

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202063 MAY 19, 2020

IHCP provides billing guidance to EMS provider agencies for naloxone administration

Effective July 1, 2020, the Indiana Health Coverage Programs (IHCP) will begin reimbursing Emergency Medical Services (EMS) provider agencies for administering naloxone (see *IHCP Bulletin BT202058*). This policy applies to both fee-for-service (FFS) and managed care delivery systems.

EMS provider agencies must be EMS-certified provider organizations and enrolled with the IHCP under provider specialty 260 – *Ambulance* to receive reimbursement. EMS provider agencies will be allowed to bill for the drug and its administration.

EMS documentation requirements

EMS providers are responsible for recording the National Drug Code (NDC) on the patient case record. The NDC, which can be found on the packaging of the drug (see Figure 1), must be recorded exactly as it appears on the package. The NDC will be 10 or 11 digits long, separated by hyphens. (*Note: Providers must include the hyphens when recording the NDC in the patient case record.*)

EMS providers must also record in the patient case record the total amount of naloxone administered, as follows:

- Each administered dose of the prefilled nasal spray is considered one unit. EMS providers should record the **total** number of units administered.
- When the liquid (vial) form of naloxone is administered (regardless of the method of administration, such as injection, intravenous, or atomizer), the EMS provider needs to record a **total** number of milligrams of naloxone of each individual dose administered.

Please note that if the EMS provider administers both the prefilled nasal spray and the liquid naloxone, both the NDC and total amounts should be recorded separately.

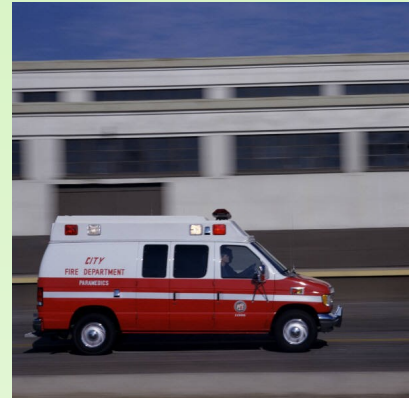
When reporting the patient encounter in the patient case record, the EMS provider should include:

- Whether transportation was provided and, if so, the destination
- The NDC of the drug taken from the packaging (including hyphens and spaces)
- The amount of drug administered

Figure 1 – NDC on nasal spray and liquid vial of naloxone



When a basic life support (BLS) nontransportation provider agency administers naloxone and the EMS provider arrives after the drug has been administered, the IHCP may reimburse the EMS provider (the transporting or highest medical responding agency). The transporting EMS provider may bill the IHCP for naloxone administered prior to arrival by a BLS nontransportation provider if there is a compensatory agreement, such that the EMS provider reimburses the BLS nontransportation provider for administering naloxone (for example, monetary reimbursement or replacement of the drug used). This reimbursement should be properly documented and all information, such as the amount administered and the NDC, must be included in the patient case record. This procedure does not apply to responding law enforcement agencies. Naloxone administered by responding law enforcement agencies will not be reimbursed.



EMS billing procedures

The IHCP will reimburse EMS transportation providers (with provider specialty 260 – *Ambulance*) for naloxone and its administration as a nonbrokered service, meaning the claims will be submitted to DXC Technology for FFS members or to the member’s managed care entity (MCE) or MCE transportation broker. Transportation resulting from a 9-1-1 call in which naloxone is administered is considered an emergency, and therefore the transportation is nonbrokered as well. If transportation occurs, both the drug and its administration **must** be billed together on the same claim to receive reimbursement (see Table 1). If transportation does not occur, see later instructions in the [Billing for naloxone with no transportation](#) section.

Table 1 – Billing procedure codes for naloxone drug and its administration

Form	Drug	Administration
Prefilled nasal spray	J3490	96372 U1
Liquid vial	J2310	96372 U2

Billing for administration fee

The administration fee can be billed only **once** per drug form. If an EMS provider uses both the prefilled nasal spray administration and liquid vial for a patient, the EMS billing provider can bill for the administration fee twice, once for each of the drug forms.

Providers must use the appropriate modifier for the form of the drug used, along with the procedure code for the administration, which is 96372 – *Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular*. The administration fee codes and modifiers for the drug forms are:

- 96372 U1 for nasal (prefilled nasal spray)
- 96372 U2 for injection (liquid vial)

The provider billing agency must include the U1 or U2 modifier to distinguish the different types of administration. (Note: The use of an atomizer to administer the liquid form of naloxone nasally is considered “injection” for billing purposes.)

Billing for naloxone drug

EMS providers use the following Healthcare Common Procedure Coding System (HCPCS) procedure codes in billing naloxone:

- Prefilled nasal spray: J3490 – *Unclassified drugs*
- Liquid vial: J2310 – *Injection, naloxone HCl, per 1 mg*

For the prefilled nasal spray (J3490), units for the drug are considered as one unit equaling one dose of the nasal form. Providers may bill multiple doses of prefilled nasal spray on one line of the claim. For example, if the EMS provider administered 3 units of the prefilled nasal spray, the provider bills 1 unit of procedure code J3490 with an NDC quantity of 3 units.

Procedure code billing units for the liquid (vial) form (J2310) are measured in milligrams (mg). The provider billing agency will bill the total number of milligrams administered. Fractions of a milligram should be rounded up to the next whole milligram.

Example for 0.4 mg/mL doses from vial:

- 1 dose = 0.4 mg = 1 unit
- 2 doses = 0.8 mg = 1 unit
- 3 doses = 1.2 mg = 2 units

For procedure code J2310, the NDC quantity is the total number of milliliters administered.

Example: If the EMS provider administered 3 doses of 0.4mg/1mL fluid from the vial, the provider bills 2 units of procedure code J2310 with an NDC quantity of 3 milliliters.

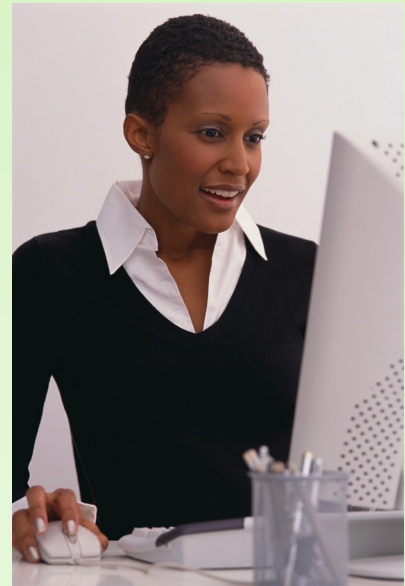
Use separate lines for each form of naloxone used, but combine all administrations of the same drug form on one line. For example, providers would enter the 3 units of the prefilled nasal form on one line and 1.2 mg/mL of the liquid vial form on the next line.

Entering NDC information on claims

For billing purposes, the NDC must be configured as 11 digits, using what is referred to as a “5-4-2” format:

- The first segment must include five digits.
- The second segment must include four digits.
- The third segment must include two digits.

If the product label displays an NDC with fewer than 11 digits, a zero must be added at the beginning of the appropriate segment to achieve the 5-4-2 format. Hyphens and spaces are omitted when submitting the NDC number on a claim. For example, if a package displays an NDC as 12345-1234-1, a zero must be added to the beginning of the third segment to create an 11-digit NDC as follows: 12345123401. For more information, see the [Injections, Vaccines, and other Physician-Administered Drugs](#) provider reference module or contact FSSA.IHCPReimbursement@fssa.in.gov.



When submitting the claim for naloxone and its administration, enter the following NDC information in the *NDC for Service Detail* panel for each applicable service detail in the IHCP [Provider Healthcare Portal](#); in the shaded, top-half portion of each applicable service detail (fields 24A–H) on the *CMS-1500* paper claim form; or in equivalent fields in the 837P electronic transaction:

- NDC qualifier of N4 (or select National Drug Code in 5-4-2 Format from the Code Type drop-down list on the Portal)
- 11-digit NDC (Do not include spaces or hyphens.)
- Drug description (autofills based on the NDC entered, if using the Portal)
- NDC unit of measure
 - UN – Unit (for J3490 claims)
 - ML – Milliliter (for J2310 claims)
- NDC total quantity administered

Billing for naloxone with no transportation

Transportation is **not** required for EMS providers to bill for the drug or its administration. In the event that transportation does not occur, the IHCP will reimburse EMS providers for the drug (J2310 and/or J3490) and for A0998 – *Ambulance response and treatment, no transport*. The IHCP considers A0998 inclusive of the drug administration if no transportation occurs and will deny the detail for drug administration if it is billed with A0998. For more information on the IHCP policy for emergency treatment with no transportation, see [BT202052](#).



For more information

Please send all questions to QMPPProviderRelations@fssa.in.gov. Watch for upcoming IHCP publications for more information including dates and times for training sessions and webinars.

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