

Q: will AHCCCS provide a list of covered NDCs for billing?

A: No, AHCCCS will not be providing a list of covered NDCs.

The web page for Pharmacy has the 3 formulary lists:

- AHCCCS FFS Drug List, Acute and Long Term Care
<https://www.azahcccs.gov/Resources/Downloads/PharmacyUpdates/AHCCCSFFS.pdf>
- AHCCCS FFS Formulary for Dual Eligible
<https://www.azahcccs.gov/Resources/Downloads/PharmacyUpdates/AHCCCSDualFormulary.pdf>
- AHCCCS FFS Behavioral Health Drug List
<https://www.azahcccs.gov/Resources/Downloads/PharmacyUpdates/AHCCCSBehavioralHealthDrugList.pdf>

Q: Can we bill AHCCCS for covered NDCs as secondary coverage?

A: If the primary coverage is a health plan or TPL, then the UB04 claim submitted to AHCCCS must follow the NDC billing requirements and the billing requirements for other plan's payment.

If the recipient is eligible for Medicare Part D coverage then only those medications indicated on the Formulary for Dual Eligible (link above) can be submitted to AHCCCS.

AHCCCS is prohibited from reimbursing Part D covered medications and the Part D deductible/copay.

Q: Can we bill the pharmacy claim using the ICD-10 diagnosis code for 'refill of repeat prescription'?

A: Yes "encounter for issue of repeat prescription for medicaments" is a valid diagnosis. However, AHCCCS encourages providers to use the most appropriate ICD-10 codes for the services.

AHCCCS recommends the provider include this in their testing files.

Q: Do the 837 files require revenue code 0519 on all claim lines or just the first claim line?

A: The revenue code 0519 must be on each line billed on the pharmacy claim.

Q: Is there an NDC for billing anti-coagulant therapy management pharmacy visit?

A: Anti-coagulant Therapy Management as a pharmacy service does not have an NDC.

AHCCCS has identified ICD-10 diagnosis codes appropriate when billing for this service:

- D6859 Other primary thrombophilia
- D6861 Antiphospholipid syndrome
- D689 Coagulation defect, unspecified
- D696 Thrombocytopenia, unspecified
- Z5181 Encounter for therapeutic drug level monitoring
- Z7901 Long term (current) use of anticoagulants

These ICD-10 diagnosis codes, when billed for revenue code 0519 specifically for the anti-coagulant therapy, will allow the pharmacy claim to pay the AIR without an NDC when no other covered pharmacy services are billed.

If other covered pharmacy services are also billed for the same DOS then the anti-coag service must be the last line billed on the UB-04 with revenue code 0519.

For further information refer to the following resources available on the website:

- the 4 NDC articles sent on ListServ June 2nd and 3rd, 2016
- NDC power point presentation from June 9, 2016 training session
At <https://www.azahcccs.gov/AmericanIndians/Providers/>

The questions below are from the 7/13/16 NDC training session.

Q: How do we bill for covered diabetic supplies?

A: The specific diabetic supplies that are covered should be billed with the revenue code 0519 and the NDC of the supply.

Refer to IHS/Tribal Billing Manual Chapter 10 Pharmacy Services, section “Pharmacy Coverage Limitations” for the list of diabetic supplies that are billable.

Q: Are over the counter medications billable?

A: Over the counter (OTC) medications billable are limited to medications listed in the AHCCCS FFS Drug List for Duals.

This Duals drug list is available on the AHCCCS website at:

<https://www.azahcccs.gov/Resources/Downloads/PharmacyUpdates/AHCCCSDualFormulary.pdf>

The current AHCCCS Drug List for FFS acute and long term care (LTC) is available on the website at:

<https://www.azahcccs.gov/Resources/Downloads/PharmacyUpdates/AHCCCSFFS.pdf>

Q: How do we bill when the recipient sees the pharmacist but no medications are received?

A: If no covered pharmacy services are included with this face-to-face with the pharmacist, then this is not a billable service.

Refer to IHS/Tribal Billing Manual Chapter 9, Hospital and Clinic Services, beginning on page 9-9 for details of covered pharmacy services that can be billed on the UB-04 with revenue code 0519 for reimbursement at the AIR.

Q: What happens if the first line of the pharmacy claim isn't a valid NDC?

A: The first line with revenue code 0519 and the AIR must be:

- A valid NDC and
- A covered service

or the claim will deny, even if all other 0519 lines are valid NDCs and covered services.