



December 18, 2018

Web Announcement 1781

Modernization: Attention All Providers: Changes Regarding Physician-Administered Drug Claims

The Division of Health Care Financing and Policy (DHCFP) will implement a new, modernized Medicaid Management Information System (MMIS) on February 1, 2019. In preparation for the new MMIS, providers are advised that claims for physician/outpatient-facility administered drugs will require both National Drug Codes (NDCs) and Healthcare Common Procedural Coding System (HCPCS) codes, as well as the NDC quantity.

Not Otherwise Classified Drugs:

Correct coding requires an item be coded with the most specific code available that appropriately describes the item. Not Otherwise Classified (NOC) Healthcare Common Procedure Coding System (HCPCS) codes must only be used when a more specific HCPCS code is not available.

Providers who indicate procedure codes such as J3490 (Unclassified drugs), J3590 (Unclassified biologics) and J9999 (Not otherwise classified, antineoplastic drugs) on claims for NOC drugs must also indicate the following on the claim:

- The NDC of the drug dispensed,
- The drug name,
- The NDC quantity billed, and
- The NDC unit of issue (i.e., ea, gm, or ml).

If this information is not included on the claim or if there is a more specific HCPCS procedure code for the drug, the claim could be denied.

If there are any questions, please do not hesitate to contact Nevada Medicaid.