Provider *Insider*

Alabama Medicaid Bulletin **July 2008**

The checkwrite schedule is as follows:

07/25/08 08/8/08 08/22/08 09/05/08 09/12/08

As always, the release of direct deposits and checks depends on the availability of funds.

Medicaid to Begin Accepting NDCs on Certain Administered Drugs

In compliance with the Deficit Reduction Act, effective July 1, 2008, Medicaid will begin accepting NDCs (National Drug Codes) on CMS-1500 and UB-04 claims for the top 20 physician-administered multiple source drugs for dates of service July 1, 2008, and thereafter. The top 20 physician-administered multiple source drugs that REQUIRE a NDC code are listed beginning on page 4. The list contains the HCPCS Code, description, HCPCS dosage, drug name, NDC, and labeler name. This requirement is for both straight Medicaid claims and Medicare/Medicaid crossover claims.

Providers classified by CMS as a 340B provider are not required to submit the NDC. Only a few providers are impacted by this classification.

Medicaid will provide a grace period to allow providers sufficient time to acclimate to the change. All providers may begin sending NDC information with the HCPCS procedure code on July 1, 2008. Medicaid will validate the data and will set an informational denial code, but will NOT deny the claim during this grace period.

Effective for dates of service August 1, 2008, the NDC numbers will be mandatory for claims processing and payment for CMS-1500 claims.

Effective for dates of service September 1, 2008, the NDC numbers will be mandatory for claims processing and payment for UB-04 claims. Inpatient hospital claims are exempt from this requirement; however, outpatient claims will require the use of the NDC number on the claim.

If you receive an informational denial code during the grace period, you must take action to prevent your claim from denying once the NDC is mandated.

See page 11 for a listing of the denial codes associated with the NDC requirement.

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Pass It On!

Everyone needs to know the latest about Medicaid. Be sure to route this to:

- ❒ *Office Manager*
- ❒ *Billing Dept.*
- ❒ *Medical/Clinical Professionals*
- ❒ *Other _____*

Instructions for Adding NDC Codes to Required Medicaid Forms

1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

CMS-1500 Instructions

Using the supplemental information in Item Number 24D, enter the identifier "N4" and the 11-digit NDC code. The identifier N4 tells the computer the following supplemental information is a NDC.

Do not enter a space between the identifier and the NDC.

Do not enter hyphens or spaces within the NDC.

This example demonstrates how the data are to be entered into the fields and is not meant to provide direction on how to code for certain services.

24. A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	DIA PC
1 07	01	08	07	01	08	11	0	J9265	N4 55390031420	
2										

ID Code Qualifier

11-Digit NDC

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

NUCC Instruction Manual available at: www.nucc.org

APPROVED OMB-0938-0999 FORM CMS-1500 (08-05)

Instructions for Adding NDC Codes to Required Medicaid Forms

UB-04 Instructions

In Form Locator 43 (Description), enter the "N4" qualifier in the first two (2) positions, left justified; followed immediately by the 11 character NDC number (no hyphens). The identifier "N4" tells the computer the following supplemental information is a NDC.

Do not enter a space between the identifier and the NDC.

Do not enter hyphens or spaces within the NDC.

This example demonstrates how the data are to be entered into the fields and is not meant to provide direction on how to code for certain services.

Revenue Code	ID Code Qualifier	11-Digit NDC	44 HCPCS / RATE / HIPPS CODE
636	N4	55390031420	J9265

Medicaid Top 20 Physician-Administered Multiple Source Drugs

Rank	HCPCS Code	Description	HCPCS Dosage	Labeler Drug Name	NDC	Labeler Name
1	**J9265**	Paclitaxel Injection	30 mg	Paclitaxel	55390-0314-20	Amerinet Choice
				Paclitaxel	55390-0314-50	Amerinet Choice
				Paclitaxel	55390-0304-05	Bedford Laboratories
				Paclitaxel	55390-0304-20	Bedford Laboratories
				Paclitaxel	55390-0304-50	Bedford Laboratories
				Paclitaxel	55390-0114-05	Bedford Laboratories
				Paclitaxel	55390-0114-20	Bedford Laboratories
				Paclitaxel	55390-0114-50	Bedford Laboratories
				Paclitaxel	55390-0314-05	Bedford Laboratories
				Paclitaxel	55390-0514-05	Bedford Laboratories
				Paclitaxel	55390-0514-20	Bedford Laboratories
				Paclitaxel	55390-0514-50	Bedford Laboratories
				Onxol	00172-3753-77	Ivax Pharmaceuticals
				Onxol	00172-3753-96	Ivax Pharmaceuticals
				Onxol	00172-3754-73	Ivax Pharmaceuticals
				Onxol	00172-3754-94	Ivax Pharmaceuticals
				Onxol	00172-3756-75	Ivax Pharmaceuticals
				Onxol	00172-3756-95	Ivax Pharmaceuticals
				Paclitaxel	00074-4335-04	Mayne Pharma
				Paclitaxel	61703-0342-09	Mayne Pharma
				Paclitaxel	61703-0342-22	Mayne Pharma
				Paclitaxel	61703-0342-50	Mayne Pharma
				Taxol	00015-3475-30	Mead Johnson and Co
				Taxol	00015-3476-30	Mead Johnson and Co
				Taxol	00015-3479-11	Mead Johnson and Co
2	**J9045**	Carboplatin Injection	50mg	Carboplatin	63323-0172-45	Abraxis Pharmaceutical
				Carboplatin	63323-0172-60	Abraxis Pharmaceutical
				Carboplatin	63323-0166-10	American Pharmaceutical Partners
				Carboplatin	63323-0167-21	American Pharmaceutical Partners
				Carboplatin	63323-0168-00	American Pharmaceutical Partners
				Carboplatin	55390-0150-01	Bedford Laboratories
				Carboplatin	55390-0151-01	Bedford Laboratories
				Carboplatin	55390-0152-01	Bedford Laboratories
				Carboplatin	55390-0153-01	Bedford Laboratories
				Carboplatin	55390-0154-01	Bedford Laboratories
				Carboplatin	55390-0155-01	Bedford Laboratories
				Carboplatin	55390-0156-01	Bedford Laboratories
				Carboplatin	55390-0220-01	Bedford Laboratories
				Carboplatin	55390-0221-01	Bedford Laboratories
				Carboplatin	55390-0222-01	Bedford Laboratories
				Carboplatin	00409-1129-10	Hospira
				Carboplatin	00409-1129-11	Hospira
				Carboplatin	00409-1129-12	Hospira
				Carboplatin	61703-0339-18	Mayne Pharma
				Carboplatin	61703-0339-22	Mayne Pharma
				Carboplatin	61703-0339-50	Mayne Pharma
				Carboplatin	61703-0339-56	Mayne Pharma
				Carboplatin	61703-0360-18	Mayne Pharma
				Carboplatin	61703-0360-22	Mayne Pharma
				Carboplatin	61703-0360-50	Mayne Pharma
				Carboplatin	15210-0061-12	OTN Generics
				Carboplatin	15210-0063-12	OTN Generics
				Carboplatin	15210-0066-12	OTN Generics
				Carboplatin	15210-0067-12	OTN Generics
				Carboplatin	50111-0965-76	PLIVA
				Carboplatin	50111-0966-76	PLIVA
				Carboplatin	50111-0967-76	PLIVA
				Carboplatin	00703-3249-11	SICOR
				Carboplatin	00703-3264-01	SICOR
				Carboplatin	00703-3266-01	SICOR
				Carboplatin	00703-3274-01	SICOR
				Carboplatin	00703-3276-01	SICOR

Medicaid Top 20 Physician-Administered Multiple Source Drugs (Continued)

Rank	HCPCS Code	Description	HCPCS Dosage	Labeler Drug Name	NDC	Labeler Name
2 Continued	**J9045**	Carboplatin Injection	50mg	Carboplatin	00703-3278-01	SICOR
				Carboplatin	00703-4244-01	SICOR
				Carboplatin	00703-4246-01	SICOR
				Carboplatin	00703-3248-01	SICOR
3	**J0696**	Ceftriaxone Sodium Injection	250 mg	Ceftriaxone Sodium	63323-0344-10	American Pharmaceutical Partners
				Ceftriaxone Sodium	63323-0345-10	American Pharmaceutical Partners
				Ceftriaxone Sodium	63323-0346-10	American Pharmaceutical Partners
				Ceftriaxone Sodium	63323-0347-20	American Pharmaceutical Partners
				Ceftriaxone Sodium	63323-0348-61	American Pharmaceutical Partners
				Ceftriaxone IN DSW	00264-3153-11	B. Braun Medical
				Ceftriaxone IN DSW	00264-3155-11	B. Braun Medical
				Ceftriaxone IN DSW	00338-5002-41	Baxter
				Ceftriaxone IN DSW	00338-5003-41	Baxter
				Ceftriaxone	10019-0098-01	Baxter
				Ceftriaxone Sodium	10019-0685-01	Baxter
				Ceftriaxone Sodium	10019-0686-02	Baxter
				Ceftriaxone Sodium	10019-0687-03	Baxter
				Ceftriaxone Sodium	10019-0688-04	Baxter
				Ceftriaxone	10019-0688-27	Baxter
				Ceftriaxone	10019-0689-05	Baxter
				Ceftriaxone	68330-000-201	Cephazone Pharma
				Ceftriaxone	68330-000-210	Cephazone Pharma
				Ceftriaxone	68330-000-310	Cephazone Pharma
				Ceftriaxone	68330-000-401	Cephazone Pharma
				Ceftriaxone	68330-000-410	Cephazone Pharma
				Ceftriaxone	68330-000-501	Cephazone Pharma
				Ceftriaxone	68330-000-601	Cephazone Pharma
				Rocephin	00004-1962-01	Hoffman-La Roche
				Rocephin	00004-1962-02	Hoffman-La Roche
				Rocephin	00004-1963-01	Hoffman-La Roche
				Rocephin	00004-1963-02	Hoffman-La Roche
				Rocephin	00004-1964-01	Hoffman-La Roche
				Rocephin	00004-1964-04	Hoffman-La Roche
				Rocephin	00004-1964-05	Hoffman-La Roche
				Rocephin	00004-1965-01	Hoffman-La Roche
				Rocephin	00004-1971-01	Hoffman-La Roche
				Ceftriaxone	00409-7332-01	Hospira
				Ceftriaxone	00409-7333-04	Hospira
				Ceftriaxone	00409-7333-49	Hospira
				Ceftriaxone	00409-7334-10	Hospira
				Ceftriaxone	00409-7335-03	Hospira
				Ceftriaxone	00409-7336-04	Hospira
				Ceftriaxone	00409-7336-49	Hospira
				Ceftriaxone	00409-7337-01	Hospira
				Ceftriaxone	00409-7338-01	Hospira
				Ceftriaxone	68180-0611-01	Lupin Pharmaceuticals
				Ceftriaxone	68180-0611-10	Lupin Pharmaceuticals
				Ceftriaxone	68180-0622-01	Lupin Pharmaceuticals
				Ceftriaxone	68180-0622-10	Lupin Pharmaceuticals
				Ceftriaxone	68180-0633-01	Lupin Pharmaceuticals
				Ceftriaxone	68180-0633-10	Lupin Pharmaceuticals
				Ceftriaxone	68180-0644-01	Lupin Pharmaceuticals
				Ceftriaxone	68180-0644-10	Lupin Pharmaceuticals
				Ceftriaxone	00781-3206-95	SANDOZ
				Ceftriaxone	00781-3207-95	SANDOZ
				Ceftriaxone	00781-3208-95	SANDOZ
				Ceftriaxone	00781-3209-95	SANDOZ
				Ceftriaxone	00781-3210-46	SANDOZ
				Ceftriaxone	00781-9326-95	SANDOZ
				Ceftriaxone	00781-9327-95	SANDOZ
				Ceftriaxone	00781-9328-95	SANDOZ
				Ceftriaxone	00781-9329-95	SANDOZ
				Ceftriaxone	00781-9330-46	SANDOZ
				Ceftriaxone	00703-0315-03	SICOR

Medicaid Top 20 Physician-Administered Multiple Source Drugs (Continued)

Rank	HCPCS Code	Description	HCPCS Dosage	Labeler Drug Name	NDC	Labeler Name
3 Continued	**J0696**	Ceftriaxone Sodium Injection	250 mg	Ceftriaxone	64679-0983-01	Wockhardt America
				Ceftriaxone	64679-0983-02	Wockhardt America
				Ceftriaxone	64679-0701-01	Wockhardt America
				Ceftriaxone	64679-0701-02	Wockhardt America
				Ceftriaxone	64679-0701-03	Wockhardt America
				Ceftriaxone	64679-0702-01	Wockhardt America
				Ceftriaxone	64679-0702-02	Wockhardt America
				Ceftriaxone	64679-0703-01	Wockhardt America
				Ceftriaxone	64679-0703-02	Wockhardt America
4	**J9217**	Leuprolide Acetate Suspension	7.5 mg	Eligard	00024-0222-05	Sanofi Pharmaceuticals
				Eligard	00024-0605-45	Sanofi Pharmaceuticals
				Eligard	00024-0610-30	Sanofi Pharmaceuticals
				Eligard	00024-0793-75	Sanofi Pharmaceuticals
				Lupron Depot-Ped	00300-2108-01	Tap Pharmaceuticals
				Lupron Depot-Ped	00300-2440-01	Tap Pharmaceuticals
				Lupron Depot	00300-3346-01	Tap Pharmaceuticals
				Lupron Depot	00300-3342-01	Tap Pharmaceuticals
				Lupron Depot	00300-3683-01	Tap Pharmaceuticals
5	**J1260**	Dotasetron Mesylate	10 mg	Anzemet	00088-1208-06	Abbott
				Anzemet	00088-1208-76	Abbott
				Anzemet	00088-1206-32	Aventis Pharmaceuticals
				Anzemet	00088-1209-26	Aventis Pharmaceuticals
6	**J7192**	Factor VIII Recombinant	1 iu	Helixate Fs	00053-8130-01	Aventis Behring
				Helixate Fs	00053-8130-02	Aventis Behring
				Helixate Fs	00053-8130-04	Aventis Behring
				Kogenate Fs	00026-0372-20	Baxter
				Kogenate Fs	00026-0372-30	Baxter
				Kogenate Fs	00026-0372-50	Baxter
				Recombinate	00944-2831-10	Baxter
				Recombinate	00944-2832-10	Baxter
				Recombinate	00944-2833-10	Baxter
				Advate L	00944-2941-10	Baxter
				Advate M	00944-2942-10	Baxter
				Kogenate Fs Bio-Set	00026-0379-20	Bayer
				Kogenate Fs Bio-Set	00026-0379-30	Bayer
				Kogenate Fs Bio-Set	00026-0379-50	Bayer
				Kogenate Fs	00026-3786-60	Bayer
				Kogenate Fs	00026-3796-60	Bayer
				Helixate	00053-8130-05	CSL Behring
				Refacto	58394-0005-02	Genetics Institute
				Refacto	58394-0006-02	Genetics Institute
				Refacto	58394-0007-02	Genetics Institute
				Refacto	58394-0011-02	Genetics Institute
7	**J2430**	Pamidronate Disodium	30 mg	Pamidronate Disodium	63323-0734-10	American Pharmaceutical Partners
				Pamidronate Disodium	63323-0735-10	American Pharmaceutical Partners
				Pamidronate Disodium	55390-0127-01	Bedford Laboratories
				Pamidronate Disodium	55390-0129-01	Bedford Laboratories
				Pamidronate Disodium	55390-0157-01	Bedford Laboratories
				Pamidronate Disodium	55390-0159-01	Bedford Laboratories
				Pamidronate Disodium	55390-0204-01	Bedford Laboratories
				Pamidronate Disodium	55390-0604-01	Bedford Laboratories
				Pamidronate Disodium	61703-0324-18	Mayne Pharma
				Pamidronate Disodium	61703-0326-18	Mayne Pharma
				Pamidronate Disodium	61703-0324-39	Mayne Pharma
				Pamidronate Disodium	61703-0325-18	Mayne Pharma
				Pamidronate Disodium	61703-0326-18	Mayne Pharma
				Aredia	00078-0463-91	Novartis
				Aredia	00078-0464-61	Novartis
				Pamidronate Disodium	15210-0401-11	OTN Generics
				Pamidronate Disodium	15210-0402-11	OTN Generics

Medicaid Top 20 Physician-Administered Multiple Source Drugs (Continued)

Rank	HCPCS Code	Description	HCPCS Dosage	Labeler Drug Name	NDC	Labeler Name
7 Continued	**J2430**	Pamidronate Disodium	30 mg	Pamidronate Disodium	00781-3147-84	SANDOZ
				Pamidronate Disodium	00781-3148-70	SANCOZ
				Pamidronate Disodium	00703-4075-59	SICOR
				Pamidronate Disodium	00703-4085-51	SICOR
8	**J7190**	Factor VIII	1 iu	Hemofil M	00944-2935-03	Baxter
				Hemofil M	00944-2935-04	Baxter
				Monarc-M	00944-1301-10	Baxter
				Monarc-M	00944-1302-10	Baxter
				Monarc-M	00944-1303-10	Baxter
				Monarc-M	00944-1304-10	Baxter
				Hemofil M	00944-2935-01	Baxter
				Hemofil M	00944-2935-02	Baxter
				Monoclate-P	00053-7656-01	CSL Behring
				Monoclate-P	00053-7656-02	CSL Behring
				Monoclate-P	00053-7656-04	CSL Behring
				Monoclate-P	00053-7656-05	CSL Behring
				Alphanate	68516-4600-01	Grifols
				Alphanate	68516-4600-02	Grifols
				Alphanate	68516-4601-01	Grifols
				Alphanate	68516-4602-01	Grifols
				Alphanate	68516-4603-02	Grifols
				Alphanate	68516-4604-02	Grifols
				Koate-Dvi	13533-0665-20	Talecris
				Koate-Dvi	13533-0665-30	Talecris
				Koate-Dvi	13533-0665-50	Talecris
9	**J9000**	Doxorubic Hcl	10 mg	Doxorubicin Hcl	63323-0101-61	American Pharmaceutical Partner
				Doxorubicin Hcl	63323-0883-05	American Pharmaceutical Partner
				Doxorubicin Hcl	63323-0883-10	American Pharmaceutical Partner
				Doxorubicin Hcl	63323-0883-30	American Pharmaceutical Partner
				Doxorubicin Hcl	10019-0920-01	Baxter
				Adriamycin	55390-0231-10	Bedford Laboratories
				Adriamycin	55390-0233-01	Bedford Laboratories
				Adriamycin	55390-0235-10	Bedford Laboratories
				Adriamycin	55390-0236-10	Bedford Laboratories
				Adriamycin	55390-0237-01	Bedford Laboratories
				Adriamycin	55390-0238-01	Bedford Laboratories
				Doxorubicin Hcl	55390-0241-10	Bedford Laboratories
				Doxorubicin Hcl	55390-0243-01	Bedford Laboratories
				Doxorubicin Hcl	55390-0245-10	Bedford Laboratories
				Doxorubicin Hcl	55390-0246-10	Bedford Laboratories
				Doxorubicin Hcl	55390-0247-01	Bedford Laboratories
				Doxorubicin Hcl	55390-0248-01	Bedford Laboratories
				Doxorubicin Hcl	00703-5040-01	SICOR
				Doxorubicin Hcl	00703-5043-03	SICOR
				Doxorubicin Hcl	00703-5046-01	SICOR
10	**J1885**	Ketorolac Tromethamine Injection	15 mg	Ketorolac Tromethamine	63323-0161-01	American Pharmaceutical Partners
				Ketorolac Tromethamine	63323-0162-01	American Pharmaceutical Partners
				Ketorolac Tromethamine	63323-0162-02	American Pharmaceutical Partners
				Ketorolac Tromethamine	00074-3796-61	Amerinet Choice
				Ketorolac Tromethamine	60505-0705-00	Apotex
				Ketorolac Tromethamine	60505-0706-00	Apotex
				Ketorolac Tromethamine	60505-0706-01	Apotex
				Ketorolac Tromethamine	60505-0710-01	Apotex
				Ketorolac Tromethamine	10019-0021-09	Baxter
				Ketorolac Tromethamine	10019-0022-09	Baxter
				Ketorolac Tromethamine	10019-0022-32	Baxter
				Ketorolac Tromethamine	10019-0029-02	Baxter
				Ketorolac Tromethamine	10019-0030-03	Baxter
				Ketorolac Tromethamine	10019-0030-04	Baxter
				Ketorolac Tromethamine	55390-0480-01	Bedford Laboratories
				Ketorolac Tromethamine	55390-0481-01	Bedford Laboratories
				Ketorolac Tromethamine	55390-0481-02	Bedford Laboratories
				Ketorolac Tromethamine	55390-0481-10	Bedford Laboratories

Medicaid Top 20 Physician-Administered Multiple Source Drugs *(Continued)*

Rank	HCPCS Code	Description	HCPCS Dosage	Labeler Drug Name	NDC	Labeler Name
10 Continued	**J1885**	Ketorolac Tromethamine Injection	15 mg	Ketorolac Tromethamine	00409-2287-21	Hospira
				Ketorolac Tromethamine	00409-2287-22	Hospira
				Ketorolac Tromethamine	00409-2287-31	Hospira
				Ketorolac Tromethamine	00409-2288-21	Hospira
				Ketorolac Tromethamine	00409-2288-61	Hospira
				Ketorolac Tromethamine	00409-2288-31	Hospira
				Ketorolac Tromethamine	00409-3793-01	Hospira
				Ketorolac Tromethamine	00409-3795-49	Hospira
				Ketorolac Tromethamine	00409-3795-01	Hospira
				Ketorolac Tromethamine	00409-3795-49	Hospira
				Ketorolac Tromethamine	00409-3795-61	Hospira
				Ketorolac Tromethamine	00409-3796-01	Hospira
				Ketorolac Tromethamine	00409-3796-49	Hospira
				Ketorolac Tromethamine	00409-3796-61	Hospira
				Ketorolac Tromethamine	64679-0757-01	Woodhardt Americas
				Ketorolac Tromethamine	64679-0757-02	Woodhardt Americas
				Ketorolac Tromethamine	64679-0758-01	Woodhardt Americas
				Ketorolac Tromethamine	64679-0758-02	Woodhardt Americas
				Ketorolac Tromethamine	64679-0758-04	Woodhardt Americas
				Ketorolac Tromethamine	64679-0758-06	Woodhardt Americas
11	**J9390**	Vinorelbine Tartrate	10 mg	Vinorelbine Tartrate	55390-0267-01	Amerinet
				Vinorelbine Tartrate	63323-0148-01	APP
				Vinorelbine Tartrate	63323-0148-05	APP
				Vinorelbine Tartrate	55390-0069-01	Bedford Laboratories
				Vinorelbine Tartrate	55390-0070-01	Bedford Laboratories
				Vinorelbine Tartrate	55390-0268-01	Bedford Laboratories
				Vinorelbine Tartrate	61703-0341-06	Mayne Pharma
				Vinorelbine Tartrate	61703-0341-09	Mayne Pharma (USA)
				Vinorelbine Tartrate	00703-4182-01	SICOR
				Vinorelbine Tartrate	00703-4182-81	SICOR
				Vinorelbine Tartrate	00703-4182-91	SICOR
				Vinorelbine Tartrate	00703-4183-01	SICOR
				Vinorelbine Tartrate	00703-4183-81	SICOR
				Vinorelbine Tartrate	00703-4183-91	SICOR
12	**J1100**	Dexamethasone Sodium Phosphate	1 mg	Dexamethasone Sodium Phos	63323-0165-01	American Pharmaceutical Partners
				Dexamethasone Sodium Phos	63323-0165-05	American Pharmaceutical Partners
				Dexamethasone Sodium Phos	63323-0165-30	American Pharmaceutical Partners
				Dexamethasone Sodium Phos	63323-0506-01	American Pharmaceutical Partners
				Dexamethasone Sodium Phos	63323-0506-01	American Pharmaceutical Partners
				Dexamethasone Sodium Phos	00517-4901-25	American Regent
				Dexamethasone Sodium Phos	00517-4905-25	American Regent
				Dexamethasone Sodium Phos	00517-4930-25	American Regent
				Dexamethasone Sodium Phos	00641-0367-25	Baxter
				Dexamethasone Sodium	00703-3524-03	SICOR
13	**J0640**	Leucovorin Calcium Injection	50 mg	Leucovorin Calcium	63323-0711-00	American Pharmaceutical Partners
				Leucovorin Calcium	55390-0009-01	Bedford Laboratories
				Leucovorin Calcium	55390-0051-10	Bedford Laboratories
				Leucovorin Calcium	55390-0052-10	Bedford Laboratories
				Leucovorin Calcium	55390-0053-01	Bedford Laboratories
				Leucovorin Calcium	55390-0054-01	Bedford Laboratories
				Leucovorin Calcium	55390-0818-10	Bedford Laboratories
				Leucovorin Calcium	55390-0824-01	Bedford Laboratories
				Leucovorin Calcium	55390-0825-01	Bedford Laboratories
				Leucovorin Calcium	55390-0826-01	Bedford Laboratories
				Leucovorin Calcium	00054-8497-06	Roxane
				Leucovorin Calcium	00054-8498-06	Roxane
				Leucovorin Calcium	00703-5140-01	SICOR
				Leucovorin Calcium	00703-5145-01	SICOR
				Leucovorin Calcium	62701-0900-30	Supergen
				Leucovorin Calcium	62701-0900-99	Supergen
				Leucovorin Calcium	62701-0901-25	Supergen
				Leucovorin Calcium	51079-0581-01	UDL
				Leucovorin Calcium	51079-0581-06	UDL
				Leucovorin Calcium	51079-0582-05	UDL

Medicaid Top 20 Physician-Administered Multiple Source Drugs *(Continued)*

Rank	HCPCS Code	Description	HCPCS Dosage	Labeler Drug Name	NDC	Labeler Name
14	**J3010**	Fentanyl Citrate Injection	0.1 mg	Fentanyl Citrate	10019-0033-72	Baxter
				Fentanyl Citrate	10019-0034-73	Baxter
				Fentanyl Citrate	10019-0035-74	Baxter
				Fentanyl Citrate	10019-0036-82	Baxter
				Fentanyl Citrate	10019-0037-83	Baxter
				Fentanyl Citrate	10019-0038-67	Baxter
				Fentanyl Citrate	00409-1276-32	Hospira
				Fentanyl Citrate	00409-9093-32	Hospira
				Fentanyl Citrate	00409-9093-35	Hospira
				Fentanyl Citrate	00409-9093-36	Hospira
				Fentanyl Citrate	00409-9093-38	Hospira
				Fentanyl Citrate	00409-9094-22	Hospira
				Fentanyl Citrate	00409-9094-25	Hospira
				Fentanyl Citrate	00409-9094-28	Hospira
				Fentanyl Citrate	00409-9094-31	Hospira
				Fentanyl Citrate	00409-9094-61	Hospira
				Sublimaze	11098-0030-02	Taylor
				Sublimaze	11098-0030-05	Taylor
				Sublimaze	11098-0030-20	Taylor
15	**J7050**	Normal Saline Solution Infus	250 cc	Sodium Chloride	00264-1400-00	B. Braun Medical
				Sodium Chloride	00264-1400-10	B. Braun Medical
				Sodium Chloride	00264-4000-55	B. Braun Medical
				Sodium Chloride	00264-4001-55	B. Braun Medical
				Sodium Chloride	00264-4002-55	B. Braun Medical
				Sodium Chloride	00264-7800-00	B. Braun Medical
				Sodium Chloride	00264-7800-10	B. Braun Medical
				Sodium Chloride	00264-7800-20	B. Braun Medical
				Sodium Chloride	00338-0044-03	Baxter
				Sodium Chloride	00338-0049-02	Baxter
				Sodium Chloride	00338-0049-03	Baxter
				Sodium Chloride	00338-0049-04	Baxter
				Sodium Chloride	00338-6304-02	Baxter
				Sodium Chloride	00338-6304-02	Baxter
				Sodium Chloride	00338-7800-20	Baxter
				Sodium Chloride	00409-1583-02	Hospira
				Sodium Chloride	00409-7101-02	Hospira
				Sodium Chloride	00409-7983-02	Hospira
				Sodium Chloride	00409-7983-03	Hospira
				Sodium Chloride	00409-7983-09	Hospira
				Sodium Chloride	00409-7983-30	Hospira
				Sodium Chloride	00409-7983-48	Hospira
				Sodium Chloride	00409-7983-53	Hospira
				Sodium Chloride	00409-7983-55	Hospira
16	**J2550**	Promethazine Hcl Injection	50 mg	Promethazine Hcl	00641-0928-25	Baxter
				Promethazine Hcl	00641-0929-25	Baxter
				Promethazine Hcl	00641-0948-35	Baxter
				Promethazine Hcl	00641-0949-35	Baxter
				Promethazine Hcl	00641-0955-25	Baxter
				Promethazine Hcl	00641-0956-25	Baxter
				Promethazine Hcl	00641-1495-35	Baxter
				Promethazine Hcl	00641-1496-35	Baxter
				Promethazine Hcl	10019-0097-01	Baxter
				Phenergan	60977-0001-01	Baxter
				Promethazine Hcl	60977-0001-03	Baxter
				Phenergan	60977-0002-02	Baxter
				Promethazine Hcl	60977-0002-04	Baxter
				Promethazine Hcl	00409-2312-31	Hospira
				Promethazine Hcl	00703-2191-04	SICOR
				Promethazine Hcl	00703-2201-04	SICOR

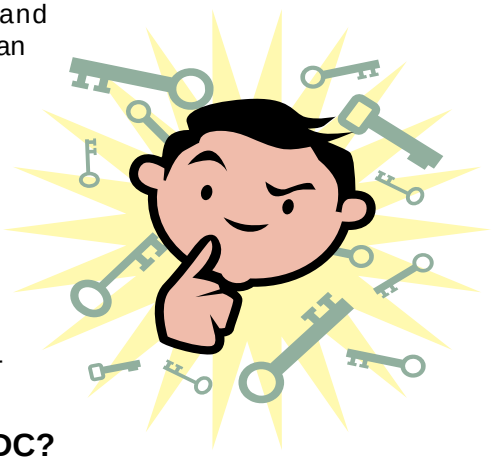
Medicaid Top 20 Physician-Administered Multiple Source Drugs *(Continued)*

Rank	HCPCS Code	Description	HCPCS Dosage	Labeler Drug Name	NDC	Labeler Name
17	**J1631**	Haloperidol Decanoate Injection	50 mg	Haloperidol Decanoate	63323-0469-01	American Pharmaceutical Partners
				Haloperidol Decanoate	63323-0469-05	American Pharmaceutical Partners
				Haloperidol Decanoate	63323-0471-01	American Pharmaceutical Partners
				Haloperidol Decanoate	63323-0471-05	American Pharmaceutical Partners
				Haloperidol Decanoate	60505-0702-01	Apotex
				Haloperidol Decanoate	60505-0703-01	Apotex
				Haloperidol Decanoate	55390-0412-01	Bedford Laboratories
				Haloperidol Decanoate	55390-0412-05	Bedford Laboratories
				Haloperidol Decanoate	55390-0413-01	Bedford Laboratories
				Haloperidol Decanoate	55390-0413-05	Bedford Laboratories
				Haloperidol Decanoate	55390-0423-01	Bedford Laboratories
				Haloperidol Decanoate	55390-0423-05	Bedford Laboratories
				Haloperidol Decanoate	00045-0253-01	McNeil Pharmaceutical
				Haloperidol Decanoate	00045-0253-03	McNeil Pharmaceutical
				Haloperidol Decanoate	00045-0254-14	McNeil Pharmaceutical
				Haloperidol Decanoate	00703-7011-03	SICOR
				Haloperidol Decanoate	00703-7013-01	SICOR
				Haloperidol Decanoate	00703-7021-03	SICOR
				Haloperidol Decanoate	00703-7023-01	SICOR
18	**J7644**	Ipratropium Bromide Inh Sol u d	1 mg	Ipratropium Bromide	00472-0753-23	Alpharma
				Ipratropium Bromide	00472-0753-30	Alpharma
				Ipratropium Bromide	00472-0753-60	Alpharma
				Ipratropium Bromide	60505-0806-01	Apotex
				Ipratropium Bromide	16252-0098-22	Cobalt Laboratories
				Ipratropium Bromide	16252-0098-33	Cobalt Laboratories
				Ipratropium Bromide	16252-0098-66	Cobalt Laboratories
				Ipratropium Bromide	49502-0685-26	Dey, L.P.
				Ipratropium Bromide	49502-0685-30	Dey, L.P.
				Ipratropium Bromide	49502-0685-31	Dey, L.P.
				Ipratropium Bromide	49502-0685-61	Dey, L.P.
				Ipratropium Bromide	51552-0393-01	Gallipot
				Ipratropium Bromide	51552-0393-02	Gallipot
				Ipratropium Bromide	51552-0393-04	Gallipot
				Ipratropium Bromide	51552-0393-05	Gallipot
				Ipratropium Bromide	00172-6407-44	Ivax Pharmaceuticals
				Ipratropium Bromide	00172-6407-49	Ivax Pharmaceuticals
				Ipratropium Bromide	00487-9801-01	Nephron Pharmaceuticals
				Ipratropium Bromide	00487-9801-25	Nephron Pharmaceuticals
				Ipratropium Bromide	00487-9801-30	Nephron Pharmaceuticals
				Ipratropium Bromide	00487-9801-60	Nephron Pharmaceuticals
				Ipratropium Bromide	66794-0002-25	RX Elite
				Ipratropium Bromide	66794-0002-30	RX Elite
				Ipratropium Bromide	66794-0002-60	RX Elite
19	**J9060**	Cisplatin Injection	10 mg	Cisplatin	63323-0103-51	American Pharmaceutical Partners
				Cisplatin	63323-0103-64	American Pharmaceutical Partners
				Cisplatin	63323-0103-65	American Pharmaceutical Partners
				Cisplatin	55390-0099-01	Bedford Laboratories
				Cisplatin	55390-0112-50	Bedford Laboratories
				Cisplatin	55390-0112-99	Bedford Laboratories
				Cisplatin	55390-0187-01	Bedford Laboratories
				Cisplatin	55390-0414-50	Bedford Laboratories
				Cisplatin	55390-0414-99	Bedford Laboratories
				Cisplatin	00703-5747-11	SICOR
				Cisplatin	00703-5748-11	SICOR
20	**J9040**	Bleomycin Sulfate Injection	15 units	Bleomycin Sulfate	55390-0005-01	Bedford Laboratories
				Bleomycin Sulfate	55390-0006-01	Bedford Laboratories
				Bleomycin Sulfate	61703-0323-22	Mayne Pharma
				Bleomycin Sulfate	61703-0332-18	Mayne Pharma
				Blenoxane	00015-3010-20	Mead Johnson and Company
				Bleomycin Sulfate	00703-3154-01	SICOR
				Bleomycin Sulfate	00703-3154-91	SICOR
				Bleomycin Sulfate	00703-3155-01	SICOR
				Bleomycin Sulfate	00703-3155-91	SICOR

Questions Concerning NDC Additions to Medicaid Claim Forms

What is a NDC?

The NDC is a universal number that identifies a drug. The NDC number consists of 11 digits in a 5-4-2 format. The first 5 digits identify the manufacturer of the drug and are assigned by the Food and Drug Administration. The remaining digits are assigned by the manufacturer and identify the specific product and package size. Some packages will display less than 11 digits, but leading zeroes can be assumed and need to be used when billing. For example:



XXXX-XXXX-XX=**0**XXXX-XXXX-XX
XXXXX-XXX-XX=XXXXX-**0**XXXX-XX
XXXXX-XXXX-X=XXXXX-XXXX-**0**X

The NDC is found on the drug container (that is vial, bottle, tube). T**he NDC submitted to Medicaid must be the actual NDC number on the package or container from which the medication was administered**. Do not bill for one manufacturer's product and dispense another. The benefits of accurate billing include reductions in audits, telephone calls, and manufacturers' disputes of their rebate invoices.

Do I need to include units for both the HCPCS code and the NDC?

No. Provider reimbursement is based on the HCPCS description and units of service. Providers do not need to include the units for the NDC.

If a procedure code is being billed that requires a NDC, and the NDC is not present, what will happen to my claim?

During the grace period, your claim will pay but an informational denial code will be posted on your Remittance Advice. After the grace period, your claim will be denied.

The following is a list of applicable denial codes providers may see when billing a procedure code which requires a NDC.

Denial Code	Description
4260	NDC REQUIRED FOR PROCEDURE
4261	INVALID UNIT OF MEASURE VALUE
4262	NDC QUANTITY UNITS IS NOT NUMERIC
4263	NDC QUANTITY UNITS IS ZERO
4264	NDC NOT ON THE DRUG FILE
4265	INVALID HCPCS/NDC COMBINATION FOR PRIMARY NDC
4266	PRIMARY NDC NO LONGER ACTIVE ON DATE OF SVC
4267	SECONDARY NDC NO LONGER ACTIVE ON DATE OF SVC
4268	PRIMARY NDC NOT REBATABLE ON THE DATE OF SERVICE
4269	SECONDARY NDC NOT REBATABLE ON THE DATE OF SERVICE
4270	NDC RATED LESS THAN EFFECTIVE
4271	DUPLICATE NDC FOR CLAIM DETAIL
4272	NDC OBSOLETE/INVALID ON THE DATE OF SERVICE
4273	INVALID NDC QUALIFIER CODE, MUST EQUAL N4
4274	INVALID PRESCRIPTION QUALIFIER CODE, MUST EQUAL XZ
4275	DRUG UNIT PRICE IS NOT NUMERIC
4276	DRUG UNIT PRICE IS ZERO

What happens if I bill a NDC for a J code not in the required listing?

Medicaid will accept NDCs not in the top 20. If a NDC is present, the NDC will be validated but will not be denied for denial code 4178 (NDC required for procedure), but will be subjected to the other NDC validation edits listed above.

How do I bill for a drug when only a partial vial was administered?

Bill using the HCPCS code with the corresponding units administered.

Instructions for Adding NDC Codes to Required Medicaid Forms

This form is a required attachment for any Alabama Medicaid paper crossover claim using a drug HCPCS code on a Medical Crossover or an Institutional Crossover.

Provider Name:_____

Provider NPI:_____

Recipient Name:_____

Recipient Medicaid Number:_____

Line No.	Procedure	NDC										
3	J9265	5	5	3	9	0	0	3	1	4	2	0

Enter the corresponding line number from the detail on the claim.

Enter the corresponding HCPCS procedure code from the detail on the claim.

Enter the 11-digit NDC for the HCPCS procedure code.

Submitting NDC For Electronic Claims

For electronic claims, the information concerning submitting NDCs can be found in the addenda to version 4010 of the HIPAA Implementation Guides for the 837 Professional and 837 Institutional claim types. The information in the chart below should clear up any technical concerns.

1 **Loop:** 2410 **Name:** Drug Identification **Segment:** LIN
Expected Data: LIN02 = N4
LIN03 = NDC
Notes: Required; Loop may repeat 25 times

2 **Loop:** 2410 **Name:** Pricing Information **Segment:** CTP
Expected Data: CTP03 - Drug Unit Price
CTP04 - Quantity (National Drug Unit Count)
CTP05-1 - Unit of Measure
Notes: Optional; used only if price for the NDC in LIN03 is different than the price entered in SV102

3 **Loop:** 2410 **Name:** Reference Identification **Segment:** REF
Expected Data: REF01 = XZ
REF02 = Prescription Number
Notes: Optional

Important Mailing Addresses	
All Claim forms, Consent forms, and other mail	EDS Post Office Box 244032 Montgomery, AL 36124-4032
Inquiries, Provider Enrollment Information, and Provider Relations	EDS Post Office Box 241685 Montgomery, AL 36124-1685
Adjustments	EDS Post Office Box 241684 Montgomery, AL 36124-1684

REMINDER

Provider Enrollment Forms

Please ensure that the most current version of the provider enrollment form is submitted to EDS. Enrollment application form may be downloaded from the Medicaid web page at:

www.medicaid.alabama.gov

New Verison 2.09 Provider Electronic Solutions Available

Version 2.09 will be available June 30, 2008, and the information should be placed in the following fields on the 837 professional and the 837 institutional outpatient:

- NDC
- Unit of Measure
- Prescription Number
- Unit Price
- Unit Quantity

A new tab will be created in Provider Electronic Solutions and will be added to document the information. Provider Electronic Solutions will not be updated to accept NDC information for the 837I (inpatient claims).

Issues Identified and Resolved

The following is a list of system issues that were causing claims to deny inappropriately:

Denial Code 0813: Medicare COBA claims were denying for future Medicare payment date. These COBA claims were identified and reprocessed during the May and June check writes.

Denial Code 6010: Outpatient hospital surgical claims were counting against and denying for the Ambulatory Surgical Center benefit limit. The claims were identified and reprocessed during the June 6, 2008 check write.

Denial Code 4244: Inpatient hospital claims for emergency services deliveries were denying for no coverage. The issue has been corrected. The provider may now resubmit any claims that denied for 4244.

Patient 1st Referral Report

Coordination of care through the referral process is an important component of the Patient 1st Program. The appropriateness, duration and comprehensiveness of referrals are to be determined by the Primary Medical Provider (PMP). On occasion however, referrals are issued without the authorization of the PMP. In order to assist in identifying unauthorized use of referral numbers, the Agency provides a monthly Referral report. This report documents recipients who have had visits based on a referral using the PMP's referral number. The Patient 1st program is requesting each PMP carefully review this report and notify us of any identified discrepancies. Keep in mind, if a "cascading" referral is authorized by the PMP, the consulting physician may send the recipient on for visits to an entirely different provider. A "cascading" referral is one in which the PMP authorizes the consulting physician to refer the recipient to other providers for identified conditions or for additional conditions identified by the consulting physician. When reviewing the Referral report this might appear as an unauthorized referral. Please be aware of this when notifying the Agency of any suspected misuse of referral numbers. If you are not currently receiving the Referral Report, or if you have questions regarding this report, please contact Janice O'Neal at (334) 353-4771.

Patient 1st

Health Care Close To Home

Medicaid Implements New Process to Recoup Part D Drugs

Alabama Medicaid denies prescription Part D covered drug claims for recipients who have Part A and/or Part B Medicare coverage at the time a prescription is dispensed. This denial is based upon Medicare information sent to the Medicaid Agency. Occasionally, Alabama Medicaid may pay for prescription drug claims that should have been billed to the recipient's Medicare Part D plan due to delays in receiving Medicare entitlement dates.

Effective June 1, 2008, the Alabama Medicaid Agency will implement a monthly process to recoup Part D covered drugs that were paid by Medicaid for recipients who were enrolled in a Medicare Part D plan at the time the prescriptions were dispensed.

Recoupments on erroneous claims to Medicaid will be listed on the financial transactions page of the provider's Remittance Advice (RA). Questions regarding this recoupment process should be directed to the Medicaid Third Party division at (334) 242-5248.

Medicare has a process in which a provider may verify Part D enrollment through their E1 query system. Pharmacies dispensing Part D covered drugs are strongly encouraged to utilize the E1 query process prior to dispensing so that correct billing is applied. For more information on the Medicare E1 query, the Part D Reference Guide for Pharmacists, and other valuable Part D information, please visit *http://www.cms.hhs.gov/pharmacy/* on the Medicare website for pharmacies.

EDS Provider Representatives

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Nurse Practitioners
Podiatrists
Chiropractors
Independent Labs
Free Standing Radiology
CRNA
EPSDT (Physicians)
Dental
Physicians
Optometric
(Optometrists and Opticians)

G R O U P 2

Rehabilitation Services
Home Bound Waiver
Therapy Services (OT, PT, ST)
Children's Specialty Clinics
Prenatal Clinics
Maternity Care
Hearing Services
Mental Health/Mental Retardation
MR/DD Waiver
Ambulance
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- Elderly and Disabled Waiver
- Home and Community Based Services
- EPSDT
- Family Planning
- Prenatal
- Preventive Education

Rural Health Clinic
Commission on Aging
DME
Nurse Midwives

G R O U P 3

Ambulatory Surgical Centers
ESWL
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Hospice
Hospital
Nursing Home

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Personal Care Services
PEC
Private Duty Nursing
Renal Dialysis Facilities
Swing Bed

Revised State Fiscal Year 2008-2009 Checkwrite Schedule

~~10/05/07~~	~~01/04/08~~	~~04/04/08~~	07/11/08
~~10/19/07~~	~~01/18/08~~	~~04/18/08~~	07/25/08
~~11/02/07~~	~~02/08/08~~	~~05/02/08~~	08/08/08
~~11/16/07~~	~~02/22/08~~	~~05/16/08~~	08/22/08
~~12/07/07~~	~~03/07/08~~	~~06/06/08~~	09/05/08
~~12/14/07~~	~~03/21/08~~	~~06/20/08~~	09/12/08

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