

Effective 1/1/2011

Medical Management Update- NDC AND PLAN A CLAIMS

Providers are required to report the National Drug Code (NDC) supplemental information in addition to the procedure code (CPT or HCPCS) when billing for a physician administered drug on the electronic and paper claim formats for Plan A members. This requirement is mandated to ensure the Michigan Department of Community Health's compliance with the Patient Protection and Affordable Care Act (PPACA). The PPACA requires Medicaid to collect rebates for certain drugs.

When billing for physician administered drugs, in addition to the appropriate CPT or HCPCS codes, the following **must** be reported on the claim:

- the 11-digit NDC number;
- the unit price (EDI only);
- the 2-digit unit of measure code, e.g. GR (Gram), ML (Milliliter), UN (Unit); and
- the quantity dispensed.

Electronic Billing Instructions – Loop 2410

CTP Segment

Reporting NDC Information in 837 Professional & Institutional Formats CTP Segment – Drug Segment e.g., CTP***2.50*2*UN

CTP03	Unit Price e.g., 2.50	Do no report the dollar sign
CTP04	Dispensing Quantity	e.g., 2
CTP05	Unit of Measure Value	Values are:
		F2 = International Unit
		GR = Gram
		ML – Milliliter
		UN = Unit

LIN Segment

Reporting NDC Information in 837 Professional & Institutional Formats LIN Segment – Drug Identification (e.g., LIN**N4*01234567891)

LIN02	N4	N4 Qualifier identifies the NDC being billed
LIN03	Actual NDC (e.g., 01234567891).	Report the NDC in the 11 digit format. Do not use hyphens or spaces

Paper Billing Instructions CMS 1500 Claim Form

Paper – Box 24A Shaded area - all required elements as stated above **must** be reported

Paper Billing Instructions UB-04 Claim Form

Paper – Box 43 – all required elements