

## **Medical Coverage Policy**

## **Claim Filing Requirements for Drugs**

Device/Equipm	nent 🛛 Drug 🗌	Medical Surgery	☐ Test ☐ Other
Effective Date:	10/4/2011	Policy Last Updated:	10/4/2011
	iew is recommende preauthorization gui	ed/required. Please checlidelines.	k the member
	view is not required		
Description:			

Effective for dates of service on or after August 1, 2011, all BCBSRI participating providers, except home infusion and specialty pharmacy, are required to file drug claims with the correct HCPCS code for the drug. Pricing will be determined solely based on the HCPCS code filed. Home infusion providers and specialty pharmacy should continue to file as they do today.

If there is no valid HCPCS code, the appropriate not otherwise classified (unlisted) drug code (J3490, J3530, J3535, J3590, J7199, J7599, J7699, J7799, J8498, J8499, J8999, J9999, Q0181, Q4082) should be submitted with the 11-digit NDC number. Unlisted codes should only be used when there is not a valid HCPCS code for the drug. NDC codes will not be considered for payment except when submitted with an unlisted HCPCS code.

Units for the HCPCS codes must be billed using the units of the total dosage administered to the patient.

**Example:** Leuprolide Acetate, Per 7.5 MG

**J-Code**: J9217

Unit of Measure: 7.5 MG Dose Administered: 22.5 MG

Units Billed: 3

For dates of service on or after August 1, 2011:

- 1. Drug claims filed with a HCPCS code alone, will process and price as they currently do. Pricing will be based on the HCPCS codes.
- 2. Drug claims filed with a NDC code alone will be denied back to the provider as a filing error.

- Drug claims filed with both a valid HCPCS code (not unlisted J3490, J3530, J3535, J3590, J7199, J7599, J7699, J7799, J8498, J8499, J8999, J9999, Q0181, Q4082) AND an NDC code will be priced using the HCPCS code.
- 4. Drug claims for drugs without a more specific HCPCS code filed with an unlisted HCPCS code and an NDC will price using the NDC. This is the only instance where NDC units should be used. These scenarios are limited and should only be filed when the NDC has no corresponding HCPCS code.

<u>Note</u>: Claims filed under this scenario are subject to audit and subsequent recovery of payment if it is determined that the unlisted HCPCS code was used inappropriately.

5. Claims filed with an unlisted HCPCS codes and no NDC code will be denied back to the provider as a filing error.

For dates of service on or after August 1, 2011, payment made based on a claim filed with an NDC (except for home infusion and specialty pharmacy) or without proper use of an unlisted HCPCS, will be subject to recovery by Blue Cross Blue Shield of RI.

## Published:

Provider Update, May 2011

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice.