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HIGHMARK CODING TIPS

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NDC required for Medical Drug Claims

To ensure proper payment the provider needs to include the appropriate 11-digit National Drug Code (NDC) when reporting a medical drug claim, including not otherwise classified (NOC) HCPCS Level II drug code. The NDC serves as a universal product identifier for 3 segments including, the labeler, the product and the commercial package size. The first 5 numbers in the NDC identifies the labeler (manufacturer, repackage, or distributer). The second 4 numbers are the product code, which identifies the strength, dosage form and formulation of a drug for a specific company. The third and final 2 numbers are the package code, which identifies package sizes and types. The labeler code is assigned by the U.S. Food and Drug Administration (FDA), while the product and package code are assigned by the company. Many drugs have multiple NDCs to distinguish between various strengths and forms. Selecting an incorrect NDC may result in inaccurate payment. Please refer to the FDA National Drug Code Directory.

Supplies for Implanted Ventricular Assist Device Care (IVAD)

Claims for supplies for the care of an implanted ventricular assist device (IVAD) should be billed with the appropriate Healthcare Common Procedure Coding System (HCPCS) Level II code. Use HCPCS code Q0508 (Miscellaneous supply or accessory for use with an implanted ventricular assist device) to bill for the driveline management trays/kits. The driveline management trays include all the supplies necessary for dressing changes and securement of an IVAD in one kit. The miscellaneous HCPCS code Q0508 is used to bill for the driveline management trays/kits as there is no other code available. The following documentation must be included at the time of the claim submission.

•Physician’s order for supply/accessory listing frequency and duration of its use

•Invoice for supply/accessory provided

•List of supply/accessory provided whether individually or in a kit

Proper Coding for Psychological and Neurological Testing

Beginning January 1, 2019, psychological and neuropsychological testing evaluation services should be reported with codes 96130-96133. These services are performed by a physician or other qualified health care professional. The CPT manual outlines how these codes are to be used, the specificity of time, and when to finalize billing. There is also a reference table to assist in choosing the correct code and the services these codes cover. Most of the newly established “add-on” psychological and neuropsychological testing codes are time-based. For time-based codes, a unit of time is attained when the mid-point is passed. For example, an hour is attained when 31 minutes have elapsed (more than midway between zero and sixty minutes). A second hour is attained when a total of 91 minutes has elapsed. This is standard for CPT time-based codes, unless there are code or code-range-specific instructions.

Proper coding depends on which testing was performed and the time required to complete the elements of the results. Regardless if the patient had Psychological Testing or Neurological Testing, the directions are the same. Psychological Test code 96130 and Neurological Test code 96132 will always be the primary code to bill first and the unit will always be one (1) as this represents the first hour only. Should the patient need to be scheduled for additional visits to complete the testing, the provider does not continue to report 96130 or 96132 as CPT has provided add-on codes, (+)96131 or (+)96133. The services are not billed until all the evaluations and interpretations have been completed, and the family/patient returns for the results and recommendations. The service(s) should be billed only after the final day so the entire service time can be included. Therefore, it is important that the provider track the time spent integrating patient data, interpreting test results and clinical data, clinical decision making, treatment planning and reporting, and the interactive feedback to the patient, family member(s) or caregiver(s).