Indiana Health Coverage Programs



To: All Indiana Health Coverage Programs Pharmacy Providers

Subject: Most Common Billing Unit Discrepancies That Result in Manufacturer Drug Rebate Disputes

Note: The information in this bulletin is not directed to those providers rendering services in the riskbased managed care (RBMC) delivery system.

Overview

For any drug manufacturer's products (both legend and over-thecounter) to be covered by the Traditional Medicaid Program the manufacturer must have entered into and have in effect a rebate agreement with the federal government. The essence of the agreement is that the manufacturer agrees to pay each state, on a quarterly basis, a portion of the money that the state expended for that manufacturer's individual products. This process is based on the number of units of each drug the state submits to the manufacturer for rebates. It is *critically* important that Traditional Medicaid Program providers submit the correct number of units on each claim. The greatest number of manufacturer disputes is attributed to the number of units the state charges to the manufacturer.

Some drug products have billable units that are obvious, for example, tablets or capsules are billed as each. Other products, however injectable products, in particular—do not have obvious correct billing units. Indiana*AIM* has built-in claims processing logic edits that were designed to identify potentially misbilled units Even with such edits, some products have had a large number of manufacturer rebate disputes. The purpose of this bulletin and others that will follow on a periodic basis is to highlight products that analysis has shown to cause manufacturer disputes because of potentially misbilled units.

Please be aware that incorrectly billed units cause unnecessary administrative time and resources on the part of both the state and rebating drug manufactures and slows down the return to the state of the rebate-related proceeds. Also, manufacturers **do retain** the right to require audits of specific providers' billing records, in the event of unresolved disputes. Careful adherence to correct billing of units will ensure that this is not required.

According to records, Tables 1.1 and 1.2 relate those products most commonly disputed by rebating manufacturers. Table 1.2 lists the correct unit definition for drugs with substantial dispute activity.

Billing Unit Definitions

Please be aware that there are **only** three, acceptable billing units for purposes of the Traditional Medicaid Program. They are as follows:

- *Each* (*ea*) The billing unit for capsules, tablets, kits, and unreconstituted vials.
- *Milliliters (ml)* The billing unit for liquid dosage form having a uniform concentration.
- *Grams* (*gm*) The billing unit for products that are packaged by weight, such as ointments, creams, and powders that are not reconstitutable for injection.

Factors Most Commonly Associated with Rebate-Related Disputes

Analysis consistently reveals the following factors as the most common causes of rebate disputes:

• Incorrect billing unit such as, using the number of milliliters in a vial as opposed to each to specify the entire contents of the vial

Note: This example is for illustrative purposes only. Some products are billed by ml and some by each vial.

- Provider data entry errors, including those involving decimal or fractional quantities
- Units billed exceeding what would be expected as being within a normal range for the product for example, the billed units appear inconsistent with what is normally dispensed quantity would be

• Charge amounts that suggest a generic might have been dispensed when a brand name National Drug Code (NDC) was submitted on the claim

Providers *are encouraged* to contact the Indiana POS/ Pro-DUR Help Desk at 1-877 -877-5182 if in the course of billing the Traditional Medicaid Program for dispensed drugs, there is a question on what constitutes the correct unit for that drug. All efforts to help minimize the number of manufacturer disputes are appreciated.

Please compare current billing practices to the indicated billing unit in the following tables to ensure consistency.

| Drug Product | Billing Unit |
|---|--------------|
| Oral Antibiotic Suspensions | ml |
| All Oral Inhalers | gm |
| Ointments and Creams | gm |
| Ativan Tubex Syringes | ml |
| Ready-To-Use IV Antibiotic Minibags | ml |
| Metamucil and Psyllium-like Products (Jar) | gm |
| Metamucil and Psyllium-like Products (Packet) | ea |
| Birth Control Pills | ea (tablet) |
| Glucagon F 1 mg Emergency Kit | ea (kit) |
| Rocephin 10 gm Vial | ea |
| Norplant System | ea (kit) |

Table 1.2 contains a list of specific drug products and the correct billing unit.

| Description | Billing Unit |
|-----------------------------------|--------------|
| 2% Xylocaine Viscous Solution | ml |
| Acetic Acid 5% Solution | ml |
| Aerobid M Adapter | gm |
| Albuterol .83 mg/ml Solution | ml |
| Albuterol 5 mg/ml Solution | ml |
| Albuterol Sulfate 2 mg/5 ml Syrup | ml |
| Amicar Syrup 25% | ml |

Most Common Billing Unit Discrepancies That Result in Manufacturer Drug Rebate Disputes February 10, 2000

BT200001

| Description | Billing Unit |
|------------------------------------|--------------|
| Amoxicillin 125 mg/5 ml Suspension | ml |
| Amoxicillin 250 mg/5 ml Suspension | ml |
| Ampicillin 250 mg/5 ml Suspension | ml |
| Anusol Ointment | gm |
| Anusol Suppository | ea |
| Artificial Tears Drops | ml |
| Ativan 2 mg/ml Tubex Syringe | ml |
| Ativan 2 mg/ml Vial | ml |
| Atropine 1% Eye Drops | ml |
| Azmacort Inhaler | gm |
| Bacitracin 500U/gm Ointment | gm |
| Bacteriostatic Water Vial | ml |
| Betamethasone DP .05% Ointment | gm |
| Betamethasone VA .1% Ointment | gm |
| Bisocodyl 10 mg Suppository | ea |
| Catapres-TTS Patch | ea |
| Cefaclor Suspension | ml |
| Cleocin Phosphate 150 mg/ml Vial | ml |
| Clindamycin Ph 1% Solution | ml |
| Cliquinil Powder | gm |
| Clobetasol .05% Cream | gm |
| DDAVP 0.01 Solution | ml |
| DDAVP 4 mcg/ml Ampule | ml |
| DDAVP INJ 4 mcg/ml Vial | ml |
| Depo-Provera 100 mcg/ml Vial | ml |
| Dermabase Cream | gm |
| Desmopressin 0.1 mg/ml Solution | ml |
| Desmopressin AC 4 mcg/ml Vial | ml |
| Dexamethasone .5 mg/5 ml Elixir | ml |
| Dobutamine 500 mg/D5W 250 ml | ml |
| Duragesic 100 mcg/hr Patch | ea |
| Efudex 5% Cream | gm |

Table 1.2 – Disputed NDC Information

| Description | Billing Unit |
|--|--------------|
| Erythromycin Estolate 250 mg/5 ml Suspension | ml |
| Estradiol Powder | gm |
| FEIBA VH Immuno 400-800U Vial | ml |
| Floxin IV 4 mg/ml Mini Bag | ml |
| Fluocinolone .01% Solution | ml |
| Fluocinolone .025% Cream | gm |
| Fluocinonide 0.05% Ointment | gm |
| Fortaz ADD-Vantage Vial | ea |
| Furosemide 10 mg/ml Oral Solution | ml |
| Gammagard S/O .5 gm | ea |
| Gentamicin 0.1% Cream | gm |
| Gentamicin 0.1% Ointment | gm |
| Gentamicin 40 mg/ml Sryringe | ml |
| Gevabron-Liquid | ml |
| Glucagon F 1 mg Emergency Kit | ea |
| Gyne-Lotrimin 7 Day 100 mg | ea |
| Heparin Sodium 10 mU/ml Vial | ml |
| Herceptin 440 mg Vial | ea |
| Humalog | ml |
| Humulin R 500 U/ml Vial | ml |
| Hydrocortisone 1% Cream | gm |
| Hydrocortisone 2.5% Cream | gm |
| Hydrocortisone Powder | gm |
| Hydrocream Base | gm |
| Iletin II Pork Lente 100U/ml | ml |
| Imitrex 6 mg/.5 ml Syringe Kit | ea |
| Infergen 15 mcg/0.5 ml Vial | ml |
| Insulin N Beef 100U/ml Vial | ml |
| Intal Inhaler | gm |
| Intron A 6 mmU/ml Vial | ml |
| Keflex 250 mg/5 ml Oral Suspension | ml |
| Ketoprofen 75 mg Cap | ea |

Table 1.2 – Disputed NDC Information

Most Common Billing Unit Discrepancies That Result in Manufacturer Drug Rebate Disputes February 10, 2000

BT200001

| Description | Billing Unit |
|---------------------------------|--------------|
| Ketoprofen Crystalline Powder | gm |
| Lactulose 10 gm/15 ml Syrup | ml |
| Leucovorin Calcium 350 mg Vial | ea |
| Libirum 100 mg Ampule | ea |
| Lidex Cream .05% | gm |
| Lorabind 100 mg/5 ml Suspension | ml |
| Lorazepam .5 mg Tab | ea |
| M.V.I. 12 Combo Package | ea |
| Maalox Suspension | ml |
| Major Tears Drops | ml |
| Major Tears Eye Ointment | gm |
| Meperidine 25 mg/ml Tubex | ml |
| Metamucil Powder | gm |
| Metamucil Packet | ea |
| Metoclopramide 5 mg/5 ml Syrup | ea |
| Monistat-7 Cream | gm |
| Mycelex-7 1% Cream | gm |
| Mycelex-7 100 mg Vaginal Tab | gm |
| Mylanta Liquid | ml |
| NasalCrom 4% | ml |
| Neupogen 300 mcg/ml Vial | ml |
| Norplant System Kit | ea |
| Nordette-28 | ea |
| Norinyl 1+35-28 Tab | ea |
| Norinyl 1+50-28 Tab | ea |
| Novolin 70/30 | ml |
| Novolin N 100U/ml Cartridge | ml |
| Novoseven 1200 mcg Vial | ea |
| Novoseven 4800 mcg Vial | ea |
| Nystatin 150000000U Powder | gm |
| Nystatin Cream100000U/gm | gm |
| Omnicef 125 mg/5 ml Suspension | ml |

Table 1.2 – Disputed NDC Information

Description **Billing Unit** Opticrom 4% Eye Drops ml Ora-Sweet SF Syrup ml Ortho-Diaph.65 ea Ortho-Diaph.70 ea Ortho-Diaph.75 ea Ortho-Diaph.80 ea Ortho-Diaphragm Allflex 85 mm ea Pediapred 6.7 mg/5 ml Solution ml Penicillin VK 125 mg/5 ml Liquid ml Phenergan 25 mg/ml Ampule ml Phenergan 25 mg/ml Tubex Syringe ml Phenobarbital 20 mg/5 ml Elixir ml Phospholine Iodide .25% ml Pilocarpine 4% Eye Drops ml Poly-Vi-Sol ea Potassium Chloride 10% Liquid ml Premarin Vaginal Cream Refill gm Premarin Vaginal Cream w/Applicator gm Prochlorpoerazine 5 mg/ml Vial ml Progesterone Powder Micronized gm ml Promethazine 25 mg/ml Ampule Promethazine 50 mg/ml Ampule ml ml Promethazine 6.25 mg/5 ml syrup Promethazine VC Syrup ml Promethazine w/Codeine Syrup ml ml Propine .1% Eye Drops Pulmozyme 1 mg/ml Ampule ml Recombinate 801-1240AHFU Vial ea Robinul .2 mg/ml Vial ml Sandostatin .2 mg/ml Vial ml Silver Sulfadiazine 1% Cream gm Sodium Bicarbonate 8.4% Vial ml

Table 1.2 – Disputed NDC Information

| Description | Billing Unit |
|------------------------------------|--------------|
| Sodium Chloride 0.9% Ampule | ml |
| Sulfamethoxazole w/TMP Ssuspension | ml |
| Sulfamide 10% Eye Drops | ml |
| Synvisc-Syringe | ml |
| Tazidime 2 gm Vial | ea |
| Testosterone Powder | gm |
| Testosterone Propionate Powder | gm |
| Theophylline 80 mg/15 ml Elixir | ml |
| Thera Liquid | ml |
| Tilade Inhaler | gm |
| Timentin 3.1 gm/100 ml RTU | ml |
| Timoptic .5% Eye Drops | ml |
| Torecan 5 mg/ml Ampule | ml |
| Transderm-Nitro .8 mg/hr | ea |
| Transderm-Scop 1.5 mg/72 hr | ea |
| Tri-Norinyl 21 Tab | ea |
| Tri-Norinyl 28 Tab | ea |
| Tussionex Pennkinetic Suspension | ml |
| Ty-Pap w/Codeine Elixir | ml |
| Valisone .01% Cream | gm |
| Valproic Acid 250 mg/5 mg Syrup | ml |
| Vancocin HCl 1 gm Solution | ml |
| Vasolate-HC Ear Drops | ml |
| Ventolin 90 Inhaler | gm |
| Vivelle .1 mg Patch | ea |
| Vivelle .075 mg Patch | ea |
| Xalatan 0.005% | ml |
| Zosyn 3/0.375G Pre-Mix Bag | ml |
| Zosyn 4/0.5G Pre-Mix Bag | ml |

Table 1.2 - Disputed NDC Information