



TO: Outpatient Hospital Providers
 RE: Revised Billing Instructions for Outpatient 340B Pharmacies on Outpatient Claims

The purpose of this bulletin is to inform Outpatient 340B Pharmacies that effective for dates of service September 1, 2015 and forward, a valid National Drug Code (NDC) will be required when billing specific pharmacy Revenue Center Codes (RCCs) on an outpatient claim. Providers identified as 340B providers by the Office of Pharmacy Affairs (OPA) have previously been exempt from submitting NDCs on their claims.

Outpatient 340B Pharmacies will be required to bill a valid NDC with the following RCCs:

250	251	252	253
258	259	634	635
636	637		

All claim details with these RCCs that are not billed with a valid NDC will deny for Explanation of Benefit (EOB) code 0861 whose description is changing from “NDC is missing or Invalid” to “NDC is missing, invalid or non-rebateable”.

NDCs billed to Medicaid for payment must use the 11-digit format without dashes or spaces between the numbers. NDCs submitted in any configuration other than the 11-digit format will be rejected/denied.

As a reminder, effective for dates of service June 1, 2015 and forward, 340B entities are required to bill a valid HealthCare Common Procedure Coding System (HCPCS) code when billing these specific pharmacy RCCs. Please refer to the provider drug search on the Web to determine the corresponding HCPCS code. A drug search can be performed at the Web site www.ctdssmap.com, by selecting

“Provider” then “Drug Search” and entering the NDC.

For those drug products that do not have an associated HCPCS code, one of the following HCPCS codes should be used: J3490 Unclassified Drugs, J3590 Unclassified Biologics, J8999 Prescription Drug, Oral, Chemotherapeutic, NOS or J9999 Not Otherwise Classified, Antineoplastic Drugs. Although these codes are available for use, providers should attempt to first bill a valid and applicable code.

Outpatient 340B Pharmacies must include NDC units of measurements and NDC quantity on an outpatient claim. If the hospital fails to bill with a valid NDC and the corresponding units then the service will deny with the following EOB codes:

0841 - “Units of Measure Required for NDC.”

0842 - “NDC units Missing or Invalid.”

For more information regarding this requirement, including detailed billing instructions, please review provider bulletins 2008-35 and 2008-42 found on www.ctdssmap.com.

For a complete list of RCCs requiring a CPT or HCPCS code, go to the www.ctdssmap.com Web site, and select Publications > Provider Manuals > Chapter 8. Choose “Hospital” from the drop down box and refer to Attachment B “List of All Revenue Center Codes Requiring CPT/HCPCS Codes”.



If you have any questions regarding this bulletin, please contact the HP Provider Assistance Center, Monday through Friday from 8:00 a.m. to 5:00 p.m. at 1-800-842-8440.

