



URGENT

NOTIFICATION FOR PROVIDERS

NCD Adjudication Reminder

In accordance with DHB PHP Billing Guidance, Trillium would like to remind providers of the requirements for processing of claims where drug procedure codes are reported separately. The Health Plan Billing Guide requires all professional and institutional claims to have a valid 11-digit NDC code for each claim line that includes a drug procedure code. This requirement applies to the following:

- Revenue codes in the 250-259 and 631-639 range
- J codes, including miscellaneous and unlisted drug codes
- Drug related C codes, including miscellaneous and unlisted drug codes
- Drug related Q codes, including miscellaneous and unlisted drug codes
- Drug related S codes, including miscellaneous and unlisted drug codes
- Drug related A codes, including miscellaneous and unlisted drug codes
- Drug related CPT codes, including miscellaneous and unlisted drug codes

A valid HCPCS/CPT code and units of service must be included with the NDC code and NDC quantity. NDC codes must be reported as 11-digit codes in the 5-4-2 format.

Any claims submitted with a drug procedure code without the corresponding valid 11-digit NDC code may receive a denial reason code 1360.

If you have questions, please contact the Provider Support Service Line at 1-855-250-1539 or send an email to ClaimsSupport@TrilliumNC.org.

URGENT NOTIFICATIONS FOR NETWORK PROVIDERS

