



Tuesday, January 10, 2012

Effective March 23, 2012, New NDC Billing Requirements

Dear CeltiCare Health Plan Provider:

In compliance with the Centers for Medicare and Medicaid Services (CMS), CeltiCare Health Plan of Massachusetts, Inc.™ (CeltiCare) requires the 11 digit National Drug Code Number (NDC) reported on all qualifying claim forms when Injectable drugs are administered in the office or outpatient setting; this requirement excludes applicable vaccines/immunizations related to Health Check services.

Please Note: Effective March 23, 2012, the NDC number submitted to CeltiCare must be the actual NDC number on the package or container from which the medication was administered. Do not bill for one manufacturer's product and dispense another. Also, refrain from reporting 9999999999 to bypass edit. Failure to submit the exact applicable NDC number administered to the member will result in front-end rejection and/or denial of claims.

Detailed guidelines regarding NDC reporting requirements is attached for your reference. Please note, you may also find a copy of this tool located on our website under the Providers tab (see Documents and Resources) link at the following web address: <http://www.celticarehealthplan.com/providers/>

Thank you in advance for your attention to this billing requirement. If you have questions regarding this change in reimbursement or if claim submissions happen to reject through this edit prior to 03/23/2012, please contact Provider Services at (866) 895-1786 from 8am to 5pm, Monday through Friday for assistance and/or reprocessing of your submissions.

As always, we thank you for the excellent care you provide to our members.

Sincerely,

CeltiCare Health Plan of Massachusetts, Inc.

Attachment: NDC Reporting Guidelines



NDC Reporting Guidelines:

Please submit HCPCS codes as usual and add NDC and quantity information as identified below.

Billing Using the Paper Claim Form

CMS-1500 If you bill on paper using the CMS-1500 form, use the shaded area of Fields 24A-24G to report codes, NDC units, and descriptors. (Please refer to NUCC for additional Guidelines)

UB-04 If you bill on paper using the UB-04 form, use the revenue description field (Form Locator 43) on the UB-04 as follows.

Unit Qualifier Immediately following the 11-digit NDC code the unit qualifier is required.

- F2-International Unit
- GR-Gram
- ML-Milliliter
- UN-Unit

Unit Quantity Immediately following the unit qualifier, you will find the unit quantity with a floating decimal for fractional units, limited to three digits (to the right of the decimal). Any spaces unused for the quantity should be left blank.

- Example: N412534678901UN1234.567 =NDC1234-6789-01 with units of 1234.567

Unit price Applicable for the CMS 1500- When a dollar amount is reported, enter the amount with no dollar sign after the quantity

- Example: N4125345678901 GR1 50.00 =NDC12534-6789-01 with unit of 1 gram and dollar amount being \$50.00.

Billing Using the Electronic Claim Format

If you bill electronically using the 837 transaction, complete the drug identification and drug pricing segments in Loop 2410 following the instructions below.

Loop	Segment	Element Name	Information
2410	LIN 02	Product or Service ID Qualifier	If billing for a national drug code (NDC), enter the product or service ID qualifier.
2410	LIN 03	Product or Service ID	If billing for drugs, include the NDC. An NDC is not required for vaccines.
2410	CTP 03	Unit Price	If an NDC was entered in LIN03, include the unit price for the NDC billed.
2410	CTP 04	Quantity	If an NDC was submitted in LIN03, include the quantity for the NDC billed.
2410	CTP 05-1	Unit or Basis for Measurement Code	If an NDC was submitted in LIN03, include the unit or basis for measurement code for the NDC billed using the appropriate code qualifier: F2 — International unit GR — Gram ML — Milliliter UN — Unit