



May 30, 2012
Announcement 479

Physician/Outpatient-Facility Administered Drug Claim Denials

Claims for physician/outpatient-facility administered drugs dates of service September 30, 2011, through May 13, 2012, may have been denied if the National Drug Code (NDC) and HCPCS code were not both on the claim. These claims may have been denied for edit code 0148 (Rendering provider not certified to perform procedure) or edit code 0210 (No pricing segment on file).

To resolve this issue, effective May 14, 2012, the Division of Health Care Financing and Policy (DHCFP) has temporarily requested that HP Enterprise Services (HPES) process claims using both the NDC and the corresponding HCPCS to ensure the correct pricing of the physician/outpatient-facility administered drugs.

To be reimbursed for the claims that **denied** with edit codes 0148 or 0210 because the NDC and HCPCS code were not both included between dates of service September 30, 2011, and May 13, 2012, please resubmit these claims **with both the NDC and HCPCS code** as follows:

- Claims with the above criteria that are submitted outside timely filing and denied for edit codes 0148 or 0210 are to be resubmitted on a paper claim form with a cover letter requesting: "Please special batch per Web Announcement 479."
- Claims with the above criteria that are submitted within the timely filing period and denied are to be resubmitted following the normal process. These claims do not need to be submitted on a paper claim form or as a special batch.

At a later date, claims for physician/outpatient-facility administered drugs will require only the NDC and will no longer require the HCPCS code. The implementation date of this requirement will be reported on a future web announcement.