



National Drug Code (NDC) Payment Policy Requirement Reminder

Please note, this is a follow up to our 8/23/16 Fast Fax about MVP Health Care's NDC policy because some things have changed

Please see important notes regarding MVP's current NDC requirements below:

- Per current MVP policy, a valid NDC# and quantity **must** be included on all claims where a medication is administered in the physician office, outpatient setting, or outpatient hospital setting, 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 code submitted and accepted at the FDA and appears on the standard Federal active NDC listings)

Please see new NDC requirements which MVP will implement for claims submitted after 12/13/2016:

- Per updated New York State Regulatory requirements, emergency room and free-standing clinic services **must** be billed with a valid NDC (New York state *has* removed the NDC requirement for inpatient claims)
- Drugs purchased through the 340b program (using the UD modifier), *will* require a valid NDC #
- MVP will deny or reject claim lines when an NDC is required as noted above, but is missing or invalid

MVP will perform take backs as necessary on claims that do not meet the required specifications. However, 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/provider.

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.

