

Billing and Reimbursement Guideline: Pharmaceutical Supplies Billing and Reimbursement

Guideline Publication Date: September 1, 2010

Key coding, documentation and reimbursement points include:

- This policy applies to professional services billed on a CMS-1500 claim form and facility services billed on a UB-92 claim form.
- All pharmacy supplies billed on a UB-92 should be billed with a cross walked revenue code for the service.
- All pharmacy supplies (other than those covered under NHPRI's pharmacy benefit) should be billed with the appropriate CPT or HCPC code and a valid corresponding NDC number.
- If the pharmaceutical is considered a miscellaneous drug, the claim must be billed on paper with a miscellaneous supply code, valid NDC number and an invoice attached for review.
- Any pharmaceutical for outpatient services that cross over more than one calendar day must be itemized by individual service date and corresponding units per day.
- Any pharmaceutical considered covered under NHPRI's pharmacy benefit will be denied if billed on a medical claim.
- Only pharmaceuticals that are FDA approved are reimbursable. Any pharmaceutical that is non-FDA approved will be denied.
- No invoice older than one year from the date of service billed will be accepted.
- This policy applies to professional and outpatient services not paid at case rates.

Please refer to Neighborhood's provider website at <http://www.nhpri.org> for specific provisions by product line.

This guideline is not a guarantee of reimbursement. Plan coverage, eligibility and claim payment edit rules may apply.

Version History

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9/1/2013 Format change, minor edits, added language of applicability to professional and facility services, deleted modifier language, added outpatient case rate exclusion.
