April 20, 2015
Announcement 910

Provider Types Prohibited from Billing National Drug Codes will Receive Claim Denials

Effective for claims with dates of service on or after April 20, 2015, Nevada Medicaid will have an edit in place to deny claims to provider types that should not be billing for outpatient drugs because they are already included in their reimbursement rate or they should be billing with HCPCS or CPT codes and not with National Drug Codes (NDCs). For example, provider type 33 (DME) should only bill supplies and not drugs. If a PT 33 bills an NDC, the claim will deny with edit code 0897 (Provider Type/Specialty is not allowed to bill NDC).

Only the following provider types may bill with NDCs:

PT 12: Hospital, Outpatient
PT 17: Special Clinics (all specialties except 180, 181 and 182)
PT 20: Physician, M.D., Osteopath
PT 21: Podiatrist
PT 24: Advanced Practice Registered Nurse (APRN)
PT 25: Optometrist
PT 27: Radiology and Non-invasive Diagnostic Centers
PT 37: Intravenous Therapy
PT 42: Outpatient Psychiatric Hospital, Private, and Community Health Center
PT 45: End Stage Renal Disease (ESRD) Facility
PT 55: Transitional Rehabilitative Center, Outpatient
PT 64: Hospice
PT 72: Nurse Anesthetist
PT 74: Nurse Midwife
PT 77: Physician's Assistant

Claims from provider types **not** listed above must only document the HCPCS or CPT codes. If a claim is submitted from a provider type **not** listed above with an NDC or an NDC with the HCPCS or CPT codes, the claim will deny.

For any questions, please contact the HP Enterprise Services Customer Service Center at (877) 638-3472.