

MVP FASTFAX

News for Providers

National Drug Code (NDC) Payment Policy Requirement Reminder

Please note, this is a reminder to providers of the New York State National Drug Code (NDC) requirements. We are seeing an increased number of claims that are not following the NDC requirements as outlined below:

- A valid NDC number and quantity **must** be included on all claims where a medication is administered in the physician office, outpatient setting, outpatient hospital setting, or emergency room, or the claim will be denied.
- Any time an NDC is submitted, it must be valid or the service will be denied. (A valid NDC is defined as an NDC number that: (1) is a code submitted and accepted by the FDA and (2) appears on the standard Federal active NDC listings.)
- Drugs purchased through the 340B program (using the UD modifier), *will not* require a valid NDC number, but if one is submitted it must be valid.
- MVP will deny or reject claim lines when an NDC is required as noted above, but is missing or invalid.

Providers may resubmit corrected claims for payment, preferably by using the electronic Claims Adjusted Request Form (CARF).

In addition, to review the NDC Payment Policy in more detail, please see section 15 of the Provider Resource Manual. Both the electronic CARF and the Provider Resource Manual can be found at www.mvphealthcare.com/providers.

Questions? Please contact the Customer Care Center for Provider Services. Representatives are available weekdays from 8:30 a.m. – 5:00 p.m. Eastern Time at 1-800-684-9286.

