

# MVP FASTFAX

News for West Region – Rochester/Buffalo Providers

## Correction to Payment Policy Updates – Effective 1/1/19

### NDC unit quantity

MVP Health Care® (MVP) requires that when submitting NDC codes that the unit quantity be within a valid range. The NDC unit quantity must be greater than 0 and less than or equal to 9,999,999.999 and may not be blank. If an NDC is submitted on any claim, for any procedure, that NDC unit quantity will be verified for accuracy. This is the CTP04 segment on an electronic 837 claim.

This communication serves as notification of impending denials for NDC units being zero or greater than 9,999,999.999. To provide time for claims system changes, denials of these claims will begin on January 1<sup>st</sup>, 2019 dates of service. If the NDC unit is blank, please refer to a previously distributed communication that notes that denials of claims will begin with dates of service January 5<sup>th</sup>, 2018.

In order to guarantee accurate billing and seamless payments, MVP suggests reviewing the paper or electronic submissions to ensure the proper NDC unit quantities have been submitted. This may require discussions or process changes within the applicable claims clearinghouse, biller, or billing system submitting this information to MVP.

### Allergy Serum and Testing

Allergy testing and Serum Preparation will be reimbursed by MVP and the number of doses and or tests must be specified on each claim. The testing and serum preparation will be limited to the following units per member:

Code	Description	Rule
95165	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens	<ul style="list-style-type: none"> <li>Reimbursement is limited to 40 units per claim and 150 units per year.</li> </ul>
95004	Percutaneous tests (scratch, puncture, and prick) with allergenic extracts, immediate type reaction, including test interpretation and report,	<ul style="list-style-type: none"> <li>Reimbursement is limited to 80 units.</li> </ul>
95024	Intracutaneous (intradermal) tests with allergenic extracts, immediate type reaction, including test interpretation and report	<ul style="list-style-type: none"> <li>Reimbursement is limited to 40 units.</li> </ul>
95028	Intracutaneous (intradermal) tests with allergenic extracts, delayed type reaction, including reading	<ul style="list-style-type: none"> <li>Reimbursement is limited to 30 units.</li> </ul>
95165	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens	<ul style="list-style-type: none"> <li>First Year - Reimbursement is limited to 40 units per claim and 150 units per year.</li> <li>Subsequent Years - Reimbursement is limited to 30 units per claim and 120 units per year.</li> </ul>

### Hyaluronic Acid Derivatives

As of 1/1/19 the prior authorization requirements for Hyaluronic Acid Derivatives that are currently in place for Medicaid products will be extended to include Commercial and ASO plans. Please review MVPs Medical Policies for more information.

**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 1-800-999-3920.**

