



## 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>.
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](mailto: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> 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>.

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](mailto:provider.relations@nems.org).

**May 2021**  
**TOPICS**

1. NDC Billing Requirements
2. Update to Prior Authorization
3. MSO CORNER



**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\\_MS0\\_Treatment\\_Authorization\\_Form.pdf](https://www.nems.org/mso/forms/NEMS_MS0_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:

HCPCS Code	Description
90653	liv adjuvant vaccine im
90662	liv no prsv increased ag im
90670	Pcv13 vaccine im
90672	Laiv4 vaccine intranasal
90674	Cciiv4 vac no prsv 0.5 ml im
90675	Rabies vaccine im
90682	Riv4 vacc recombinant dna im
90685	liv4 vacc no prsv 0.25 ml im
90686	liv4 vacc no prsv 0.5 ml im
90687	liv4 vaccine splt 0.25 ml im
90688	liv4 vaccine splt 0.5 ml im
90694	Vacc AIIV4 no prsv 0.5ML IM
90714	Td vacc no presv 7 yrs+ im
90715	Tdap vaccine 7 yrs/> im
90732	Ppsv23 vacc 2 yrs+ subq/im

HCPCS Code	Description
90739	Hepb vacc 2 dose adult im
90740	Hepb vacc 3 dose immunsup im
90744	Hepb vacc 3 dose ped/adol im
90746	Hepb vaccine 3 dose adult im
90747	Hepb vacc 4 dose immunsup im
90756	Cciiv4 vacc abx free im
A9575	Inj gadoterate meglumi 0.1ml
A9576	Inj prohance multipack
A9577	Inj multihance
A9578	Inj multihance multipack
A9579	Gad-base mr contrast nos, 1ml
A9581	Gadoxetate disodium inj
A9585	Gadobutrol injection
A9589	Insti hexaminolevulinate hcl
A9606	Radium ra223 dichloride ther



## 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:

24. A.	DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES			E. DIAGNOSIS PCINTER	F. \$ CHARGES	G. DRUG OR UNITS	H. END PTILITY Rpt	I. ID. QUAL	J. RENDERING PROVIDER ID. #
	From MM	DD	YY	To MM	DD	YY			(Explain Unusual Circumstances)	CPT/HCPCS	MODIFIER						
1	N4	50242091701	UN42						J9022			A	15.00	42		ZZ	207RX0202X
2	05	01	21	05	01	21	11									NPI	1234567890
																NPI	

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](mailto:provider.relations@nems.org) or by phone at 415-352-5186 option 3.