

Date: 12/05/07

# Web Announcement 169

## Billing Instruction for “J” and “Q” Procedure Codes for Drugs

The Division of Health Care Financing and Policy (DHCFP) Rates Unit has developed rates for certain “J” and “Q” procedure codes for drugs. The rates for these codes became effective Sept. 1, 2007.

For the appropriate rates for these “J” and “Q” codes, please refer to the Professional Rates for your provider type posted on the DHCFP website at <http://dhcfp.state.nv.us/RatesUnit.htm>.

“J” and “Q” codes listed with a rate of \$0.00 are paid by Nevada Medicaid at 85 percent of Average Wholesale Price (AWP). “J” and “Q” codes must be billed at AWP for providers to receive the correct reimbursement amount.

The provider types affected by this billing instruction are 12, 17, 20, 21, 24, 31, 45, 72, 74 and 77.

Please note: Effective on claims submitted to First Health Services on and after Jan. 1, 2008, “J” and “Q” codes must be billed with the corresponding National Drug Code (NDC) and NDC quantity. For details, see [Web Announcement 163](#) and the [“NDC”](#) webpage (select “NDC” from the “Providers” menu).