



P R O V I D E R B U L L E T I N

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To: All Providers**Subject: Federal Deficit Reduction Act of 2005, NDCs Required for Billing Procedure Codes**

Overview

The *Federal Deficit Reduction Act of 2005* mandates that Indiana Health Coverage Programs (IHCP) require the submission of National Drug Codes (NDCs) on claims submitted with certain procedure codes for physician administered drugs. This mandate affects all providers who submit electronic or paper claims for procedure coded drugs. Because the State may pay up to the 20 percent Medicare B co-payment for dual-eligible individuals, the NDC will also be required on Medicare crossover claims for all applicable procedure codes.

Please contact your vendor to make the necessary software changes.

Professional Claim Types

Banner page [BR200652](#) and bulletin [BT200703](#) specified a revised implementation date of July 1, 2007. The date for this requirement is August 1, 2007, and applies to professional claims, including the paper CMS-1500 and electronic 837P. This requirement affects all Web interChange, Batch, and Professional Medicare crossover claims with a date of submission on or after August 1, 2007.

Institutional Claim Types

The IHCP will implement the NDC requirement for institutional outpatient claims later this summer, pending the Centers for Medicare & Medicaid Services (CMS) final ruling. The CMS is currently reviewing comments. Institutional claim types include the paper UB-04 and electronic 837I (Web interChange, Batch, and Institutional Medicare Crossovers).

Reimbursement Policy

IHCP is not changing reimbursement policy pertaining to procedure coded physician administered drugs at this time. Claims for these drugs continue to be priced by using the submitted procedure code and procedure code units. The exception is that manually priced "J" codes continue to be priced by using the submitted NDC.

Remittance Advice

The remittance advice (RA) will not display the NDC submitted on the claim. A comprehensive list of edits is listed on page 13 of this bulletin. Providers may contact EDS Customer Assistance at (317) 655-3240 in the Indianapolis local area, or toll-free at 1-800-577-1278, access the IHCP Web site, or utilize the 276/277 transactions to obtain additional information regarding denied claims.

Procedure Codes

Table 1 lists the procedure codes that require the submission of the product NDC and NDC quantity, along with the procedure code and procedure code billing units. This list is reviewed and updated on an annual basis, or as determined by the Office of Medicaid Policy and Planning (OMPP). The procedure codes listed in Table 1 do not guarantee coverage. Please refer to http://www.indianamedicaid.com/ihcp/Publications/MaxFee/fee_schedule.asp for current procedure code coverage policies.

Table 1 – Procedure Codes

Code	Procedure	Code	Procedure
J0120	INJECTION, TETRACYCLINE, UP TO	J2690	INJECTION, PROCAINAMIDE H
J0128	ABARELIX INJECTION	J2700	INJECTION, OXACILLIN SODIUM, U
J0129	ABATACEPT INJECTION	J2710	INJECTION, NEOSTIGMINE ME
J0130	INJECTION, ACTEST GEL	J2720	INJECTION, PROTAMINE SULF
J0132	ACETYLCYSTEINE INJECTION	J2725	INJ, PROTIRELIN, PER 250 MCG
J0133	ACYCLOVIR INJECTION	J2730	INJECTION, PRALIDOXIME CHLORID
J0135	ADALIMUMAB INJECTION	J2760	INJECTION, PHENTOLAIN MESYLAT
J0150	INJECTION, ADENOSINE, 6 MG	J2765	INJECTION, METOCLOPRAMIDE
J0152	ADENOSINE INJECTION	J2770	INJECT,QUINUPRISTIN/DALFORPRIS
J0170	INJECTION, ADRENALIN, EPI	J2780	INJECTION, RANITIDINE HCL
J0190	INJECTION, BIPERIDEN, LACTATE	J2783	RASBURICASE
J0200	INJECTION, ALATROFLOXACIN MESY	J2788	RHO D IMMUNE GLOBULIN 50
J0205	INJECTION, ALGLUCERASE, PER 10	J2790	INJECTION, RHO D IMMUNE G
J0207	AMIFOSTINE	J2792	RHO(D) IMMUNE GLOBULIN H
J0215	ALEFACEPT	J2794	RISPERIDONE, LONG ACTING
J0256	INJECTION, ALPHA 1-PROTEINASE	J2795	ROPIVACAINE HCL INJECTION
J0270	INJECTION, ALPROSTADIL	J2800	INJECTION, METHOCARBAMOL
J0275	ALPROSTADIL URETHRAL SUPPOS	J2805	SINCALIDE INJECTION
J0278	AMIKACIN SULFATE INJECTIO	J2810	THEOPHYLLINE, PER 40 MG
J0280	INJECTION, AMINOPHYLLIN	J2820	SARGRAMOSTIN GM-CSF
J0282	AMIODARONE HCL	J2910	INJECTION, AUROTHIOGLUCOSE, UP
J0285	AMPHOTERICIN B	J2916	NA FERRIC GLUCONATE COMPL
J0287	AMPHOTERICIN B LIPID COMP	J2920	INJECTION, METHYLPREDNISO
J0288	AMPHO B CHOLESTERYL SULFATE	J2930	INJECTION, METHYLPREDNISO

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Code	Procedure	Code	Procedure
J0289	AMPHOTERICIN B LIPOSOME INJ	J2940	INJECTION, SOMATREM
J0290	INJECTION, AMPICILLINE SO	J2941	SOMATROPIN INJECTION
J0295	INJ, AMPICILLIN SOD/SULBA	J2950	INJECTION, PROMAZINE HCL
J0330	INJECTION, SUCCINYCHOLINE	J2993	INJECTION RETEPLASE, 18.1 MG
J0348	ANADULAFUNGIN INJECTION	J2995	INJECTION, STREPTOKINASE
J0350	INJECTION, ANISTREPLASE	J2997	ALTEPLASE RECOMBINANT
J0360	INJECTION, HYDRALAZINE HC	J3000	INJECTION, STREPTOMYCIN, UP TO
J0364	A POMORPHINE HYDROCHLORIDE	J3010	INJECTION, FENTANYL CITRA
J0365	APROTONIN, 10,000 KIU	J3030	INJECTION, SUMATRIPTAN SU
J0380	INJECTION, METARAMINOL UP TO 1	J3070	INJECTION, PENTAZOCINE HC
J0390	INJECTION, CHLOROQUINE HCI	J3100	INJECTION, TENECTEPLASE, 50 MG
J0395	ARBUTAMINE HCL INJECTION	J3105	INJECTION, TERBUTALINE SU
J0456	AZITHROMYCIN	J3110	TERIPARATIDE INJECTION
J0460	INJECTION, ATROPINE SULFA	J3120	INJECTION, TESTOSTERONE ENANTH
J0470	INJECTION, DIMECAPROL	J3130	INJECTION, TESTOSTERONE E
J0475	INJECTION, BACLOFEN 10 MG	J3140	INJECTION, TESTOSTERONE S
J0476	BACLOFEN INTRATHECAL TRIA	J3150	INJECTION, TESTOSTERONE P
J0480	BASILIXIMAB	J3230	INJECTION, CHLORPROMAZINE
J0500	INJECTION, DICYCLOMINE	J3240	INJECTION, THYROTROPIN, U
J0515	INJECTION, BENZTROPINE	J3250	INJECTION, TRIMETHOBENZAM
J0520	INJECTION, BETHANECHOL CHLORID	J3260	INJECTION, TOBRAMYCIN SUL
J0530	INJECTION, PENICILLIN G B	J3265	INJECTION TORSEMIDE 10 MG
J0540	INJECTION, PENICILLIN G B	J3280	INJECTION, THIETHYLPERAZINE MA
J0550	INJECTION, PENICILLIN G B	J3285	TREPROSTINIL INJECTION
J0560	INJECTION, PENICILLIN G B	J3301	INJECTION TRIAMCINOLONE A
J0570	INJECTION, PENICILLIN G B	J3302	INJECTION TRIAMCINOLONE D
J0580	INJECTION, PENICILLIN G B	J3303	INJECTION TRIAMCINOLONE H
J0583	BIVALIRUDIN	J3305	INJ TRIMETREXATE GLUCORON
J0585	BOTULINUM TOXIN TYPE A, P	J3310	INJECTION, PERPHENAZINE, UP TO
J0587	BOTULINUM TOXIN TYPE B	J3315	TRIPTORELIN PAMOATE
J0592	BUPRENORPHINE HYDROCHLORIDE	J3320	INJECTION, SPECTINOMYCIN DIHYD
J0594	BUSULFAN INJECTION	J3350	INJECTION, UREA, UP TO 40 GM
J0595	BUTORPHANOL TARTRATE 1 MG	J3355	UROFOLLITROPIN, 75 IU
J0600	INJECTION, EDETATE CALCIUM	J3360	INJECTION, DIAZEPAM, UP T
J0610	INJECTION, CALCIUM GLUCON	J3364	INJECTION UROKINASE 5000IU VIA
J0620	INJECTON, CALCIUM GLYCER	J3365	INJECTION, IV, UROKINASE, 250

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Code	Procedure	Code	Procedure
J0630	INJECTION, CALCITONIN SALMON	J3370	INJECTION, VANCOMYCIN HCL
J0636	INJ CALCITRIOL PER 0.1 MC	J3396	VERTEPORFIN INJECTION
J0637	CASPOFUNGIN ACETATE	J3400	INJECTION, TRIFLUPROMAZINE HCL
J0640	INJECTION, LEUCOVORIN CAL	J3410	INJECTION, HYDROXYZINE HC
J0670	INJECTION, MEPIVACAINE	J3411	THIAMINE HCL 100 MG
J0690	INJECTION, CEFAZOLIN SODI	J3415	PYRIDOXINE HCL 100 MG
J0692	CEFEPIME HCL FOR INJECTIO	J3420	INJECTION, VITAMIN B- 12
J0694	CEFOXITIN SODIUM, INJ 1 GM	J3430	INJECTION, PHYTONADIONE
J0696	INJECTION, CEFTRIAZONE SO	J3470	INJECTION, HYALURONIDASE
J0697	INJECTION, STERILE CEFURO	J3471	OVINE, UP TO 999 USP UNITS
J0698	CEFOTAXIME SODIUM, PER GM	J3472	OVINE, 1000 USP UNITS
J0702	INJ, BETA ACETATE AND BET	J3473	HYALURONIDASE RECOMBINANT
J0704	INJ, BETA SODIUM PHOSPH-4	J3475	INJ MAGNESIUM SULFATE
J0706	CAFFEINE CITRATE INJECTIO	J3480	INJECTION, POTASSIUM CHLO
J0710	INJECTION, CEPHAPIRIN SOD	J3485	ZIDOVUDINE
J0713	INJ CEFTAZIDIME PER 500 M	J3486	ZIPRASIDONE MESYLATE
J0715	INJ, CEFTIZOXIME SODIUM	J3487	ZOLEDRONIC ACID
J0720	INJECTION, CHLORAMPHENICO	J3490	UNCLASSIFIED DRUGS
J0725	INJECTION, CHORINIC GONADOTROP	J3520	EDETATE DISODIUM, PER 150
J0735	CLONIDINE HYDROCHLORIDE	J3590	UNCLASSIFIED BIOLOGICS
J0743	INJECTIONS, CILASTATIN SO	J7030	INFUSION, NORMAL SALINE S
J0744	CIPROFLOXACIN IV	J7040	INFUSION, NORMAL SALINE S
J0745	INJECTION, CODIENE PHOSPH	J7042	5% DEXTROSE/NORMAL SALINE
J0760	INJECTION, COLCHICINE	J7050	INFUSION, NORMAL SALINE S
J0770	INJECTION, COLISTIMETHATE SODI	J7060	5% DEXTROSE/WATER, 500 ML
J0780	INJECTION, PROCHLORPERAZI	J7070	INFUSION, D5W, 1000 CC
J0795	CORTICORELIN OVINE TRIFLUTAL	J7100	INFUSION, DEXTRAN 40, 500 ML
J0800	INJECTION, CORTICOTROPIN, UP	J7110	INFUSION, DEXTRAN 75, 500 ML
J0835	INJ, COSYNTROPIN-PER 0.25	J7120	RINGERS LACTATE INFUSION
J0850	INJECTION CYTOMEGALOVIRUS	J7130	HYPERTONIC SALINE SOLUTIO
J0878	DAPTOMYCIN INJECTION	J7189	FACTOR VIIA
J0881	DARBEPOETIN ALFA, NON-ESR	J7190	FACTOR VIII, PER IU
J0882	DARBEPOETIN ALFA, ESRD US	J7191	FACTOR VIII (PORCINE)
J0885	EPOETIN ALFA, NON-ESRD	J7192	FACTOR VIII (ANTIHEMOPHIL)
J0886	EPOETIN ALFA, ESRD	J7193	FACTOR IX NON-RECOMBINANT
J0894	DECITABINE INJECTION	J7194	FACTOR IX, COMPLEX, PER IU

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Code	Procedure	Code	Procedure
J0895	INJECTION, DEFEROXAMINE	J7195	FACTOR IX RECOMBINANT
J0945	INJECTION, BROMPHENIRAMIN	J7197	ANTITHROMBIN III, HUMAN, PER I
J0970	INJECTION, ESTRADIOL VALE	J7198	ANTI-INHIBITOR
J1000	INJECTION, DEPO-ESTRADIOL	J7199	HEMOPHILIA CLOT FACTOR NOC
J1020	INJECTION, METHYLPREDNISO	J7302	LEVONORGESTREL IU CONTRAC
J1030	INJECTION, METHYLPREDNISO	J7303	CONTRACEPTIVE VAGINAL RIN
J1040	INJECTION, METHYLPREDNISO	J7304	CONTRACEPTIVE HORMONE PAT
J1051	MEDROXYPROGESTERONE INJ	J7306	LEVONORGESTREL IMPLANT SYS
J1055	INJECTION, MEDROXYPROGEST	J7308	AMINOLEVULINIC ACID HCL T
J1056	MA/EC CONTRACEPTIVEINJECTION	J7310	GANCICLOVIR, 4.5 MG
J1060	INJECTION, TESTOSTERONE C	J7319	SODIUM HYALURONATE INJECTION
J1070	INJECTION, TESTOSTERONE C	J7500	AZATHIOPRINE, ORAL, 50 MG
J1080	INJECTION, TESTOSTERONE C	J7501	AZATHIOPRINE, PARENTERAL 100 MG
J1094	INJ DEXAMETHASONE ACETATE	J7502	CYCLOSPORINE, ORAL, 100
J1100	INJECTION, DEXAMETHOSONE	J7504	LYMPHOCYTE IMMUNE GLOBULIN
J1110	INJECTION, DEHYDROERGOTAM	J7505	MUROMONAB - CD3, PARENTERAL 5M
J1160	INJECTION, DIGOXIN, UP TO	J7506	PREDNISONE, ORAL PER 5 MG
J1162	DIGOXIN IMMUNE FAB (OVINE)	J7507	TACROLIMUS, ORAL PER 1 MG
J1165	INJECTION, PHENYTOIN SODI	J7509	METHYLPREDNISOLONE ORAL
J1170	INJECTION, HYDROMORPHONE	J7510	PREDNISOLONE ORAL PER 5 M
J1180	INJECTION, DYPHYLLINE, UP TO 5	J7511	ANTITHYMOCYTE GLOBULN RABBIT
J1190	INJECTION, DEXRAZOXANE	J7513	DACLIZUMAB, PARENTERAL
J1200	INJECTION, DIPHENHYDRAMIN	J7515	CYCLOSPORINE ORAL 25 MG
J1212	INJECTION, DMSO, DIMETHYL	J7517	MYCOPHENOLATE MOFETIL ORA
J1230	INJECTION, METHADONE HCL, UP T	J7520	SIROLIMUS, ORAL
J1240	INJECTION, DIMENHYDRINATE, UP	J7525	TACROLIMUS INJECTION
J1245	INJECTION DIPYRIDAMOLE PE	J7599	IMMUNOSUPPRESSIVE DRUG NO
J1250	INJECTION, DOBUTAMINE HCI	J7611	ALBUTEROL CONCENTRATED FO
J1260	INJECTION, DUOVAL P.A., U	J7612	LEVALBUTEROL CONCENTRATED
J1265	DOPAMINE INJECTION	J7613	ALBUTEROL UNIT DOSE
J1270	INJECT, DOXERCALCIF, 1 MCG	J7614	LEVALBUTEROL UNIT DOSE
J1320	INJECTION, AMITRIPTYLINE	J7620	ALBUTEROL NON-COMPOUNDED
J1325	EPOPROSTENOL INJECTION	J7644	IPRATROPIUM BROM INH SOL
J1327	EPTIFIBATIDE INJECTION	J7674	METHACHOLINE CHLORIDE, NE
J1330	INJECTION, ERGONOVINE MALEATE	J8499	PRES DRUG, ORAL NON CHEMO
J1335	ERTAPENEM INJECTION	J8501	ORAL APREPITANT

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Code	Procedure	Code	Procedure
J1364	INJ, ERTHROMYCIN LACTOBIONATE	J8510	ORAL BUSULFAN
J1380	INJECTION, ESTRADIOL VALE	J8521	CAPECITABINE, ORAL, 500 MG
J1410	INJECTION, ESTROGEN CONJU	J8530	CYCLOPHOSPHAMIDE, ORAL 25
J1430	ETHANOLAMINE OLEATE 100 MG	J8540	ORAL DEXAMETHASONE
J1435	INJECTION, ESTRONE, PER 1 MG	J8560	ETOPOSIDE, ORAL 50 MG
J1436	INJECTION, ETIDRONATE DIS	J8600	MELPHALAN, ORAL 2 MG
J1438	ETANERCEPT INJECTION	J8610	METHOTREXATE; ORAL 2.5 MG
J1440	INJECTION, FILGASTIM	J8650	NABILONE ORAL
J1441	INJECTION, FILGASTIM (G-C)	J8700	TEMOZOLMIDE
J1450	INJECTION, FLUCONAZOLE	J8999	PRES DRUG, ORAL CHEMOTHERAPEUT
J1451	FOMEPIZOLE, 15 MG	J9000	DOXORUBICIN HCl, 10 MG
J1452	INTRAOCULAR FOMIVIRSEN NA	J9001	DOXORUBICIN HCL LIPOSOME
J1455	INJECTION FOSCARNET SODIU	J9010	ALEMTUZUMAB, 10 MG
J1457	GALLIUM NITRATE INJECTION	J9015	ALDESLEUKIN/SINGLE USE VI
J1458	GALSULFASE INJECTION	J9017	ARSENIC TRIOXIDE
J1460	INJECTION, GAMMA GLOBULIN, INT	J9020	ASPARAGINASE, UP TO 10,000 UNI
J1470	INJECTION, GAMMA GLOBULIN	J9025	AZACITIDINE INJECTION
J1480	INJECTION, GAMMA GLOBULIN, INT	J9027	CLOFARABINE INJECTION
J1490	INJECTION, GAMMA GLOBULIN	J9035	BEVACIZUMAB INJECTION
J1500	INJECTION, GAMMA GLOBULIN, INT	J9040	BLEOMYCIN SULFATE, 15 UNI
J1510	INJECTION, GAMMA GLOBULIN, INT	J9041	BORTEZOMIB INJECTION
J1520	INJECTION, GAMMA GLOBULIN	J9045	CARBOPLATIN, 50 MG
J1530	INJECTION, GAMMA GLOBULIN, INT	J9050	CARMUSTINE, 100 MG
J1540	INJECTION, GAMMA GLOBULIN, INT	J9055	CETUXIMAB INJECTION
J1550	INJECTION, GAMMA GLOBULIN	J9060	CISPLATIN, POWDER OR SOL
J1565	RSV-IVIG	J9062	CISPLATIN 50 MG
J1566	IMMUNE GLOBULIN, POWDER	J9065	INJECTION, CLADRIBINE, PER 1 M
J1567	IMMUNE GLOBULIN, LIQUID	J9070	CYCLOPHOSPHAMIDE, 100 MG
J1570	INJECTION, GANCICLOVIR SO	J9080	CYCLOPHOSPHAMIDE 200 MG
J1580	INJECTION, GARAMYCIN, GEN	J9090	CYCLOPHOSPHAMIDE 500 MG
J1610	INJECTION GLUCAGON HCl	J9091	CYCLOPHOSPHAMIDE, 1.0 GRA
J1626	GRANISETRON HCL INJECTION	J9092	CYCLOPHOSPHAMIDE 2.0 GM
J1630	INJECTION, HALOPERIDOL, U	J9093	CYCLOPHOSPHAMIDE, LYOPHIL
J1631	INJECTION, HALOPERIDOL DE	J9094	CYCLOPHOSPHAMIDE LYOPHILI
J1640	HEMIN, 1 MG	J9095	CYCLOPHOSPHAMIDE LYOPHILI

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Code	Procedure	Code	Procedure
J1642	INJ, HEPARIN SOD, (HEPARI)	J9096	CYCLOPHOSPHAMIDE LYOPHILI
J1644	INJ, HEPARIN SOD-PER 1000	J9097	CYCLOPHOSPHAMIDE, LYOPHIL
J1645	INJECTION, DALTEPARIN	J9098	CYTARABINE LIPOSOME
J1650	INJ ENOXAPARIN SODIUM	J9100	CYTARABINE, 100 MG
J1652	FONDAPARINUX SODIUM	J9110	CYTARABINE 500 MG
J1655	TINZAPARIN SODIUM INJECTI	J9120	DACTINOMYCIN, 0.5 MG
J1670	INJECTION, TETANUS IMMUNE	J9130	DACARBAZINE, 100 MG
J1675	HISTRELIN ACETATE	J9140	DACARBAZINE 200 MG
J1700	INJECTION, HYDROCORTISONE	J9150	DAUNORUBICIN, HCI, 10 MG
J1710	INJECTION, HYDROCORTISONE SODI	J9151	DAUNORUBICIN CITRATE LIPOSOM
J1720	INJECTION, HYDROCORTISONE	J9160	DENILEUKIN DIFTITOX, 300 MCG
J1730	INJECTION, DIAZOXIDE, UP TO 30	J9165	INJECTION, DIETHYLSTILBESTROL
J1740	IBANDRONATE SODIUM INJECTION	J9170	DOCETAXEL, 20 MG
J1742	IBUTILIDE FUMARATE INJECTION	J9175	ELLIOTTS B SOLUTION PER ML
J1745	INFLIXIMAB INJECTION	J9178	INJ, EPIRUBICIN HCL, 2 MG
J1751	IRON DEXTRAN 165 INJECTIO	J9181	ETOPOSIDE, 10 MG
J1752	IRON DEXTRAN 267 INJECTIO	J9182	ETOPOSIDE, 100 MG
J1756	IRON SUCROSE INJECTION	J9185	FLUDARABINE PHOSPHATE, 50
J1785	INJ, IMIGLUCERASE, PER UNIT	J9190	FLUOROURACIL, 500 MG
J1790	INJECTION, DROPERIDOL, UP	J9200	FLOXURIDINE, 500 MG
J1800	INJECTION, PROPRANOLOL HC	J9201	GEMCITABINE HCL
J1810	INJECTION, DROPERIDOL AND FENT	J9202	GOSERELIN ACETATE IMPLANT
J1815	INSULIN INJECTION	J9206	IRINOTECAN INJECTION
J1817	INSULIN FOR INSULIN PUMP	J9208	IFOSFOMIDE, PER 1 GM
J1825	INTERFERON BETA-1A	J9209	MESNA, 200 MG
J1830	INTERFERON BETA-1B, PER 0.25 M	J9211	IDARUBICIN HYDROCHLORIDE
J1835	INTRACONAZOLE INJECTION	J9212	INJ. INTERFERON ALFACON-1
J1840	INJECTION, KANAMYCIN SULF	J9213	INTERFERON ALFA-2A RECOMB
J1850	INJECTION, KANAMYCIN SULFATE	J9214	INTERFERON ALFA-2B RECOMB
J1885	INJECTION KETOROLOAC TROM	J9215	INTERFERON ALFA-N3 {HUMAN LEUK }
J1890	INJECTION, CEPHALOTHIN SODIUM	J9216	INTERFERON GAMMA 1-B 3 MILLION
J1931	LARONIDASE INJECTION	J9217	LEUPROLIDE ACETATE, FOR D
J1940	INJECTION, FUROSEMIDE, UP	J9218	LEUPROLIDE ACETATE, PER 1
J1945	LEPIRUDIN	J9219	LEUPROLIDE ACETATE IMPLANT, 65
J1950	INJ, LEUPROLIDE ACETATE	J9225	HISTRELIN IMPLANT

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Code	Procedure	Code	Procedure
J1955	INJ LEVOCARNITINE PER 1 G	J9230	MECHLORETHAMINE HCL, NITROGEN
J1956	LEVOFLOXACIN INJECTION	J9245	INJECTION, MELPHALAN HYDROCHLO
J1960	INJECTION, LEVORPHANOL TARTRAT	J9250	METHOTREXATE SODIUM 5 MG
J1980	INJECTION, HYOSCYAMINE SULFATE	J9260	METHOTREXATE SODIUM MTX
J1990	INJECTION, CHLODIAZEPOXIDE HCL	J9261	NELARABINE INJECTION
J2001	LIDOCAINE INJECTION	J9263	OXALIPLATIN
J2010	INJECTION, LINCOMYCIN HCL	J9264	PACLITAXEL INJECTION
J2020	INJEC, LINEZOLID, 200 MG	J9265	PACLITAXEL 30 MG
J2060	INJECTION, LORAZEPAM 2 MG	J9266	PEGASPARGASE/SINGL DOSE V
J2150	INJECTION, MANNITOL, 25%	J9268	PENTOSTATIN PER 10 MG
J2170	MECASERMIN INJECTION	J9270	PLICAMYCIN, 2.5 MG
J2175	INJECTION, MEPERDINE	J9280	MITOMYCIN, 5 MG
J2180	INJECTION, MEPERIDINE AND	J9290	MITOMYCIN 20 MG
J2185	MEROPENEM	J9291	MITOMYCIN 40 MG
J2210	INJECTION, METHYLERGONOVINE MA	J9293	INJECTION, MITOXANTRONE H
J2248	MICAFUNGIN SODIUM INJECTION	J9300	GENTUZUMAB OZOGAMICIN, 5 MG
J2250	INJECTION, MIDAZOLAM HCI	J9305	PEMETREXED INJECTION
J2260	MILRINONE LACTATE, PER	J9310	RITUXIMAB CANCER TREATMEN
J2270	INJECTION, MORPHINE SULFA	J9340	THIOTEPA, 15 MGM
J2271	MORPHINE SO4 INJECTION 10	J9350	TOPOTECAN
J2275	INJECTION MORPHINE SULFAT	J9355	TRASTUZUMAB
J2278	ZICONOTIDE INJECTION	J9357	VALRUBICIN, 200 MG
J2280	INJECTION, MOXIFLOXACIN	J9360	VINBLASTINE SULFATE, 1 MG
J2300	INJECTION, NALBUPHINE HCI	J9370	VINCRISTINE SULFATE, 1 MG
J2310	INJECTION, NALOXONE HCI	J9375	VINCRISTINE SULFATE 2 MG
J2315	NALTREXONE, DEPOT FORM	J9380	VINCRSITINE SULFATE 5 MG
J2320	INJECTION, NANDROLONE DECANOAT	J9390	VINORELBINE TARTRATE/10 M
J2321	INJECTION, NANDROLONE DECANOAT	J9395	INJECTION, FULVESTRANT
J2322	INJECTION, NANDROLONE DECANOAT	J9600	PORFIMER SODIUM
J2325	NESIRITIDE INJECTION	J9999	NOT OTHERWISE CLASSIFIED
J2353	OCTREOTIDE INJECTION, DEP	Q0164	PROCHLORPERAZINE MALEATE
J2354	OCTREOTIDE INJ, NON-DEPOT	Q0165	PROCHLORPERAZINE MALEATE1
J2355	OPRELVEKIN INJECTION	Q0166	GRANISETRON HCL 1 MG ORAL
J2357	OMALIZUMAB INJECTION	Q0167	DRONABINOL 2.5 MG ORAL
J2360	INJECTION, ORPHENADRINE	Q0168	DRONABINOL 5 MG ORAL

Table 1 – Procedure Codes

Code	Procedure	Code	Procedure
J2370	INJECTION, PHENYLEPHRINE HCL	Q0169	PROMETHAZINE HCL 12.5 MG O
J2400	INJECTION, CHLOROPROCAINE	Q0170	PROMETHAZINE HCL 25 MG OR
J2405	INJECTION ODANSETRON HYDR	Q0171	CHLORPROMAZINE HCL 10 MG ORAL
J2410	INJECTION, OXYMORPHONE HCL, UP	Q0172	CHLORPROMAZINE HCL 25 MG ORAL
J2425	PALIFERMIN INJECTION	Q0173	TRIMETHOBENZAMIDE HCL 250 MG
J2430	INJECTION, PAMIDRONATE	Q0174	THIETHYLPERAZINE MALEATE 10 MG
J2440	INJECTION, PAPAVERINE HCL, UP	Q0175	PERPHENAZINE 4 MG ORAL
J2460	INJECTION, OXYTETRACYCLINE HCL	Q0176	PERPHENAZINE 8 MG ORAL
J2469	PALONOSETRON HCL	Q0177	HYDROXYZINE PAMOATE 25 MG
J2501	PARICALCITOL	Q0178	HYDROXYZINE PAMOATE 50 MG
J2503	PEGAPTANIB SODIUM INJECTI	Q0179	ONDANSETRON HCL 8 MG ORAL
J2504	PEGADEMASE BOVINE, 25 IU	Q0180	DOLASETRON MESYLATE ORAL
J2505	INJECTION, PEGFILGRASTIM	Q0515	SERMORELIN ACETATE INJECTION
J2510	INJECTION, PENICILLIN G P	Q2004	BLADDER CALCULI IRRIG SOL
J2513	PENTASTARCH 10% SOLUTION	Q2009	FOSPHENYTOIN, 50 MG
J2515	INJECTION, PENTOBARBITAL	Q2017	TENIPOSIDE, 50 MG
J2540	INJECTION, PENICILLIN G P	Q3025	IM INJ INTERFERON BETA 1-
J2543	PIPERACILLIN/TAZOBACTAM	Q3026	SUBC INJ INTERFERON BETA-1A
J2545	PENTAMIDINE, FOR AEROSOL	Q4079	NATALIZUMAB INJECTION
J2550	INJECTION, PROMETHAZINE H	Q4081	EPOETIN ALFA, 100 UNITS ESRD
J2560	INJECTION, PHENOBARBITAL	Q4085	HYALURON OR DERIVATIVE, EUFLEXXA, FOR INTRO-ARTICULAR INJECTION, PER DOSE
J2590	INJECTION, OXYTOCIN, UP T	Q9956	INJ OCTAFLUOROPROPANE MIC
J2597	INJ DESMOPRESSIN ACETATE	Q9957	INJ PERFLUTREN LIP MICROS
J2650	INJECTION, PREDNISOLONE A	90378	RSV IG, IM, 50 MG
J2675	INJECTION, PROGESTERONE		
J2680	INJECTION, FLUPHENAZINE D		

Billing Instructions

About the NDC

Medication listed under *Section 510* of the *U.S. Federal Food, Drug, and Cosmetic Act* is assigned a unique 11-digit, three-segment number. This number, known as the National Drug Code (NDC), identifies the labeler or vendor, product, and package size. The first segment, known as the labeler code, is assigned by the Food and Drug Administration (FDA). A labeler is any firm that

manufactures, repacks, or distributes a drug product. The second segment, known as the product code, identifies a specific drug, strength, and dosage form of that drug. The third segment, known as the package code, identifies the package size. Additional information regarding NDCs is located at <http://www.fda.gov/cder/ndc/>

For purposes of meeting the new billing requirement, NDCs must be configured in 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 an NDC segment is missing a number on the product label, the appropriate number of zeros must be added at the beginning of the segment. For example, 12345-1234-12 is a correctly configured NDC. Since a zero can be a valid digit in the NDC, this can lead to confusion when trying to reformat the NDC back to its FDA standard. Example: 12345-0678-09 (11 digits) could appear as 12345-678-09 or 12345-0678-9 on the label, depending on the labelers configuration. To ensure proper payment of claims, the NDC must be zero-padded as appropriate.

The NDC can be found on the product as demonstrated in Figure 1, and Table 2 provides examples of the IHCP required format.

Table 2 – NDC Configuration

NDC From Label	IHCP Required Format
65293-001-01	65293-0001-01
0703-8771-03	00703-8771-03
00002-1420-1	00002-1420-01

Note: In Figure 1 the NDC is not configured '5-4-2' on the label. In this case, the zero should be placed at the beginning of the second segment of the NDC. Therefore, the correct configuration is 65293-0001-01.



Figure 1 – Example NDC

Only the NDC, as specified on the label of the product that is administered to the member, is to be billed to the program. If an NDC requires configuration as explained in this bulletin, the properly configured NDC should be billed. It is not permissible to bill the program with any NDC other than as stated herein. For example, do not pre-program your billing system to automatically utilize a certain NDC for a procedure code that does not accurately reflect the product that was administered to the member.

About the NDC Quantity

The procedure code billing units and NDC quantity do not always have a one-to-one relationship. The NDC quantity is based on the strength of the drug administered per unit, and the designated strength of the procedure code.

The NDC quantity billed must be reflective of the procedure code quantity billed on the claim. Table 3 provides examples of procedure code quantity to NDC quantity.

Table 3 – Examples of Procedure Code Quantity to NDC Quantity

Procedure Code	Procedure Code Description	Procedure Code Strength or Amount	Procedure Code Quantity Billed	NDC Dose/Volume	NDC Quantity Billed	NDC Unit Qualifier
J9035	Injection, Bevacizumab, 10 mg	10 mg	1	100 mg/4 ml	0.4	ML
J2505	Injection, Pegfilgrastim, 6 mg	6 mg	1	6 mg/0.6 ml	0.6	ML
J9355	Trastuzumab, 10 mg	10 mg	1	440 mg	.0227	UN
J9265	Paclitaxel 30 mg	30 mg	1	100 mg/16.7 ml	5.01	ML
J7030	Infusion, Normal Saline Solution, 1000 ml	1000 ml	1	1000 ml	1000	ML

CMS-1500

For complete billing instructions for the CMS-1500 form, please see bulletin [BT200703](#). Please note, the procedure code billing units, as well as the NDC quantity, are required. To report the NDC on the CMS-1500 claim form, enter the following information into the shaded portion of fields 24A to 24H (refer to Figure 2 for additional information):

1. Enter the NDC qualifier of N4
2. Enter the NDC 11-digit numeric code
3. Enter the drug description
4. Enter the NDC Unit qualifier
 - F2 – International Unit
 - GR – Gram
 - ML – Milliliter
 - UN – Unit
5. Enter the NDC Quantity (Administered Amount) in the format 9999.99

24. A. DATE(S) OF SERVICE				B. PLACE OF SERVICE	C. PROCEDURE, SERVICE, OR SUPPLY	D. DIAGNOSIS	E. CHARGES	F. UNITS	G. QUAL	H. PROVIDER ID #	
From	To	EMG	(Explain Unusual Circumstances)	POINTER	\$ CHARGES	CH UNITS	Family Plan	ID. QUAL	RENDERING PROVIDER ID #		
MM	DD	YY	MM	DD	YY	CPT/HCPCS	MODIFIER				
N4	55513019001	Pegfilgrastim	ML	0.6						1B	12345678901
10	01	05	10	01	05	11	J2505				0123456789

Figure 2 – CMS-1500 Field 24

Note: Field 24I qualifier goes with field 24J provider number information and has nothing to do with the NDC information needed.

837P

Electronic, Web interChange, Batch, and Professional Medicare Crossover formats have designated fields for the procedure code, procedure code units, NDC, NDC quantity, and units of measure. Please refer to the [Companion Guide](#) for additional information.

Compounds

When billing compounds, only one NDC can be used per procedure code. For this situation, providers should use the NDC of the ingredient that most closely matches the procedure code description.

Multiple NDCs

At times it may be necessary for providers to report multiple NDCs for a single procedure code. For example, if a provider administers 150 mg of Synagis, most likely a 50 mg vial plus a 100 mg vial would be used. These two vials have separate NDCs but one procedure code. For codes that involve multiple NDCs, providers must bill the initial procedure code, procedure code units, NDC and NDC units, and NDC unit qualifier utilizing a KP modifier. The second, and any subsequent line item(s) with the same procedure code, must be billed utilizing the KQ modifier to bypass the duplicate logic. Table 4 provides examples of multiple NDCs for a single procedure code.

Table 4 – Examples of Multiple NDCs for a Single Procedure Code

Procedure Code	Modifier	Procedure Code Quantity	NDC	NDC Quantity Billed
90378	KP	2	60574-4113-01	1
90378	KQ	1	60574-4114-01	0.5

Editing and Auditing the NDC

The following edits will be activated as a part of claims processing:

- Edit 217 – NDC number is missing.
- Edit 218 – NDC number is not in a valid format.
- Edit 0219 – Quantity dispensed or quantity billed information is missing.
- Edit 4003 – Less than effective drugs are not covered under Indiana Health Coverage Program.

Note: Additional information how drugs are determined to be less than effective is located at:
http://www.cms.hhs.gov/MedicaidDrugRebateProgram/12_LTEIRSDrugs.asp.

A list of non-covered, less than effective drugs (DESI) is located at:

<http://www.cms.hhs.gov/MedicaidDrugRebateProgram/downloads/desi.pdf>.

- Edit 4004 – This NDC is not on file. Please verify that the NDC was filed correctly.
- Edit 4007 – Non-Covered NDC due to CMS Termination – Claims with an NDC that has been terminated by CMS will not be reimbursable.
- Edit 4300 – Invalid NDC to procedure code combination.
- Edit 0810 – NDC Unit Qualifier (unit of measure) is missing.
- Edit 1016 – Non-Participating Manufacturer – Claims with an NDC from a non-rebating manufacturer will be denied and are not reimbursable.

Note: CMS maintains a list of rebating labelers located at:
http://www.cms.hhs.gov/MedicaidDrugRebateProgram/10_DrugComContactInfo.asp. Providers can also contact their wholesaler or drug supplier to determine if products supplied are from CMS rebating labelers.

Contact Information

If you have questions about the content of this bulletin, please contact EDS Customer Assistance at (317) 655-3420 in the Indianapolis local area, or toll-free at 1-800-577-1276.