



December 7, 2017

National Drug Codes Requirement

Dear Valued Provider:

The Deficit Reduction Act of 2005 (DRA) requires Medicaid agencies to collect NDC numbers on pharmaceuticals.

Historically, Cigna-HealthSpring (CHS) denied the ‘line item’ only if the NDC number, quantity and the unit of measure was not billed on the line. Beginning February 1, 2018, if you do not include a valid NDC/HCPCS or CPT combination with your claims submission, the **entire** claim will be denied and you will be notified through an Explanation of Payment (EOP) to resubmit a corrected claim with the valid information.

This requirement applies to:

- Paper claim forms - (CMS 1500 and UB04)
- Electronic (837P/837I) claims when billed for drug-related healthcare common procedure coding system (HCPCS) codes and drug related current procedure terminology (CPT) codes
- The NDC, quantity and the unit of measure will be enforced in addition to the corresponding HCPCS and CPT codes and the units administered for each code

Depending on the claim type, the valid information must be submitted as indicated below for paper claims, or the equivalent electronic field, please reference the following website for the NDC/HCPCS crosswalk and additional information.

<https://www.txvendordrug.com/formulary/formulary/clinician-administered-drugs>

For more information or if you have questions, please contact our Provider Services Department Monday to Friday, 8 a.m. to 5 p.m. Central Standard Time at 877-653-0331.

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