



# NATIONAL DRUG CODES

Claim Submission & Inquiry Procedures

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## Overview of National Drug Codes (NDC) Claims

Some home care services professionals – typically home infusion and/or specialty pharmacy providers – must follow specific submission and inquiry procedures for NDC claims.

These claims may differ from one home care provider to another. Home care providers may also have certain service types for which claims must be submitted according to the NDC process but may have other service types for which claims must be submitted by the standard UnitedHealthcare claims submission process.

Please use the designated claim submission method for each service type so that UnitedHealthcare can adjudicate your claim appropriately.

If you are unsure whether to follow the NDC or UnitedHealthcare submission process, please contact your Network Management representative for clarification.

## Section One

### How to Submit NDC Claims

The NDC process lets you submit claims to UnitedHealthcare in three ways:

Submission	Process
Batch EDI 837	Before submitting an EDI file, you must successfully complete all EDI testing. Contact your clearinghouse to begin the testing process or call UnitedHealthcare EDI Support at 800-842-1109 for more information. Submit your 837p EDI Batch file using the Payer ID “UHNDC.”
Online	Please go to <b>UHCprovider.com</b> and sign in using your Optum ID. Use the UnitedHealthcare Online app on Link, your gateway to UnitedHealthcare's online tools. Select Claim Submission from the Claims & Payments drop down menu.  <b>NOTE:</b> If you are not able to enter the NDC code or are not required to enter the member information, you may have selected the wrong physician/provider tax identification number. Please click “Cancel” on the claim and start the process over.
Paper <sup>1</sup>	Fax CMS-1500 paper claims to 801-994-1260 <sup>1</sup>

<sup>1</sup>Paper claims are only accepted if:

- The claim requires coordination of benefits (COB)
- You are submitting a corrected claim
- The total billed charges on the claim is greater than \$99,999.99

## Section Two

### Types of NDC Claims

This table defines submission guidelines for different types of claims:

If a claim is being submitted...	...it is considered a/an	Process to Follow
<b>For the first time</b>	Initial submission	The standard EDI or online submission processes noted in Section One: How to Submit NDC Claims
<b>For the second time because it has to be corrected</b>	Corrected claim	<p>The paper process (via fax), as noted in Section One: How to Submit NDC Claims</p> <p>Stamp “corrected” on the claim in the top right-hand corner, or enter “corrected” in Box 19 of the CMS- 1500 form.</p>
<b>As an Appeal/Reconsideration</b>	Appeal/Reconsideration	The Appeals/Reconsideration process noted in the explanation of benefits (EOB)
<b>As a Coordination of Benefits (COB) claim (any primary payer; not limited to Medicare)</b>	COB submission	<p>The paper process<sup>2</sup> (via fax), as noted in Section One: How to Submit NDC Claims</p> <p>Please submit both the CMS-1500 claim form and the primary carrier’s EOB together</p>

<sup>2</sup>Claims must be submitted per UnitedHealthcare guideline. As a result, when Medicare is primary, UnitedHealthcare acknowledges that the Healthcare Common Procedure Coding System (HCPCS) codes and drug units on the UnitedHealthcare secondary claim submission (COB submission) will differ from the Medicare primary claim submission.

## Section Three

### NDC Claim Requirements

In addition to standard complete claim data requirements outlined in the UnitedHealthcare Physician, Health Care Professional, Facility and Ancillary Provider Administrative Guide, the following items must be included on NDC Claims for timely processing and payment. Claims with missing or incorrect information may be delayed or denied.

#### 1. Plan Identification (ID) Code

- The Plan ID Code identifies the UnitedHealthcare plan and is required so we can properly route claims for payment. All claims must be submitted with a Plan ID Code or a claim payment may be delayed.
- To determine Plan ID Code:
  - Refer to the member's health care ID card, which lists the UnitedHealthcare plan.
  - Refer to the UnitedHealthcare Plan ID table in Section Five of this document
- If you submit by:
  - Fax: Please enter the Plan ID code in box 11c.
  - Online: Please select the Plan ID code from box 11c.
  - EDI Batch: Please submit the Plan ID Code in 2010BB REF Segment, REF01 and REF02 Loop.

#### 2. Drug Claim Lines

- Drug Claim Lines must be submitted with a valid NDC code.
- The NDC code must be 11 digits, without dashes or spaces.
- Drug Claim Lines submitted without a valid NDC will pay at \$0.00.

#### 3. Administrative Claim Lines (Per-diem/nursing)

- All Administrative Claim Lines must be submitted with a valid HCPCS or Current Procedural Terminology (CPT) code, in accordance with (CPT) code, in your UnitedHealthcare agreement.
- All administrative claim lines submitted without the correct, valid HCPCS/CPT code will pay at \$0.00.

#### 4. Claim Reminders

- Uniform Billing (UB) claim formats are not accepted.
- You may not bill for future dates of service.
- SH<sup>1</sup> and SJ<sup>2</sup> modifiers are required for multiple therapies.
- You may not bill "0" units.
- Please do not bill with HCPCS units.

Subscriber and Group numbers are required on all claims. Please bill with the standard National Council for Prescription Drug Programs (NCPDP) billing units associated with the NDC value.

<sup>1</sup>SH must be applied to the S code per diem line item billed in conjunction with a second concurrently administered therapy.

<sup>2</sup>SJ must be applied to the S code per diem line item when three or more concurrently administered therapies are provided in addition to the primary therapy.

## Section Four

### NDC Claim Inquiry

Use the following table to determine how to inquire about an NDC claim:

If you wish to:	Go to:
<b>Check member eligibility</b>	The table in Section Five.
<b>Check claim status</b>	Use the name on the member’s health care ID card to identify the health plan and the correct tool or contact information.  When contacting us, identify yourself as an NDC home infusion and/or specialty pharmacy provider to help ensure your inquiry is directed appropriately.
<b>Obtain claim reconsideration or appeal forms and procedures</b>	
<b>Check claim status if not available UHCprovider.com</b>	
<b>Determine why online claim reconsideration or written reconsideration failed</b>	
<b>Determine why the claim still did not process through although updated COB information was submitted</b>	
<b>Determine why the claim still did not process although you submitted more information or a corrected claim</b>	
<b>Determine why a claim still did not process although you submitted proof of timely filing</b>	
<b>Determine why you received a letter or an identified claim was closed with a remark code asking you to resubmit through your designated process</b>	

**Note on claims adjustments:** As an example, if UnitedHealthcare paid \$1,000 when a claim was originally processed but an additional amount is due for a total of \$1,500, please be aware that when the claim is reprocessed, the Provider Remittance Advice (PRA) will reflect the original payment as a negative amount (-\$1,000) with a subsequent payment of \$500. The -\$1,000 is not a recoupment and we have not taken the \$1,000 back. In this example, the total paid is \$1,500.



## Section Five

### Plans that follow the NDC Claim Submission and Inquiry Procedures

If the name of your patient’s UnitedHealthcare plan is not listed in the following chart, you can find information about how to submit a claim by referring to the How to Submit a Claim section of the Administrative Guide.

Member’s UnitedHealthcare Health Plan	Use Plan ID Code	Self-Service Tool Access	Provider Services Number/Instructions	Refund Check Address
UnitedHealthcare Life Insurance Company/All Savers	08	N/A	800-232-5432	American Medical Security 3100 AMS Blvd. Green Bay, WI 54307-7032
OneNet PPO (formerly MAMSI OneNet)	01 (No longer valid)	N/A	800-342-3289	Please call customer service to verify address.  As of March 16, 2016, the OneNet medical network product is no longer offered. The OneNet medical claim runout period ended on March 15, 2017 and claims are no longer priced or adjusted.
UnitedHealthcare MAHP – MD IPA, Optimum Choice and MLH (formerly MAMSI)	10	<a href="http://UHCprovider.com">UHCprovider.com</a>	Call the Customer Care number on the member’s ID card	Use one of the following: MAMSI Life & Health P.O. Box 75331 Baltimore, MD 21275-5331  Optimum Choice P.O. Box 753311 Baltimore, MD 21275-5331  MD-IPA Health Plan P.O. Box 753312 Baltimore, MD 21275 5331
Neighborhood Health Partnership	10	<a href="http://www.mynhp.com">www.mynhp.com</a>  On April 1, 2016, the Neighborhood Health Partnership medical network product changed to plan ID 10. Starting May 15, 2017, claims using plan ID 14 will be rejected.	877-972-8845	709 Grant Ave. Attn: North Lobby P.O. Box 5210 Lake Katrine, NY 12449
United Medical Resources (UMR)	20	<a href="http://UMR.com">UMR.com</a>	Call the Customer Care number on the member’s ID card	Call the Customer Care number on the member’s ID card
UMR Onalaska (CEBT/TML)	20	<a href="http://UMR.com">UMR.com</a>	Call the Customer Care number on the member’s ID card	Call the Customer Care number on the member’s ID card
UnitedHealth Shared Services (UHSS)/ Government Employees Health Association (GEHA)*	20	<a href="http://UHS.com">UHS.com</a>	Call the Customer Care number on the member’s ID card	Call the Customer Care number on the member’s ID card

Member's UnitedHealthcare Health Plan	Use Plan ID Code	Self-Service Tool Access	Provider Services Number/Instructions	Refund Check Address
UnitedHealthcare	10	<a href="http://UHCprovider.com">UHCprovider.com</a>	Call the NDC Provider Team at 866-950-3513	Claims Accounting Lockbox P. O. Box 10284 Newark, NJ 07193-0284
UnitedHealthcare Chronic Complete, UnitedHealthcare Nursing Home Plan and UnitedHealthcare Dual Complete	19	<a href="http://UHCprovider.com">UHCprovider.com</a>	Call the Customer Care number on the member's ID card	Please refer to your introductory letter for appropriate instructions
UnitedHealthcare Community Plan of Arizona	22	<a href="http://UHCprovider.com">UHCprovider.com</a>	800-445-1638	UnitedHealthcare Refund CTR 15354 Collection CTR Drive Chicago, IL 60693
UnitedHealthcare Community Plan of California	36	<a href="http://UHCprovider.com">UHCprovider.com</a>	Call the Customer Care number on the member's ID card	Please call Customer Service
UnitedHealthcare Community Plan of Delaware	29	<a href="http://UHCprovider.com">UHCprovider.com</a>	800-600-9007	Please call Customer Service
UnitedHealthcare Community Plan of Florida	12	<a href="http://UHCprovider.com">UHCprovider.com</a>	877-842-3210	UnitedHealthcare P.O. Box 31362 Salt Lake City, UT 84131
UnitedHealthcare Community Plan of Hawaii for DOS on or after Jan. 1, 2017	37	<a href="http://UHCprovider.com">UHCprovider.com</a>	888-980-8728	Please call Customer Service
UnitedHealthcare Community Plan of Iowa	32	<a href="http://UHCprovider.com">UHCprovider.com</a>	Call the Customer Care number on the member's ID card	Please call Customer Service
UnitedHealthcare Community Plan of Kansas	26	<a href="http://UHCprovider.com">UHCprovider.com</a>	877-542-9235	Please call Customer Service
UnitedHealthcare Community Plan of Louisiana	33	<a href="http://UHCprovider.com">UHCprovider.com</a>	866-675-1607	Please call Customer Service
UnitedHealthcare Community Plan of Maryland	02	<a href="http://UHCprovider.com">UHCprovider.com</a>	877-842-3210	UnitedHealthcare Refund CTR 15354 Collection CTR Drive Chicago, IL 60693
UnitedHealthcare Community Plan of Massachusetts	34	<a href="http://UHCprovider.com">UHCprovider.com</a>	888-867-5511	UnitedHealthcare P.O. Box 740800 Atlanta, GA 30374-0800
UnitedHealthcare Community Plan of Michigan	27	<a href="http://UHCprovider.com">UHCprovider.com</a>	800-903-5253	Please call Customer Service



Member's UnitedHealthcare Health Plan	Use Plan ID Code	Self-Service Tool Access	Provider Services Number/Instructions	Refund Check Address
UnitedHealthcare Community Plan of Missouri - Missouri HealthNet for DOS on or after May 1, 2017	38	<a href="http://UHCprovider.com">UHCprovider.com</a>	Call the Customer Care number on the member's ID card	Please call Customer Service
UnitedHealthcare Community Plan of Mississippi	31	<a href="http://UHCprovider.com">UHCprovider.com</a>	Call the Customer Care number on the member's ID card	Please call the Customer Care number of the back of the member's ID card.
UnitedHealthcare Community Plan of Nebraska	04	<a href="http://UHCprovider.com">UHCprovider.com</a>	866-331-2243	UnitedHealthcare Refund CTR 15354 Collection CTR Drive Chicago, IL 60693
UnitedHealthcare Community Plan of New Jersey	05	<a href="http://UHCprovider.com">UHCprovider.com</a>	888-362-3368	Call 888-362-3368 to report
UnitedHealthcare Community Plan of New Mexico	28	<a href="http://UHCprovider.com">UHCprovider.com</a>	877-236-0826	
UnitedHealthcare Community Plan of New York	06	<a href="http://UHCprovider.com">UHCprovider.com</a>	877-842-3210	Receivable Strategies, LLC P .O . Box 260 Parsippany, NJ 07054
UnitedHealthcare Community Plan of North Carolina	40	<a href="http://UHCprovider.com">UHCprovider.com</a>	Call the Customer Care number on the member's ID card	Please call Customer Service
UnitedHealthcare Community Plan of Ohio	25	<a href="http://UHCprovider.com">UHCprovider.com</a>	877-842-3210	Please call Customer Service
UnitedHealthcare Community Plan of Oklahoma	41	<a href="http://UHCprovider.com">UHCprovider.com</a>	Call the Customer Care number on the member's ID card	Please call Customer Service
UnitedHealthcare Community Plan of Pennsylvania	03	<a href="http://UHCprovider.com">UHCprovider.com</a>	800-600-9007	Pension Finance 1001 Brinton Rd . Pittsburgh, PA 15221
UnitedHealthcare Community Plan of Rhode Island	13	<a href="http://UHCprovider.com">UHCprovider.com</a>	877-842-3210	UnitedHealthcare Community Plan P.O. Box 31361 Salt Lake City, UT 84131
UnitedHealthcare Community Plan of Tennessee (TennCare)	30	<a href="http://UHCprovider.com">UHCprovider.com</a>	800-690-1606	UnitedHealthcare Community Plan P.O. Box 5220 Kingston, NY 12402-5220
UnitedHealthcare Community Plan of Texas	21	<a href="http://UHCprovider.com">UHCprovider.com</a>	888-887-9003	UnitedHealthcare Community Plan P.O. Box 740800 Atlanta, GA 30374
United Healthcare Community Plan of Virginia for DOS on or after Aug. 1, 2017	39	<a href="http://UHCprovider.com">UHCprovider.com</a>	800-842-3210	Please call Customer Service

Member's UnitedHealthcare Health Plan	Use Plan ID Code	Self-Service Tool Access	Provider Services Number/Instructions	Refund Check Address
UnitedHealthcare Community Plan of Washington	24	<a href="http://UHCprovider.com">UHCprovider.com</a>	877-542-9231	UnitedHealthcare P.O. Box 31361 Salt Lake City, UT 84131
UnitedHealthcare Community Plan of Wisconsin (claims are submitted directly to the health plan as of Aug. 1, 2013, if your contract was amended to pay as state pays)	07	<a href="http://UHCprovider.com">UHCprovider.com</a>	877-651-6677	UnitedHealthcare Community Plan P.O. Box 2550 Phoenix, AZ 85011
UnitedHealthcare Medicare Solutions	11	<a href="http://UHCprovider.com">UHCprovider.com</a>	Call the Customer Care number on the member's ID card	Please refer to the refund request letter
UnitedHealthcare of the River Valley	10	<a href="http://UHCRiverValley.com">UHCRiverValley.com</a>  On April 1, 2016, the UnitedHealthcare of the River Valley medical network product changed to plan ID 10. Starting May 15, 2017, claims using plan ID 14 will be rejected.	Call the Customer Care number on the member's ID card	UnitedHealthcare of the River Valley Attn: Lockbox 88825 131 S. Dearborn, 6th Floor Chicago, IL 60603
UnitedHealthOne® (UnitedHealthOne, Golden Rule)	18	N/A	800-657-8205	Golden Rule Insurance 712 11th St. Lawrenceville, IL 62439  or Golden Rule Insurance 7440 Woodland Dr. Indianapolis, IN 46278-1720
Harken Health Plan for Choice Plus	35	<a href="https://www.harkenhealth.com">https://www.harkenhealth.com</a>	844-566-3390	Please call Customer Service
Care Improvement Plus (CIP)	11	<a href="http://UHCprovider.com">UHCprovider.com</a>	Call the Customer Care number on the member's ID card	Please call Customer Service

\*GEHA member claims are submitted to UMR plan ID 20, unless the care provider has a direct agreement with GEHA. In this situation, claims are submitted directly to the health plan.

For members of Harvard Pilgrim and Medica, if the member is seen in the designated service area, claims are submitted directly to the health plan and fall under your direct agreement with the plan. If members are seen outside of the designated service area, members use the UnitedHealthcare plan ID10 for Harvard Pilgrim or plan ID11 for Medica, and fall under your global UnitedHealthcare agreement.

This NDC process applies to benefit plans administered by UnitedHealthcare Insurance Company and its affiliates except for benefit plans issued, sponsored or administered by PacifiCare Health System or its subsidiaries, benefit plans issued and administered by UnitedHealthcare Oxford and its affiliates; benefit plans issued and administered by Sierra or its subsidiaries .

Insurance coverage provided by or through UnitedHealthcare Insurance Company, All Savers Insurance Company, or their affiliates. Health plan coverage provided by UnitedHealthcare of Arizona, Inc., UHC of California DBA UnitedHealthcare of California, UnitedHealthcare Benefits Plan of California, UnitedHealthcare of Colorado, Inc., UnitedHealthcare of Oklahoma, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare of Texas, LLC, UnitedHealthcare Benefits of Texas, Inc., UnitedHealthcare of Utah, Inc. and UnitedHealthcare of Washington, Inc. or other affiliates. Administrative services provided by United HealthCare Services, Inc., OptumRx, OptumHealth Care Solutions, Inc. or its affiliates. Behavioral health products are provided by U.S. Behavioral Health Plan, California (USBHPC), United Behavioral Health (UBH) or its affiliates.