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Provider News

Crossover Claims and National Drug Codes

Medicare does not require national drug code (NDC) information to pay physician-administered drugs (PAD). However, DHCS **does** require the Alliance to collect this information on all PAD claims. Medicare has addressed this issue and recommends that providers always include the NDC when submitting claims to Medicare.

PAD services billed without the required NDC, or with an incorrect NDC, will be denied with the following explanation: 522 PHYSICIAN ADMINISTERED DRUG INFORMATION MISSING OR INVALID. In this situation, providers may resubmit the claim with a correct NDC.

For more information, please reference the following:

- * Centers for Medicare and Medicaid Services (CMS) reference document, "Important Information Concerning the Medicare Crossover Process and State Agency Requirements for NDCs Associated with Physician-Administered Part B Drugs," located at [go.cms.gov/2nTLxlq](https://www.cms.gov/2nTLxlq)
- * CMS Manual: Publication 100-04, Medicare Claims Processing, located at [go.cms.gov/2nWIGPX](https://www.cms.gov/2nWIGPX)
- * "Electronic Medicare Crossover Claims," dated April 12, 2018, located at www.ccah-alliance.org/memos.html
- * Physician Administered Drugs: NDC section of the Medi-Cal Manual, located at https://files.medi-cal.ca.gov/pubsdoco/Manuals_menu.asp