


PROVIDER BULLETIN

REVISED 04/18/2018

 AETNA BETTER HEALTH® OF FLORIDA 1340 Concord Terrace Sunrise FL, 33323 www.aetnabetterhealth.com/florida	Original Date:	<u>January 29, 2018</u>
	Purpose:	Provider Bulletin: National Drug Code (NDC)
	Subject:	Billing requirements for drug services
	Products:	MMA, LTC, HK
	From:	<u>Provider Relations - Medicaid</u>

Dear Provider,

The purpose of this notice is to remind all providers the importance of billing correct codes and modifiers to process claims accurately and timely. Aetna has been experiencing a higher volume of incorrect billing due to NDC codes.

Please review the attached document with detailed and specific information of the HCPCS codes and what is required by the National Drug Code (NDC).

We appreciate your continued service to our members. Please feel free to contact us via e-mail FLMedicaidProviderRelations@aetna.com, fax **1-844-235-1340** or speak to a Provider Relations Representative: (MMA) **1-800-441-5501**, (LTC) **1-844-645-7371**, or (FHK) **1-844-528-5815**.

Sincerely,

Provider Relations Department

www.aetnabetterhealth.com/florida

FL-17-01-20

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NOTICE TO RECIPIENT(S) OF INFORMATION: Information disclosed to you pertaining to alcohol or drug abuse treatment is protected by federal confidentiality rules (42 CFR Part 2), which prohibit any further disclosure of this information by you without express written consent of the person to whom it pertains of as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

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HCPCS Codes for Drugs and National Drug Code (NDC) requirements:

Providers who bill HCPCS codes for drugs must enter identifier N4, the eleven-digit NDC code, Unit Qualifier, and number of units from the package of the dispensed drug in the shaded area of item 24. Begin entering the information above 24 A. Do not enter a space, hyphen, or other separator between N4, the NDC code, Unit Qualifier, and number of units.

The NDC is required on claims for drugs, including Medicare-Medicaid crossover claims for drugs. See Chapter 4 in the Florida Medicaid Provider General Handbook for instructions for crossover claims for J3490, Unclassified Drugs, and J9999, Not Otherwise Assigned, Antineoplastic Drugs.

Florida Medicaid will only reimburse for drugs for which the manufacturer has a federal rebate agreement per Section 1927 of the federal Social Security Act [42 U.S.C. 1396r-8].

The current list of manufacturers who have drug rebate agreements is available on AHCA's website at <http://ahca.myflorida.com>.

Click on: Medicaid, scroll down to —What is occurring in Medicaid, ¶ and then click on —Current List of Drug Rebate Manufacturers.

The NDC must be entered with 11 digits in a 5-4-2 digit format. The first five digits of the NDC are the manufacturer's labeler code, the middle four digits are the product code, and **the last two digits are the package size.**

Note: Aetna Better Health recommends using the NDC number on the box (outer packaging) if the medication comes in a box with multiple vials.

If you are given an NDC that is less than 11 digits, add the missing digits as follows:

- For a 4-4-2 digit number, add a 0 to the beginning
- For a 5-3-2 digit number, add a 0 as the sixth digit.
- For a 5-4-1 digit number, add a 0 as the tenth digit.

Enter the Unit Qualifier and the actual metric decimal quantity (units) administered to the patient. If reporting a fraction of a unit, use the decimal point.

The Unit Qualifiers are:

- F2 – International Unit
- GR – Gram
- ML – Milliliter
- UN – Unit