NEMS-MSO BULLETIN

The latest updates for NEMS Medical Group!

We hope everyone is staying well and healthy!

NATIONAL DRUG CODE (NDC) BILLING REQUIREMENTS

Effective July 1, 2021, all electronic and paper claims for drug-related services (including service listed in Medicare Part B), including injections and vaccines, must include the National Drug Code (NDC). Commonly billed drug-related services that require a valid NDC code includes: J-codes (J0001 to J9999), drug-related Q codes, drug-related S codes, and drug-related A codes. **NOTE: Claims without the appropriate coding information may be rejected or denied.**

Claims with drug-related service(s) must include the following to be accepted:

- a valid National Drug Code (NDC)
- the corresponding HCPCS or CPT code
- the quantity rendered
- the unit of measure (UOM)

For more details, please refer to the following documents:

1. The full list of drug-related service codes and the NDC-HCPCS crosswalk may be downloaded from the CMS website linked here: [https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Part-B-Drugs/McrPartBDrugAvgSalesPrice](https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Part-B-Drugs/McrPartBDrugAvgSalesPrice).
2. Refer to the enclosed two-page 2021 NEMS NDC Memorandum.

If you have any questions, please do not hesitate to reach out to NEMS Provider Relations by email at provider.relations@nems.org or by phone at 415-352-5186 option 3.

UPDATE TO PRIOR AUTHORIZATION

As a reminder, during the COVID-19 pandemic, NEMS Management Services Organization (NEMS MSO) is making changes to simplify the authorization process. **NEMS MSO will not require prior authorization (PA) for initial consultation and follow-up visits at an in-network specialist’s office.** Primary Care Providers can refer NEMS members directly to an in-network specialist without an authorization. Please visit the NEMS MSO website at [https://www.nems.org/mso/forms.html](https://www.nems.org/mso/forms.html) for the most updated list of in-network specialists.

While we are waiving the PA requirement for initial consultation and follow-up office visits for in-network specialists, we are still requiring PA for tests and procedures regardless if they are performed in office or at a facility. A list of services requiring PA is available at the NEMS MSO website at [https://www.nems.org/mso/forms.html](https://www.nems.org/mso/forms.html).

If you have any questions or would like to provide updates/news to future newsletters, please feel free to contact NEMS Provider Relations at provider.relations@nems.org.
Specialists can obtain PA for tests and procedures directly from the NEMS MSO Utilization Management (UM) team without having to contact the PCP for a new referral. Specialists may submit a PA request via the NEMS MSO Provider Portal. If you would like access to the provider portal, please contact NEMS Provider Relations at (415) 352-5186, option 3. Alternatively, specialists can submit an authorization request via fax by filling out the Treatment Authorization Request (TAR) Form and fax to NEMS MSO at (415) 398-2895. A copy of the TAR form is enclosed and can be downloaded at:

https://www.nems.org/mso/forms/NEMS_MSO_Treatment_Authorization_Form.pdf

If you have any questions, you may contact the NEMS MSO UM team at 415-352-5186, option 1.

MSO CORNER

UTILIZATION MANAGEMENT (UM)

UM Affirmative Statement: Decision to approve or deny a service is based only on appropriateness of care, service, and existence of coverage. NEMS does not reward practitioners or other individuals for issuing denials of coverage or service care. Financial incentives for decision makers do not encourage decisions that result in underutilization. Members and providers may request a copy of the policies, procedures, and criteria used to decide for a specific procedure or condition by contacting NEMS UM at 1(415) 352-5186, option 1.

UM Staff Availability: NEMS UM staff is available to members and providers during regular business hours (Monday through Friday, 8:00am - 5:30pm) to discuss UM issues, including denial decisions, request a copy of the policies, procedures, and UM criteria, by calling 1(415) 352-5186, option 1. TTY services 1(800) 735-2929 is available for the hearing impaired. NEMS provides language assistance for members whose primary language is not English. After normal business hours, UM staff can receive secure voicemail, fax, and email. Our fax number is 1(415)-398-2895. Messages received are returned within one business day. Our staff is identified by name, title and organization name when initiating or returning calls regarding UM issues.

UM Prior Authorizations: As a reminder, all requests for Prior Authorization (PA) must be sent to NEMS MSO by fax to 1(415) 398-2895 to include all supporting clinical documentation/medical records to assist NEMS MSO's clinical reviewers with determining whether the request meet NEMS MSO criteria coverage. Visit our NEMS MSO Provider Portal to submit Treatment Authorization Requests (TARs) online for faster determination. Visit the NEMS MSO website https://www.nems.org/mso/providerportal.html for additional information on how to create an account for the NEMS MSO Provider Portal.
DATE: May 3, 2021

TO: All Vendors and Providers

FROM: NEMS MSO

RE: CLAIMS – National Drug Code (NDC) Billing Requirements

Effective July 1, 2021, all electronic and paper claims for drug-related services, including injections and vaccines, must include the National Drug Code (NDC).

Claims with drug-related service(s) must include the following to be accepted:

- a valid National Drug Code (NDC)
- the corresponding HCPCS or CPT code
- the quantity rendered
- the unit of measure (UOM)

Claims without the appropriate coding information may be rejected or denied.

Which services need to be billed with a National Drug Code (NDC)?

All drug-related services listed in the Medicare Part B drug list require a valid NDC. The full list of drug-related service codes and the NDC-HCPCS crosswalk may be downloaded from the CMS website linked here: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Part-B-Drugs/McrPartBDrugAvgSalesPrice

Commonly billed drug-related services that require a valid NDC code includes all vaccines listed below, J-codes (J0001 to J9999), drug-related Q codes, drug-related S codes, and drug-related A codes:

<table>
<thead>
<tr>
<th>HCPCS Code</th>
<th>Description</th>
<th>HCPCS Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>90653</td>
<td>liv adjuvant vaccine im</td>
<td>90739</td>
<td>Hepb vacc 2 dose adult im</td>
</tr>
<tr>
<td>90662</td>
<td>liv no prsv increased ag im</td>
<td>90740</td>
<td>Hepb vacc 3 dose immunsup im</td>
</tr>
<tr>
<td>90670</td>
<td>Pcv13 vaccine im</td>
<td>90744</td>
<td>Hepb vacc 3 dose ped/adol im</td>
</tr>
<tr>
<td>90672</td>
<td>Laiv4 vaccine intranasal</td>
<td>90746</td>
<td>Hepb vaccine 3 dose adult im</td>
</tr>
<tr>
<td>90674</td>
<td>Cciiv4 vac no prsv 0.5 ml im</td>
<td>90747</td>
<td>Hepb vacc 4 dose immunsup im</td>
</tr>
<tr>
<td>90675</td>
<td>Rabies vaccine im</td>
<td>90756</td>
<td>Cciiv4 vacc abx free im</td>
</tr>
<tr>
<td>90682</td>
<td>Riv4 vacc recombinant dna im</td>
<td>A9575</td>
<td>Inj gadoterate meglumi 0.1ml</td>
</tr>
<tr>
<td>90685</td>
<td>liv4 vacc no prsv 0.25 ml im</td>
<td>A9576</td>
<td>Inj prohance multipack</td>
</tr>
<tr>
<td>90686</td>
<td>liv4 vacc no prsv 0.5 ml im</td>
<td>A9577</td>
<td>Inj multihance</td>
</tr>
<tr>
<td>90687</td>
<td>liv4 vaccine splt 0.25 ml im</td>
<td>A9578</td>
<td>Inj multihance multipack</td>
</tr>
<tr>
<td>90688</td>
<td>liv4 vaccine splt 0.5 ml im</td>
<td>A9579</td>
<td>Gad-base mr contrast nos,1ml</td>
</tr>
<tr>
<td>90694</td>
<td>Vacc AllIV4 no prsv 0.5ML IM</td>
<td>A9581</td>
<td>Gadoxetate disodium inj</td>
</tr>
<tr>
<td>90714</td>
<td>Td vacc no presv 7 yrs+ im</td>
<td>A9585</td>
<td>Gadobutrol injection</td>
</tr>
<tr>
<td>90715</td>
<td>Tdap vaccine 7 yrs/&gt; im</td>
<td>A9589</td>
<td>Insti hexaminolevulinate hcl</td>
</tr>
<tr>
<td>90732</td>
<td>Ppsv23 vacc 2 yrs+ subq/im</td>
<td>A9606</td>
<td>Radium ra223 dichloride ther</td>
</tr>
</tbody>
</table>
Frequently Asked Questions

What is an NDC and where do you find it?

The NDC is a unique 11-digit number assigned to drugs by a drug manufacturer. It is the industry standard identifier for drugs and the NDC provides full transparency of the medication administered. It is usually found on the drug label or outer packaging of the medication. Please note that the NDC number on the packaging may contain asterisks to represent leading zeroes.

Why does the NDC have to be included on claims with drug-related services?

NDCs on medical claims helps facilitate a more accurate reimbursement and better management of drug costs based on what was administered and billed.

Where do I input the NDC number on the claim?

On the CMS 1500 paper claim form, input the NDC information in field 24 in the shaded region above the service dates. When entering NDC data into this field, add the information in the following order:

- “N4” qualifier
- 11-digit NDC code
- Add a space
- Two-character unit of measure and the quantity

Example:

<table>
<thead>
<tr>
<th>Place</th>
<th>Character</th>
<th>11-Digit NDC Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>N4</td>
<td>05012105012111</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For more information on inputting claims data onto the paper claim form, please refer to the [1500 Claim Form Reference Instruction Manual](#) from the National Uniform Claim Committee (NUCC).

If you have any questions, please do not hesitate to reach out to NEMS Provider Relations by email at provider.relations@nems.org or by phone at 415-352-5186 option 3.