National Drug Code - Claims Data Submission

Background information:
Since October 2013, the Minnesota Department of Human Services (DHS) requires health plans contracted to provide Minnesota Health Care Programs to report National Drug Code ("NDC") when specific HCPCS codes are submitted on a claim or encounter. The DHS list of required HCPCS requiring NDC reporting can be found here on the DHS website. Please note this list is updated by DHS each quarter. Beginning in June 2014, DHS expanded health plan encounter reporting requirements to include the unit of measure (dosage) and drug quantity (number of units) on the encounter information along with the NDC.

To meet DHS requirements, UCare requires the following three data elements be populated on every applicable claim: a valid NDC number, measure and drug quantity information. At this time, this requirement is for all Medicaid claims but is not applicable to Medicare claims. Therefore, the following UCare plans are impacted: PMAP, MnCare, MSHO, MSC+ and UCare Connect (SNBC).

When all of the appropriate NDC information is not supplied on a claim, the claim may initially pay but payment on individual service lines will be recouped if and when UCare receives an NDC encounter error from DHS.

The Administrative Uniformity Committee (AUC) is a helpful resource for information regarding how NDC information should be submitted on a claim. Please review AUC guidance on the appropriate loop and segment sections that must be completed correctly on claims transactions in order for the NDC data to be appropriately captured and reported to DHS.

Claim submission for NDC:
Below is a summary of the information providers will receive from UCare when the required NDC information is not properly submitted on applicable Minnesota Health Care Program claims. Please note that UCare is working to review and improve how we prevent applicable MHCP claims without NDC information from processing. Our hope is to minimize the number of recoupments required to make DHS encounter reporting more accurate. In a future communication we will share the changes to our pre-processing logic to ensure UCare only pays claims containing the required information.
### Examples of EOP descriptions regarding NDC claims:

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Action</th>
<th>Error Code and description that will display on EOP</th>
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<tbody>
<tr>
<td>Claim includes NDC number but is missing dosage and/or quantity values.</td>
<td>Claim may initially pay. Impacted service line will be denied by DHS as an encounter error. UCare will recoup payment on service line.</td>
<td>CARC 16: Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation.</td>
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<td>RARC M123: Missing/incomplete/invalid name, strength, or dosage of the drug furnished.</td>
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<tr>
<td>NDC value on the claim is not a valid code.</td>
<td>Claim may initially pay. Impacted service line will come back as a DHS encounter error. UCare will recoup payment on service line.</td>
<td>CARC 16: Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation.</td>
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When providers receive a claim line denial or recoupment due to an NDC error, they should review impacted claims to ensure the appropriate NDC number, dosage and quantity are listed for each applicable HCPCS code on the claim. In order to correct claims that do not include required NDC information, UCare is requiring providers to submit an electronic replacement claim with the updated information. The AUC standard directs that when a provider changes any data on a claim, a replacement claim must be submitted electronically. This practice supports our ability to better streamline claim processing resulting in quicker and more accurate provider payments.

**Next steps:**

It has come to UCare’s attention that we may have inappropriately recouped claim payments when we reviewed DHS encounter errors between January and June 2014. Efforts are underway to validate the actions taken on service lines for dates of service January-July 2014. As a result, providers may see re-payment on impacted service lines in the coming weeks. Corrections have been made to minimize inappropriate recoupments on claims received after July 2014.

We apologize for any inconvenience these errors may have caused your organization. Thank you for your patience and partnership in supplying UCare with the appropriate information for accurate payment and reporting.
Questions?
If you have further questions, please call UCare’s Provider Assistance Center at 612-676-3300 or 1-888-531-1493 toll free.