



Neighborhood Health Plan™

February 1, 2012

RE: Billing Change Requirement – NDC Coding

Dear Neighborhood Health Plan Provider:

Regulations require NHP, as a contracted MCO with the Commonwealth of Massachusetts, to collect and report NDC codes for drug claims. This requirement is a result of the Deficit Reduction Act of 2005 (DRA) which requires states to collect rebates for physician-administered drugs. The DRA expanded the rebate requirement to physician-administered drugs.

Effective April 1, 2012, Neighborhood Health Plan will require the 11-digit National Drug Code (NDC) on all outpatient claims for drugs administered during a patient's visit in addition to the HCPCS code in order to be compliant with the State regulations. Providers will need to submit claims with both HCPCS and NDC codes to NHP with the exact NDC that appears on the medication packaging in the 5-4-2 digit format (i.e. xxxxx-xxxx-xx). This coding requirement will apply to all NHP members regardless of product line.

NHP will reject all outpatient claims with physician-administered drugs submitted as of April 1st without the appropriate NDC code, and claims will be subject to re-filing and filing limits.

Attached you will find answers to frequently asked questions that will assist in clarifying this coding requirement change.

NHP thanks you for your continued service and dedication to our members. If you have any questions regarding this coding change, please contact our Provider Service Center at 1-855-444-4NHP (4647).

Sincerely,

Jennifer Kent Weiner

Vice President, Provider Network Management

Enclosure

