



**LA MEDICAID TO REQUIRE NATIONAL DRUG CODE (NDC) INFORMATION FOR
ALL DME PROVIDERS
(INCLUDING PHARMACIES THAT DISPENSE DME SUPPLIES)
FOR PRIOR AUTHORIZATION REQUESTS AND CLAIM SUBMISSIONS**

Effective November 5, 2010, Louisiana Medicaid will require DME providers to submit National Drug Code (NDC) information on prior authorization requests and claims submissions for enteral therapy products dispensed to Medicaid recipients. This requirement applies to all DME providers, including pharmacies that dispense these DME products. NDC information must be submitted on PA requests transmitted electronically through the e-PA web application or faxed to the Molina PA Department received on November 5, 2010 forward. Authorizations will be approved with total units and a price per unit. The same NDC information must be submitted on related electronic claims billed with the 837P transaction and hard copy claims billed on the CMS-1500 claim form.

The list of enteral therapy products and associated NDC information is posted on the Louisiana Medicaid web site, www.lamedicaid.com, link Fee Schedules.

This means that any PA request and claim submitted for these services must be accompanied by the actual NDC code from the product along with the other required information. Failure to enter this information on PA requests and claims exactly as indicated will result in authorization denials and/or claim denials.

Providers, vendors, billing agents, and clearinghouses must immediately begin updating their billing systems to accommodate this mandate.

Revised prior authorization forms and instructions are also posted on this web site, link, Forms/Files/User Guides. Billing instructions for the CMS-1500 claim form are posted on the link, Billing Information. The EDI Companion Guide for the 837P is available under the link, HIPPA Billing Instructions and Companion Guides.

The prior authorization denial codes associated with NDC information are:

- Error Code 908 (HIPAA Reject Code E8): NDC Number is Missing and is Required for this Procedure Code
- Error Code 909 (HIPAA Reject Code E8): Procedure Code Requested on PA-01 Form is not Valid with the NDC Code Submitted
- Error Code 910 (HIPAA Reject Code E8): NDC Number is not on the Drug File

You will begin seeing educational edit 924 (Effective 11/5/10 PAs for this HCPC require correct NDC code) on remittance advices (RA) for services that will require NDCs on November 5, 2010, when the following denial edits will become effective.

The claims processing denial edits associated with NDC information are:

Edit 127 – NDC Code Missing or Incorrect

Edit 231 – NDC Code Not of File

Once these edits become effective, any PA requests or claims submitted with incorrectly entered data will deny. Please review the entry of this information and ensure that it is correct and complete.

Louisiana Medicaid may audit and review these claims. If this occurs, you may be contacted requesting a copy of your office records to include documentation pertaining to the billed NDC code. Requested records may include NDC invoices indicating purchases and what was administered to the Medicaid patient, including the date of service and units dispensed.