



A reminder about the National Drug Code (NDC) requirement on physician-administered drugs for Amerigroup Iowa, Inc.

Background or summary of change/update (including effective date):

This is a reminder of the NDC requirement on physician-administered drugs.

What this means to you:

Amerigroup wishes to remind its provider network of the specific NDC requirements to the submission of physician-administered drugs. In an effort to ensure only rebate-eligible drugs are reimbursed, Amerigroup enforces edits to deny claims not submitted appropriately.

Guidance and tips to prevent denials:

- The standard, HIPAA-compliant, 11-digit NDC is to be submitted without dashes or spaces. The 11-digit NDC is comprised of three segments or codes: a 5-digit labeler code, a 4-digit product code and a 2-digit package code.
- The NDC must be preceded with an **N4** qualifier.
- Use the list available at the following link to ensure the NDC is rebate-eligible: [Medicaid Drug Rebate Program](#).
- Ensure the HCPCS/CPT® code is cross walked and appropriately submitted with a qualifying NDC.
- Validate that the quantity billed is correct based on the CPT/HCPCS unit of measure and dose administered.

Claim denial codes:

- f89: Invalid HCPCS and NDC code combination
- f90: Product not covered, manufacturer not participating in Medicaid drug rebate program as of most recent reporting period
- f91: Drug efficacy study implementation (DESI) drug; product not covered
- YPF: NDC, UOM or Qty is missing or invalid

Additional resources:

- [Informational letter 1897-MC-FFS Iowa Department of Human Services](#)
- [Claims and Billing Manual for Amerigroup](#)
- [Claims submission requirements for professional claims](#)

What if I need assistance?

If you have questions about this communication or need assistance with any other item, contact your local Provider Relations representative or call Provider Services at **1-800-454-3730**.