

OCTOBER 2021

KMAP GENERAL BULLETIN 21164

UPDATED – Enteral Product and Physician Administered Drug Billing Guidance

Effective September 1, 2021, and upon publication of this policy addendum, an Enteral Product Supplemental Billing Form is required and should be submitted along with the product invoice. **The Enteral Product Supplemental Billing Form can be found [here](#).** Additionally, the requirement by Centers for Medicare and Medicaid Services (CMS) to collect drug rebates means drug specific information must be included on **physician administered drug (PAD) claims.**

Enteral product and PAD billing guidance is included in this provider bulletin to help with processing a clean claim.

Providers billing for PADs in an office or outpatient setting using a PAD procedure code must include the following:

- NDC - Each PAD detail must include a valid NDC that reflects the content of the PAD billed. If a compounded procedure code, use the same Compound/Linkage number for each detail. Each NDC must be an 11-digit code unique to the manufacturer in a 5-4-2 format (99999-9999-99). Refer to the NDC 11-Digit Format Information section for a detailed explanation regarding converting NDCs to the correct 11-digit format.
- National drug unit count (quantity) for each submitted NDC (up to three digits to the right of the decimal point are available).
- Unit of measurement for each submitted NDC.

NOTE: The State strongly recommends providers use the bolded values to lessen the chance of a drug rebate dispute.

Valid codes include:

- **UN (unit)**
- **GR (gram)**
- **ML (milliliter)**
- F2 (international unit)
- ME (milligram)
- Drug unit price greater than zero for each submitted NDC (price per unit, not total dollar amount for the NDC). Submit a value of \$0.00 if not known.
- Compound/Linkage Number is required for a compounded procedure code. Use the same compound/linkage number when the procedure code is made up of more than one unique NDC-11, or when different procedure codes are compounded with multiple different NDC-11s.

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UPDATED - Physician Administered Drug Billing Guidance continued

Note: For specific compounded examples, such as Total Parenteral Nutrition (TPN) examples, see the ‘Parenteral Examples’ in the 7010 section of the *DME/Medical Supply Dealer Fee-for-Service Manual* and the 7010 section of the *Pharmacy Fee-for-Service Manual*.

The fields listed above are available for users of the:

- Batch 837 health care claim and encounter transactions (professional and institutional)
- Provider Electronic Solutions (PES) application
- Kansas Medical Assistance Program (KMAP) Portal
- Paper claims via billing guidance or use of a KMAP form titled “NDC Detail Attachment” can be filled out and attached to the paper claim available in the Forms section of the KMAP website.

Note: If submitting a compounded procedure code, use the 837, PES, or KMAP portal to submit these claims until further notice.

NDC 11-digit Format Information

Most NDCs are printed on prescription packaging in a 10-digit format. Proper NDC billing requires an 11-digit format. Converting NDCs from a 10 to an 11-digit format requires the placement of an extra zero, dependent upon the 10-digit format. The following table shows common 10-digit NDC formats and the associated conversion to an 11-digit format with the proper placement of a zero.

10-Digit Format	10-Digit Format Example	11-Digit Format	11-Digit Format Example	Actual 10-Digit NDC Example	11-Digit Converted NDC Example
4-4-2	9999-9999-99	5-4-2	09999-9999-99	0002-7635-11 Zyprexa Relprevv™ 210mg vial	00002-7635-11
5-3-2	99999-999-99	5-4-2	99999-0999-99	65757-402-03 Aristada® 662 mg syringe	65757-0402-03
5-4-1	99999-9999-9	5-4-2	99999-9999-09	60574-4114-1 Synagis® 50mg vial	60574-4114-01

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Drug Rebate Impact

On a quarterly basis, drug manufacturers are invoiced for covered outpatient drug (COD) NDC utilization. Drug manufacturers can pay or dispute any of the utilization. There are several reasons why a dispute may be initiated. The following are the most common reasons for a dispute:

- Wrong unit of measure
- Units/quantity appear inconsistent
- Generic substitution
- Invalid/terminated NDC

Once a manufacturer has disputed a drug, the plan payer is required to gather all the documents that verify the actual NDC and the units dispensed. If this occurs, providers may receive a letter or phone call requesting a copy of office records to include documentation pertaining to the billed procedure code. Requested records may include NDC invoices showing purchase of drugs and documentation showing what drug (NDC-11, name, strength, and amount) was administered and on what date, to the member in question. Providers should have processes in place to record and maintain the NDC administered to the member and the amount given.

PAD Claim Edits to Support Rebate-Eligible Data

Claims editing is in place to support rebate-eligible PAD NDC-11 use. Claim details may be rejected for some of the following drug rebate-related reasons:

- If an NDC is submitted with a CMS Termination Date in effect for the service dates, the HCPCS detail will be denied. A CMS Termination Date indicates the product has been discontinued. This occurs if the product is being replaced, discontinued (the shelf life expiration of the last batch sold), or pulled from the market because of health or safety reasons.
- If an NDC is submitted with a Drug Efficacy Study Implementation (DESI) value indicating it is less than effective for all indications or is less than effective and has been withdrawn from the market, the HCPCS detail will be denied.
- If an NDC is submitted, whose manufacturer or labeler does not have a rebate agreement with CMS in effect for the service dates, or the NDC is not rebate-eligible, the HCPCS detail will be denied.

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- If an NDC is submitted that does not match the HCPCS being billed, the HCPCS detail will be denied. For example, HCPCS J2175 (injection, meperidine hydrochloride, per 100 mg) is billed, but an NDC for morphine is submitted.

Tools to Assist Providers

There is an interactive Reference Codes (Search by Procedure) page on the KMAP website. Providers can input a procedure code. If coverage information is displayed, the provider can input a valid NDC-11 in the 'Related NDCs' section and press 'Search'. If the NDC-11 is a valid rebate eligible NDC for the procedure code, a positive message will be given. If the NDC-11 is not valid for the procedure code, an explanatory message will be given.

Response examples:

- NDC XXXXXXXXXXXX is valid for procedure XXXXX.
- NDC XXXXXXXXXXXX is valid for procedure XXXXX, but the manufacturer is not participating in the drug rebate program on the date of service.
- NDC XXXXXXXXXXXX is not valid for procedure XXXXX, and the manufacturer is not participating in the drug rebate program on the date of service.
- Other messages may be returned depending on the procedure code and NDC combination entered.

To further assist providers with the proper NDC billing for not otherwise classified/not otherwise specified (NOC/NOS) procedure codes, a crosswalk is available on the Kansas Department of Health and Environment (KDHE) website [here](#) under 'Billing Information.' This crosswalk mostly has newly approved Food and Drug Administration (FDA) drugs that require the use of an NOC/NOS code due to lack of a pure procedure code. The crosswalk will be updated quarterly.

Website Information

KMAP: <https://www.kmap-state-ks.us/>

- Provider
 - Secured web claim submissions
 - Forms, such as the *NDC Detail Attachment*, sample claim forms and instructions, or the *Request for Review – NDC-HCPCS or CPT Crosswalk* (for pure and NOC/NOS crosswalk inquiries)

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- Reference code look-up tools – Search by Procedure (Search by NDC is specific for retail pharmacy claims and not professional/outpatient claims)
- Manuals and bulletins
- Electronic Data Interchange (EDI)
 - KMAP secured site
 - PES
 - Health Insurance Portability and Accountability Act (HIPAA) Companion Guides for KMAP, including the 837 Institutional and 837 Professional

KDHE-DHCF Pharmacy:

<https://www.kdheks.gov/hcf/pharmacy/default.htm>

- Billing Information
- Clinical Program Information
- Prior Authorization Information

CMS Medicaid Drug Rebate Program:

<https://www.medicaid.gov/medicaid/prescription-drugs/medicaid-drug-rebate-program/index.html>

- New, reinstated, and terminated labeler information

National Uniform Claim Committee (NUCC): <https://www.nucc.org/>

- NUCC Structure
- 1500 Claim Form
- Code Sets

Please see the Parenteral examples on the following page.

Note: The effective date of the policy is September 1, 2021.

The implementation of State policy by the KanCare Managed Care Organizations (MCOs) may vary from the date noted in the Kansas Medical Assistance Program (KMAP) bulletins. The **KanCare Open Claims Resolution Log** on the KMAP [Bulletins](#) page documents the MCO system status for policy implementation and any associated reprocessing completion dates, once the policy is implemented.

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Parenteral Examples

The following examples are provided to assist providers with proper billing of physician administered drugs (PADs) including the NDC-related fields and single NDC or multiple NDC (compounded) PADs.

NOTE: Rebate-eligible NDCs must be used when billing PADs. All examples include active NDCs in the Medicaid Drug Rebate Program (MDRP) that meet the definition of a covered outpatient drug at the time the examples were drafted (April 2021).

Synagis® Examples:

F/TDOS: Same for all details in single example

HCPCS: 90378>Respiratory Syncytial Virus, monoclonal antibody, recombinant, for IM use, 50 mg each

NDC: 60574411301> Synagis® 100 mg/ml vial

NDC: 60574411401> Synagis® 50 mg/0.5 ml vial

Example: Same NDC-11 makes up the HCPCS dose.

Dose Ordered: 100 MG IM

NDC(s) Administered: 60574411301 x 1

Detail #	HCPCS	HCPCS Units	NDC	NDC UOM	NDC Units	NDC Price	Compound/Linkage Number
1	90378	2	60574411301	ML	1.000	3500.00	11111

Dose Ordered: 100 MG IM

NDC(s) Administered: 60574411401 x 2

Detail #	HCPCS	HCPCS Units	NDC	NDC UOM	NDC Units	NDC Price	Compound/Linkage Number
1	90378	2	60574411401	ML	1.000	3500.00	11112

Dose Ordered: 150 MG IM

NDC(s) Administered: 60574411401 x 3

Detail #	HCPCS	HCPCS Units	NDC	NDC UOM	NDC Units	NDC Price	Compound/Linkage Number
1	90378	3	60574411401	ML	1.500	6000.00	11113

Example: Different NDC-11s make up the HCPCS dose.

Dose Ordered: 100 MG IM

NDC(s) Administered: 60574411301 x 1 and 60574411401 x 1

Detail #	HCPCS	HCPCS Units	NDC	NDC UOM	NDC Units	NDC Price	Compound/Linkage Number
1	90378	2	60574411301	ML	1.000	3500.00	11114
2	90378	1	60574411401	ML	1.500	2000.00	11114

Use the same Compound/Linkage number for two or more details that make up a HCPCS dose to avoid duplicate errors.

Total Parenteral Nutrition Examples

B4193 - Parenteral Nutrition Solution; Compounded Amino Acid and Carbohydrates with Electrolytes, Trace Elements, and Vitamins, Including Preparation, Any Strength, 52 to 73 grams of protein – premix

NDC	NDC Description	Ingredient	Amount/Day (1 HCPCS)	ML/Day (1 HCPCS)	ML/Week (7 HCPCS)
00264901055	Freamine III (AA 10%)	AA (10%)	60 gm	600	4200.00
00338071906	D70W	Dextrose 70%	200 gm	285.71	1999.97
00409488750	Water for Injection	Water for Injection	317.85 ml	321.29	2249.03
63323064250	MgSo4 IV 4 MEQ/ML Vial	MgSO4	20 mEq	5	35.00
00409329451	K Acetate IV 2 MEQ/ML Vial	K Acetate	40 mEq	20	140.00
00409665305	KCl IV 2 MEQ/ML Vial	KCl	15 mEq	7.5	52.50
00409114112	NaCl IV 4 MEQ/ML Vial	NaCl	92mEq	23	161.00
00409739172	NaPO4 IV 3 Mmol/ML Vial	NaPO4	15 mM	5	35.00
63323036059	CaGl IV 100MG/ML Vial	Ca Gluconate	10 mEq	21.5	150.50
00517620225	Multitrace-4	MTE	1 ml	1	7.00
61703043401	M.V.I. Adult	MTV	10 ml	10	70.00
Totals				1300	9100.00

B4189 - Parenteral Nutrition Solution; Compounded Amino Acid and carbohydrates with electrolyts, trace elements, and vitamins, including preparation, any strength, 10-51 grams of protein - premix

NDC	NDC Description	Ingredient	Amount/Day (1 HCPCS)	ML/Day (1 HCPCS)	ML/Week (7 HCPCS)
00264901055	Freamine III (AA 10%)	AA (10%)	50 gm	500	3500.00
00338071906	D70W	Dextrose 70%	200 gm	285.71	1999.97
00409488750	Water for Injection	Water for Injection	317.85 ml	421.29	2949.03
63323064250	MgSo4 IV 4 MEQ/ML Vial	MgSO4	20 mEq	5	35.00
00409329451	K Acetate IV 2 MEQ/ML Vial	K Acetate	40 mEq	20	140.00
00409665305	KCl IV 2 MEQ/ML Vial	KCl	15 mEq	7.5	52.50
00409114112	NaCl IV 4 MEQ/ML Vial	NaCl	92 mEq	23	161.00
00409739172	NaPO4 IV 3Mmol/ML Vial	NaPO4	15 mM	5	35.00
63323036059	CaGl IV 100MG/ML Vial	Ca Gluconate	10 mEq	21.5	150.50
00517620225	Multitrace-4	MTE	1 ml	1	7.00
61703043401	M.V.I. Adult	MTV	10 ml	10	70.00
Totals				1300	9100.00

B4185 - Parenteral Nutriton Solution, Not Otherwise Specified, 10 Grams Lipids

00338051913	Intralipid 20%	Lipids 20%	40 gm	200	1400.00
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Procedure Code HCPCS Detail Unit Splitting Examples Using First TPN Example

Detail #	HCPCS	HCPCS Units	NDC	NDC UOM	NDC Units	NDC Price	Compound or Linkage Number
1	B4193	X	00264901055	ML	4200.000	2400.00	12345
2	B4193	X	00338071906	ML	1999.970	300.00	12345
3	B4193	X	00409488750	ML	2249.030	100.00	12345
4	B4193	X	63323064250	ML	35.000	12.50	12345
5	B4193	X	00409329451	ML	140.00	4.50	12345
6	B4193	X	00409665305	ML	52.500	0.45	12345
7	B4193	X	00409114112	ML	161.000	1.20	12345
8	B4193	X	00409739172	ML	35.000	2.25	12345
9	B4193	X	63323036059	ML	150.500	3.24	12345
10	B4193	X	00517620225	ML	7.000	60.00	12345
11	B4193	X	61703043401	ML	70.000	120.00	12345
Totals		7.000			9100.00	3003.14	

X - Provider determines detail HCPCS units based on one of the following:

- Ratio of total NDC units
- Ratio of total cost
- Ratio of ingredient count
- Ratio of amino acids (AA)/Dextrose (DEX)/Other as a 40%-20%-20%-20%

Ratio of Total NDC Units		Ratio of Total Cost		Ratio of Ingredient Count		Ratio AA/Dex/W/Other (40/20/20/20)		
HCPCS Units	NDC Units	HCPCS Units	NDC Price	HCPCS Units	Detail	HCPCS	NDC	Ratio
3.231	4200.000	5.594	2400.00	0.636	1	2.800	Amino Acid	40%
1.538	1999.970	0.699	300.00	0.636	2	1.400	Dextrose	20%
1.730	2249.030	0.233	100.00	0.636	3	1.400	Water	20%
0.027	35.000	0.029	12.50	0.636	4	0.175	Other	20% for 8 other ingredients
0.108	140.000	0.010	4.50	0.636	5	0.175	Other	
0.040	52.500	0.001	0.45	0.636	6	0.175	Other	
0.124	161.000	0.000	0.20	0.636	7	0.175	Other	
0.027	35.00	0.005	2.25	0.636	8	0.175	Other	
0.116	150.500	0.008	3.24	0.636	9	0.175	Other	
0.005	7.000	0.140	60.00	0.636	10	0.175	Other	
0.054	70.000	0.280	120.00	0.636	11	0.175	Other	
7.000		7.000		7.000		7.000		