

Notice Date
October 12, 2015

AETNA BETTER HEALTH®

NDC Billing Requirements for Outpatient Services

Dear Provider:

Aetna Better Health participating providers are required to submit valid National Drug Code (NDC) numbers in addition to the appropriate HCPC codes for all outpatient services.

When billing an injectable drug, providers must submit the valid 11 digit NDC number, the unit of measurement qualifier and the quantity on the claim. These requirements are essential for both paper and electronic claims and are mandated by the Pennsylvania Department of Human Services for all Medicaid plans.

Any claim billed with invalid or missing NDC codes will be rejected at the claim line level with a reject reason code indicating to resubmit the service line with a valid NDC code. Provider may resubmit a corrected claim with a valid 11-digit NDC code within 365 calendar days from the date of service, as long as the original claim was submitted within the appropriate timeframe.

In addition, when submitting claims that are part of the for Vaccines for Children (VFC) Program, please submit the appropriate vaccine CPT code(s) as well as any applicable administration codes. Aetna Better Health will reimburse for the administration of the vaccination only, as part of the VFC program.

Thank you for the quality care you give our members. Please contact provider relations at **1-866-638-1232** with any questions about this notice.

Sincerely,

Dwayne P. Parker
Director of Provider Relations and Credentialing