amerigroup members in the Medicaid Rural Service Area are served by Amerigroup Insurance Company; all other Amerigroup members in Texas are served by Amerigroup Texas, Inc.

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## **When the *HHSC NDC-to-HCPCS Crosswalk* is updated, how long does Amerigroup take to load the updates into its system?**

Amerigroup loads updated crosswalks within approximately 30 days of being posted. If changes are made to the crosswalk file format, updates may take longer.

## **I see the drug procedure code I billed on the *HHSC NDC-to-HCPCS Crosswalk*, but the claim line I submitted was denied, why?**

Amerigroup will deny claim lines for drug procedure codes for the following reasons:

- The NDC submitted with the drug procedure code is not on the crosswalk that was current on the date of service.
- The NDC submitted with the drug procedure code is not effective for the date of service being billed or has been terminated.
- The drug procedure code is submitted with a missing or invalid NDC.

## **What happens if changes in the *HHSC NDC-to-HCPCS Crosswalk* result in drug procedure code/NDC combinations being added or terminated retroactively?**

Retroactive changes to the effective dates in the crosswalk may cause some claim lines to deny or pay inappropriately. Affected claims will be automatically reprocessed for claims received on or after September 1, 2014, the compliance date for MCOs to align to the crosswalk, not to exceed two years from the date the claim was adjudicated.

## **What explanation code will I see on the EOP?**

The explanation code used for invalid or missing NDCs or drug procedure code/NDC combinations not present on the *HHSC NDC-to-HCPCS Crosswalk* is "YPF".

## **The crosswalk contains effective dates. Does Amerigroup follow those same dates?**

Yes, Amerigroup compares the date of service the drug was administered to the effective dates on the *HHSC NDC-to-HCPCS Crosswalk*.

## **What do I do if I believe an NDC is missing from the crosswalk?**

If you believe NDCs are missing for a specific drug procedure code, send an email to [oversight@hhsc.state.tx.us](mailto:oversight@hhsc.state.tx.us) to request that research be performed. You will need to provide the procedure code in question and the corresponding NDCs believed to be missing from the HHSC crosswalk.

## **What if I need help?**

If you have questions about this communication, received this fax in error or need help with anything else, contact your local Provider Relations representative or call our Provider Services team at 1-800-454-3730.

Thank you for the quality care you provide to our members.

