



**NATIONAL DRUG CODE (NDC) WEBINAR TRAINING WORKSHOPS
FEBRUARY 3-5, 2009**

QUESTIONS AND ANSWERS

- 1. We need a better understanding of NDC unit quantity in NDC UNITS. Do the NDC Units represent the actual units administered?**

Example I: Someone is billing for Ampicillin up to 500mgs (HCPC = J0290), billable quantity of 1, and they administered 300mgs. To report the NDC quantity in NDC units (which is Grams), what actual number should be reported for NDC units?

Example II: Someone is billing for B12 up to 1000mcgs (micrograms), billable quantity of 1 (HCPC = J2420), and they administered 500mcgs, what actual number should be reported for NDC units?

Example III: Someone administers 3 mg of a 6 mg bottle of a drug.

Example IV: 100 mg of a 500 mg vial of Vancomycin is administered.

Refer to "NDC and HCPCS FAQ" on www.lamedicaid.com dated May 29, 2008 and see answers to questions 6, 7 & 8. For Professional Services providers, basic information is published in the 'Injectable Medication' policy in the *2007 Professional Services Training* manual also available on the website listed previously.

- 2. We need to understand how we should bill for compounds. If there are multiple NDCs that make up a single charge, such as in a compound drug, how are we supposed to report this on the claim?**

Further explanation of the requestor's definition of 'compound drug' would be needed. However, for any Medicaid covered drugs, the provider must report each NDC.

3. **Currently there are only 4 allowable, reportable units of measure (International units, Grams, Milliliters, Units). Since a number of drugs are administered in milligrams and micrograms, is consideration being given to allow these as an allowable, reportable NDC Unit since the decimal place is limited to three spaces and to avoid numerous conversion calculations?**

No. Providers must convert to the current allowable units of measure.

4. **There are times when the associated HCPC units description for a drug does not match the NDC units description of the drug. Is it acceptable to report the NDC/HCPC combination even though they are not exactly the same?**

Example: We administer a 50 mg vial of a drug for an injection. The NDC unit per the package is 50 mg. The HCPC description for the associated HCPC for the drug indicates 100 mg (not up to 100 mg, but 100 mg).

Refer to "NDC and HCPCS FAQ" on www.lamedicaid.com dated May 29, 2008 and see answers to questions 6, 7 & 8. For Professional Services providers, basic information is published in the 'Injectable Medication' policy in the *2007 Professional Services Training* manual also available on the website listed previously.

5. **Are NDC codes required for anesthesia drugs when patients are administered anesthesia in the outpatient hospital setting? If so, how should this be reported?**

Refer to "NDC and HCPCS FAQ" on www.lamedicaid.com dated May 29, 2008 and see answer to question 14.

6. **There are many cases where multiple NDCs are represented by a single HCPC code. Is it acceptable to use the single HCPC with multiple NDCs?**

The appropriate HCPCS code for the NDC is to be used. See answer to question 1 on "NDC and HCPCS FAQ" dated May 29, 2008.

7. **Is it acceptable to use general HCPCS if a specific HCPC can not be located or is not available for the particular drug? In many cases, there is no specific HCPC for some NDCs.**

No. In general, HCPCS defined as 'unclassified/not otherwise classified' are not covered by Louisiana Medicaid. Bill with the specific HCPCS for covered drugs.

8. **Are self-administered drugs billed under Revenue Code 259 included in the requirement for NDC?**

If the drug is billable through the Revenue Code then the NDC is required.

- 9. Since the Q & A indicates that 340-B hospitals are not currently exempt from entering NDC data on their claim forms to Medicaid, may they bill Medicaid a higher rate for these services than the 340-B price? The hospital's understanding was that since they bill Medicaid a much lower 340-B price to Medicaid for drugs, they would be exempt from the entry of NDC data on claims because of that.**

No.

- 10. If it is necessary to enter multiple Revenue Code lines to accommodate the NDC entry, will the claim lines deny as duplicates? Also, if the same HCPC is used on more than one claim line, will claim lines deny as duplicates?**

The duplicate logic has been modified to allow multiple occurrences of Revenue Codes 250 and 636 on claims without encountering duplicate denials.

- 11. Texas requires providers to enter the NDC data in the patient's chart/record in addition to entry on the claim submission. Is this a requirement in Louisiana also?**

Providers may choose to enter this information in the patient's chart as part of the documentation of the service billed. The information that will be needed for an audit or review pertaining to this mandate has been previously published in a provider notice dated May 22, 2008 that is available on the Medicaid website under "NDC Information for Physician Administered Drugs".

- 12. Since private payers do not require the entry of NDC data on claims, is it required on private TPL claims for submission to Medicaid as the secondary payer?**

Yes. Providers must bill the NDC and HCPCS data on private TPL claims submitted either electronically or paper to Medicaid for payment.

- 13. Is the entry of NDC data required on Medicare Crossover claims that do not electronically cross from the Medicare carrier?**

If the NDC data is present on the claim, it will be keyed and captured, but Medicare claims will not deny if NDC data is not present on the claim.

- 14. We would like a list of rebatable drugs. Is there a list for Louisiana Medicaid billing?**

No. Providers should report the specific NDC for the drug administered for all drugs billed to Louisiana Medicaid.

- 15. We would like a HCPC/NDC crosswalk. Is this available to providers, and, if so, where is it located?**

No. There is not one available for Louisiana Medicaid.