

Reminder: Anthem requires National Drug Code for professional and facility outpatient claims effective June 15, 2020*

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In the March edition of *Provider News*, Anthem Blue Cross and Blue Shield (Anthem) notified providers about a new billing requirement to help us determine the correct amount to pay on drug claim lines for commercial professional and facility outpatient claims filed to us. **As a reminder, effective for dates of service on and after June 15, 2020, the following information will be required on claims for all categories of drugs except for those administered in an inpatient facility setting:**

1. Applicable HCPCS code or CPT code
2. Number of HCPCS code or CPT code units
3. Valid 11-digit National Drug Code(s) (NDC), **including the N4 qualifier**
4. Unit of Measurement qualifier (F2, GR, ML, UN, MG)
5. NDC units dispensed (must be greater than 0)

Note: *These billing requirements apply to Local Plan and BlueCard® only.* This notice EXCLUDES claims for members enrolled in the Blue Cross and Blue Shield Service Benefit Plan (also called the Federal Employee Program or FEP) and Coordination of Benefits/secondary claims.

As we shared in the original notification, Anthem will deny any line items on a claim regarding drugs that do not include the above information – effective for dates of service on and after June 15, 2020. Please include the above information on drug claims to help ensure accurate and timely payments.

If you have questions, please contact Provider Services.

* Material Changes/Amendments to Contract and Changes to Prior Authorization Requirements may apply for new or updated reimbursement policies, medical policies, or prior authorization requirements

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