The Basics of Specialty Coding

Presented By:
Craig S. Stern, PharmD, MBA, FMCP, CSP

October 7, 2014
LEARNING OBJECTIVES

1. Define what the various billing codes are and what they mean.

2. Discuss how inconsistencies in the use of coding for contracting, billing, and payment systems can hamper improvements in specialty drug care decision-making, costs and outcomes.

3. Summarize how the lack of transparency with outpatient and inpatient hospital revenue codes might impact decisions about total drug utilization and place of service requirements.
Financial Relationship Disclosures

• Craig S. Stern reports having no financial relationships with any commercial interests during the past 12 months.
Speaker

Craig Stern, Pharm.D., MBA, FAMCP, CSP
President
Pro Pharma Pharmaceutical Consultants, Inc.
Canoga Park, CA
Learning Assessment Question #1

The following are valid billing codes used for specialty medications in either medical or pharmacy channels except:

a. NDC
b. CPT
c. ICD-10
d. J CODE

TEXT TO 22333

a. 706027
b. 706028
c. 706029
d. 706030
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Learning Assessment Question #2

Specialty drug care decision-making, costs and outcomes are NOT impacted by:

a. ICD-6
b. Inconsistencies in coding
c. Definition of specialty medication
d. SNOMED vocabulary applied to MTM and EHR

TEXT TO 22333

a. 706138
b. 706157
c. 706158
d. 706191
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Learning Assessment Question #3

Drug utilization and place of service are influenced by the following except:

a. Hospital Revenue Codes
b. Hospital special reimbursement codes
c. Pharmacy days’ supply for dispensing date
d. LOINC for physician’s office coding

TEXT TO 22333
a. 706257
b. 706258
c. 706260
d. 706261
Your poll will show here

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OUTLINE

I. Definitions
II. Coding Logic
III. Claim Adjudication Rules / Requirements
IV. Pricing Issues
V. Utilization Testing
VI. Pre-certification Testing
VII. Contract Considerations
VIII. Data Vendors
# How Does Medical Coding Differ From Pharmacy Coding?

<table>
<thead>
<tr>
<th>Pharmacy Coding</th>
<th>Medical Coding</th>
</tr>
</thead>
<tbody>
<tr>
<td>◆ Expect drug/strength</td>
<td>◆ J Code</td>
</tr>
<tr>
<td>◆ Expect quantity</td>
<td>◆ “Dose” vs. dispensed</td>
</tr>
<tr>
<td>◆ Expect days’ supply</td>
<td>◆ Date range often missing</td>
</tr>
<tr>
<td>◆ Expect prescriber ID</td>
<td>◆ Prescriber ID = taxID, NPI, etc.</td>
</tr>
<tr>
<td>◆ Assume ambulatory LOS</td>
<td>◆ LOS is variable</td>
</tr>
<tr>
<td>◆ As a consequence we supply:</td>
<td>◆ As a consequence:</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>– NDC</td>
<td>– Many-2-Many NDC / J Code</td>
</tr>
<tr>
<td>– Quantity in packages</td>
<td>– Quantity / J Code unit</td>
</tr>
<tr>
<td>– Days’ supply for prescription</td>
<td>– Date of service only</td>
</tr>
<tr>
<td>– Prescriber NPI</td>
<td>– Prescriber has many IDs</td>
</tr>
<tr>
<td>– No LOS</td>
<td>– LOS = POV, EM, Hosp, Clinic, etc.</td>
</tr>
</tbody>
</table>
DEFINITIONS
DEFINITIONS OF SPECIALTY Rx

❖ Definitions
  – All Injectables
    • Self-administered (usually pharmacy)
    • Provider administered (usually medical)
    • Facility administered (includes acute care hospital, SNF, LTC)
  – Medicare Part B covered – includes enteral feeding (EN), HIV/AIDS medications
  – Medication cost / dose >= $600

❖ Limitations
  – Miscellaneous coding (“noc” codes)
  – Administrative fees
  – Disposable Medical Equipment (DME)
  – Radio-labeled medications
CODING SYSTEMS

- Healthcare Common Procedure Coding System (HCPCS)
  - **Level I**: CPT-4 for services and procedures furnished by physicians / healthcare professionals
  - **Level II**: products, supplies, services furnished outside of physician’s office
    - Includes DMEPOS = DME, prosthetics, orthotics, and supplies
**HCPCS CODES**

**Level I -- CPT**
- Author: CMS
- Includes: DMEPOS, ambulance, supplies, Rx, dental procedures, outpatient prospective payment system (OPPS)
- CPT-4 codes for hospital providers
- Quality Data Codes: preventive vs. diagnostic or therapeutic
- HCPCS Modifiers: service/procedure altered by specific circumstances

**Level II -- HCPCS**
- Author AMA
- Includes: services & supplies
- Codes for hospitals, physicians, and other health professionals who bill Medicare
  - A-codes: ambulance, radio-Rx
  - C-codes
  - G-codes
  - J-codes
  - Q-codes
SPECIAL USE OF HCPCS CODES

SPECIAL USE

❖ A Codes:
  – Used by some states for oral and injectable drugs (non-specialty)

❖ B Codes: Parenteral & Enteral Therapy

❖ C Codes:
  – Hospital Outpatient Category C-Codes
  – Chemotherapy temporary

❖ S Codes: used by Blues

SPECIAL GROUPS

❖ NOC codes – e.g., J3490/J3590/ J9999
❖ Enteral Nutrition
❖ Radio-labelled Rx
❖ HIV / AIDS
❖ Devices – e.g., diabetic testing
**MEDICAL SPECIALTY:**
**REQUIRED CODING**

**Medical Billing Codes**
- Administrative Codes
- Location of Service (LOS)
- Medications
- Service Codes
- Provider Codes
- Revenue Codes

**Metrics**
- Hosp., EM, LTC, POV, Clinic
- J Codes (A, B, C, J, Q, S)
- CPT
- NPI, Tax ID (individual, group)
- Hosp. billing, rebates
Active Learning Question #1

The definition of specialty is complicated by the criteria used. The following criteria indicate a specialty medication except:

a. Part B medication
b. Self-injectable
c. Provider administered
d. Cost > $500 / Rx
e. Part D medication

TEXT TO 22333

a. 706335  
b. 706336  
c. 706337  
d. 706338  
e. 706341
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The definition of specialty is complicated by the criteria used. The following criteria indicate a specialty medication except:

- a. Part B medication
- b. Self-injectable
- c. Provider administered
- d. Cost > $500 / Rx
- e. Part D medication
Pricing rules are complicated by historical pricing experience. Medical pricing is the same as pharmacy pricing except for the following:

a. NDC required
b. Diagnosis required
c. Quantity required
d. Units required
e. Duration of therapy required
f. Dosage required
g. B and F

TEXT TO 22333

a. 706431
b. 706433
c. 706434
d. 706435
e. 706436
f. 706467
g. 706468
Your poll will show here

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Pricing rules are complicated by historical pricing experience. Medical pricing is the same as pharmacy pricing except for the following:

a. NDC required
b. Diagnosis required
c. Quantity required
d. Units required
e. Duration of therapy required
f. Dosage required
g. B and F
CODING LOGIC
BASIC ISSUES

❖ Drug Codes
  – NDC v HCPCS Descriptions
  – Multi NDC to one HCPCS Code
  – Multi HCPCS to one NDC

❖ Provider Codes
  – NPI
  – Tax ID – location, provider, group

❖ Location of Service Codes

❖ Revenue Codes
<table>
<thead>
<tr>
<th>Code</th>
<th>Billing Description</th>
<th>Drug Name</th>
<th>NDC</th>
<th>Package Size</th>
<th>Pricing Unit</th>
<th>AWP Price Date</th>
<th>AWP Unit Price</th>
<th>ASP Price Date</th>
<th>ASP Price</th>
<th>J-Code Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>90656</td>
<td>Influenza virus vaccine, split virus, preservative free, when administered to 3 years and older, for IM use</td>
<td>Fluzone PF-Split, 2011-2012</td>
<td>49281-0011-10</td>
<td>10 vials (0.5 mL ea) vial</td>
<td>0.5 mL vial</td>
<td>8/1/2011</td>
<td>$15.58</td>
<td>10/1/2010</td>
<td>$12.375</td>
<td>Medicare PartD Pays $12.375 for 2011-12</td>
</tr>
<tr>
<td>90656</td>
<td>Influenza virus vaccine, split virus, preservative free, when administered to 3 years and older, for IM use</td>
<td>Fluzone, PF, Split 2011-2012</td>
<td>49281-0011-50</td>
<td>10 syringes (0.5 mL ea) syringe</td>
<td>0.5 mL syringe</td>
<td>8/1/2011</td>
<td>$15.58</td>
<td>10/1/2010</td>
<td>$12.375</td>
<td>Medicare PartD Pays $12.375 for 2011-12</td>
</tr>
<tr>
<td>90656</td>
<td>Influenza virus vaccine, split virus, preservative free, when administered to 3 years and older, for IM use</td>
<td>Fluvirin, Split 2011-2012</td>
<td>66521-0114-02</td>
<td>10 syringes (0.5 ml ea)</td>
<td>0.5 mL</td>
<td>8/1/2011</td>
<td>$16.17</td>
<td>10/1/2010</td>
<td>$12.375</td>
<td>Medicare PartD Pays $12.375 for 2011-12</td>
</tr>
<tr>
<td>90656</td>
<td>Influenza virus vaccine, split virus, preservative free, when administered to 3 years and older, for IM use</td>
<td>Fluvirin, Split 2011-2012</td>
<td>66521-0114-10</td>
<td>5 ml vial (10 dose vial)</td>
<td>0.5 mL</td>
<td>8/1/2011</td>
<td>$14.37</td>
<td>10/1/2010</td>
<td>$12.375</td>
<td>Medicare PartD Pays $12.375 for 2011-12</td>
</tr>
</tbody>
</table>
SPECIALTY PHARMACY PROVIDERS

Medical Sub-Channels
- Ambulatory Clinics
- Emergency Medicine
- Home care
- Infusion Centers
- Inpatient Hospital
- Outpatient Hospital
- Physician’s Office
- Surgery Centers

Pharmacy Sub-Channels
- PBMs
- Retail pharmacy network
- Specialty Pharmacies
CLAIM ADJUDICATION RULES / REQUIREMENTS
CLAIM ADJUDICATION:
BUSINESS LOGIC

❖ Medical Claims Forms
   – CMS 1500
   – ANSI 837P
   – UB 92 / 04

❖ Basic Issues
   – Rules for Pricing
   – Channel Differences / Competition
   – Submitted Pricing -- Medical / Pharmacy Claims
CLAIM ADJUDICATION:
Pricing Rules

- Medicaid
- Medicare
  - CMS-1500
  - UB04
  - HIPAA 837
- Private Insurance
- Submission Forms
MEDICAID REPORTING REQUIREMENTS

❖ Need:
  – Deficit Reduction Act (DRA) 2005, Section 6002 added provisions under Section 1927: requires States to require physicians in their offices and hospital outpatient settings or other entities (e.g., non-profit facilities) to collect and submit the drug NDC numbers on Medicaid claims to their State
  – Effective January 1, 2008, Section 1927(a)(7)(B)(ii) of DRA eliminates Federal Financial Participation (FFP) when States fail to collect NDCs
MEDICARE BILLING REQUIREMENTS

- **Who:** Physician billing offices, hospital outpatient departments, outpatient clinic billing offices

- **What:** Dual eligibles + Received physician-administered drugs as part of the medical encounter

- **Where:** Bill the physician-administered drugs on claims to Medicare containing
  - **HCPCS (e.g., J-code)** in 2400 SV202-2, with SV202-1=HC
  - Each Part B drug HCPCS reported in 2400 SV202-2, complete the required associated 2410 LIN and CPT04 segments with:
    - **NDC** in 2410 LIN03, with LIN02=N4
    - **Quantity/unit (including fractional units)** count in 2410 CPT04
    - **Unit of measure (IU, gm, ml, unit)** in 2410 CPT05 and CPT05-1

**Reference:** DRA 2005, 42CFR447, Section 520
PRICING ISSUES
PRICING ISSUES

- Brand vs. Generic Bias
- One Record / Price Per J-Code
- HCPCS Unit, Package Price
- AWP, WAC, DP, SWP, ASP, Specialty MAC
- Min, Max, Average, Median
- State Rules
CLAIMS SUBMISSIONS ISSUES: Charge / Unit Variable -- Why Rules Are Necessary

<table>
<thead>
<tr>
<th>JCODE</th>
<th>DRUG</th>
<th>PROBLEM</th>
<th>ICD9</th>
<th>DX</th>
<th>DOS</th>
<th>CHARGES</th>
<th>UNITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>J1595</td>
<td>Glatiramer acetate, 20 mg, inj. (Copaxone)</td>
<td>Non-existant ICD-9</td>
<td>320.69</td>
<td>Multiple Sclerosis</td>
<td>4/12/2014</td>
<td>$25,356.30</td>
<td>30</td>
</tr>
<tr>
<td>J0885</td>
<td>Epoetin alfa (for non-ESRD use), 1000 units, inj. (Procrit)</td>
<td>Inadequate dosage for any Tx</td>
<td>285.9</td>
<td>Anemia</td>
<td>3/16/2014</td>
<td>$154.12</td>
<td>1</td>
</tr>
<tr>
<td>J1100</td>
<td>Dexamethasone sodium phosphate, 1 mg, inj.</td>
<td>Drug not approved for this ICD-9</td>
<td>162.9</td>
<td>Malignant Neoplasm of Lung</td>
<td>7/15/2014</td>
<td>$332.51</td>
<td>20</td>
</tr>
</tbody>
</table>
CLAIMS SUBMISSION:
RULE CONSIDERATIONS

❖ Accounts Payable Policies
  – Generic Bias
  – Lowest Cost Products Dispensed
  – A/P Policies: Right to review 100% of all elements of claim
  – Dispensing Quantity for necessary treatment (QL)
  – Claim / PA includes duration of medication
  – Billing using HCPCS or NDC code

❖ Per Capita Contracts

❖ Contracts with Providers
  – AWP definition – AWP vs. WAC
  – Additional Charges: Bundled vs. unbundled
  – Billed amount vs. Cost Plus basis for payment
  – Attachment to contracts includes list of drugs and pricing basis

❖ Prior Authorization
  – Drug, strength, dosage, duration of therapy
  – Patient and MD specific information
SUBMITTED PRICING

- HCPCS Units
- Package Size
- Quantity Submitted
- Quantity Used vs. Package Size
CLAIMS SUBMISSION ISSUES: 
Bill Review Considerations

- Quantity matches quantity approved, data sources, HCPCS unit, package unit
- Quantity submitted greater than vial size
- Submitted price > package price
- Rules for pending claims: Require J-Code, NDC, Drug Name, Strength, Quantity
- Miscellaneous Codes – J3490, J3590, J9999 – required information
OPTIONS TO PRICING ISSUES

- Pricing Solutions
- Historical Pricing
- Query Based Solutions
PRICING OPTIONS

- AWP / SWP
- National Pricing Standards – AAC, NADAC
- ASP
- Specialty MAC
- Vendor Pricing Options
- WAC / DP
J-CODE PRICING EXAMPLES

- J-Code Known
- Drug Name Known
- Multiple NDC’s x One J-Code
- Multiple J-Codes x One NDC
- “Shoe Box” Historical Pricing
MEDICAL CLAIM EXAMPLES #1:
Pricing Depends on Unit Cost & Quantity

<table>
<thead>
<tr>
<th>JCODE</th>
<th>DRUG</th>
<th>ICD9</th>
<th>Diagnosis</th>
<th>DOS</th>
<th>CHARGES</th>
<th>UNITS</th>
<th>Qty. Auth</th>
<th>JCode AWP Unit Price</th>
<th>Extended AWP Unit Price</th>
<th>ASP Price at time of claim</th>
<th>ASP Extended Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>J9351</td>
<td>Hycamtin</td>
<td>183.00</td>
<td>Malign Neopl Ovary</td>
<td>6/2/2014</td>
<td>$ 25,964.88</td>
<td>240.00</td>
<td>$33.71</td>
<td>$8,090.40</td>
<td>$2.189</td>
<td>$525.36</td>
<td></td>
</tr>
<tr>
<td>J9045</td>
<td>Carboplatin</td>
<td>183.00</td>
<td>Malign Neopl Ovary</td>
<td>6/2/2014</td>
<td>$ 747.04</td>
<td>8.00</td>
<td>$9.90</td>
<td>$79.20</td>
<td>$3.506</td>
<td>$28.05</td>
<td></td>
</tr>
<tr>
<td>J1595</td>
<td>Copaxone</td>
<td>320.69</td>
<td>Multiple Sclerosis</td>
<td>6/22/2014</td>
<td>$ 3,586.99</td>
<td>30.00</td>
<td>$202.21</td>
<td>$6,066.30</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>J0885</td>
<td>Procrit</td>
<td>285.90</td>
<td>Anemia</td>
<td>6/6/2014</td>
<td>$ 2,738.40</td>
<td>160.00</td>
<td>$25.52</td>
<td>$4,083.20</td>
<td>$11.455</td>
<td>$1,832.80</td>
<td></td>
</tr>
<tr>
<td>J1745</td>
<td>Remicade</td>
<td>696.00</td>
<td>Psoriatic Arthropathy</td>
<td>2/15/2014</td>
<td>$ 2,013.07</td>
<td>3.00</td>
<td>$101.23</td>
<td>$303.69</td>
<td>$70.109</td>
<td>$210.33</td>
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</tr>
<tr>
<td>J1745</td>
<td>Remicade</td>
<td>565.10</td>
<td>Anal Fistula</td>
<td>5/12/2014</td>
<td>$ 10,434.44</td>
<td>40.00</td>
<td>$106.19</td>
<td>$4,247.60</td>
<td>$71.347</td>
<td>$2,853.88</td>
<td></td>
</tr>
<tr>
<td>J1438</td>
<td>Enbrel</td>
<td>555.00</td>
<td>Reg Enteritis Sm Intest</td>
<td>5/23/2014</td>
<td>$ 18,376.82</td>
<td>32.00</td>
<td>$354.52</td>
<td>$11,344.64</td>
<td>$266.929</td>
<td>$8,541.73</td>
<td></td>
</tr>
<tr>
<td>J3490</td>
<td>Pegasys</td>
<td>70.54</td>
<td>Chrnc HPT CWO Hpat Coma</td>
<td>4/14/2014</td>
<td>$ 8,638.05</td>
<td>1.0</td>
<td>$925.52</td>
<td>$925.92</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>J3487</td>
<td>Reclast</td>
<td>174.8</td>
<td>Malign Neopl Breast NEC</td>
<td>2/9/2014</td>
<td>$ 2,860.52</td>
<td>4.00</td>
<td>$260.12</td>
<td>$1,040.48</td>
<td>$105.421</td>
<td>$421.68</td>
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</tbody>
</table>
### MEDICAL CLAIM EXAMPLES #2:  
Misc. Descriptions Lead To Pricing Validation Issues

<table>
<thead>
<tr>
<th>JCODE</th>
<th>DRUG</th>
<th>Code Definition</th>
<th>ICD9</th>
<th>Dx</th>
<th>DOS</th>
<th>CHARGES</th>
<th>UNITS</th>
<th>Unit Price (AWP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>S9542</td>
<td>No Drug Identified</td>
<td>S9542-Home Injectable, Not Otherwise Classified, including admin, Rx Services, care coord., &amp; all necessary supplies (drugs &amp; nurse visits code separately), per diem</td>
<td>555.00</td>
<td>Reg Enteritis Sm Intest</td>
<td>5/23/2014</td>
<td>$ 621.92</td>
<td>4.00</td>
<td>$ 621.92</td>
</tr>
<tr>
<td>S9559</td>
<td>No Drug Identified</td>
<td>S9559 - Home inj, interferon, including admin, Rx Services, care coord. &amp; supplies (drugs &amp; nurse visits coded separately), per diem</td>
<td>70.54</td>
<td>Chronic HPT CWO Hepatic Coma</td>
<td>4/14/2014</td>
<td>$ 401.20</td>
<td>1.00</td>
<td>$ 401.20</td>
</tr>
</tbody>
</table>
**J-CODE EXAMPLES:**

Pricing Depends on the Data Source

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Brand Name</th>
<th>Pkg. Size</th>
<th>Reference Data Base AWP Pkg. Price</th>
<th>Unit Size</th>
<th>J-Code Unit Pricing</th>
<th>Pricing Source 1 Unit Price</th>
<th>Pricing Source 2 Unit Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>90371</td>
<td>Hepatitis B Immune Globulin (HBlg), Human, for Intramuscular use</td>
<td>Nabi-HB</td>
<td>5 mL vial (1040 IU)</td>
<td>$ 804.44</td>
<td>1 mL (208 IU)</td>
<td>$ 160.89</td>
<td>$ 128.89</td>
<td>$ 118.22</td>
</tr>
<tr>
<td>90658</td>
<td>Influenza virus vaccine, split virus, when administered to 3 years and older, for IM use</td>
<td>Fluvirin, Split</td>
<td>5 mL vial</td>
<td>$ 162.06</td>
<td>0.5 mL dose</td>
<td>$ 16.21</td>
<td>$ 13.63</td>
<td>$ 13.76</td>
</tr>
<tr>
<td>90734</td>
<td>Meningococcal conjugate vaccine, serogroups A, C, Y, W-135 (tetravalent) for IM use.</td>
<td>Menveo</td>
<td>5 dose carton</td>
<td>$ 703.76</td>
<td>1 box dose</td>
<td>$ 135.37</td>
<td>$ 117.42</td>
<td>$ 121.49</td>
</tr>
<tr>
<td>J0594</td>
<td>Busulfan, 1 mg, inj.</td>
<td>Busulfex</td>
<td>8 vial carton</td>
<td>$ 18,045.20</td>
<td>1 mg</td>
<td>$ 33.42</td>
<td>$ 27.85</td>
<td>$ 28.94</td>
</tr>
<tr>
<td>J0894</td>
<td>Decitabine, 1 mg, inj.</td>
<td>Dacogen</td>
<td>50 mg vial</td>
<td>$ 2,053.20</td>
<td>1 mg</td>
<td>$ 41.06</td>
<td>$ 34.22</td>
<td>$ 29.41</td>
</tr>
<tr>
<td>J1324</td>
<td>Enfuvirtide 1mg, injection</td>
<td>Fuzeon (T-20)</td>
<td>60 vials (90 mg ea)</td>
<td>$ 3,346.19</td>
<td>1 mg vial</td>
<td>$ 0.67</td>
<td>$ 0.56</td>
<td>$ 0.41</td>
</tr>
<tr>
<td>J3490</td>
<td>Lamivudine, 150 mg / zidovudine, 300 mg, (AZT/3TC, ZDV/3TC or CBV), oral</td>
<td>Combivir</td>
<td>60 tab bottle</td>
<td>$ 1,081.70</td>
<td>1 tablet</td>
<td>$ 18.03</td>
<td>$ 15.02</td>
<td>$ 17.25</td>
</tr>
<tr>
<td>J9098</td>
<td>Cytarabine liposome, 10 mg, injection</td>
<td>Depocyt</td>
<td>5 mL vial</td>
<td>$ 3,255.29</td>
<td>10 mg/1 mL</td>
<td>$ 651.06</td>
<td>$ 542.55</td>
<td>$ 553.83</td>
</tr>
</tbody>
</table>
### PHARMACY BILLING EXAMPLES #1:

**Pharmacy Billing Matched to J Code**

<table>
<thead>
<tr>
<th>Date Of Service</th>
<th>Quantity Dispensed</th>
<th>Days Supply</th>
<th>Drug Name</th>
<th>Total Amt Paid</th>
<th>Equivalent J-Code</th>
<th>Max. Pkg. Qty in HCPCS units</th>
<th>Unit Price</th>
<th>Extended Unit Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/18/2014</td>
<td>86</td>
<td>1</td>
<td>Humira Pen, per 20 mg</td>
<td>$89,958.14</td>
<td>J0135</td>
<td>12</td>
<td>$750.48</td>
<td>$9,005.75</td>
</tr>
<tr>
<td>4/16/2014</td>
<td>24</td>
<td>1</td>
<td>Enbrel SureClick, per 25 mg</td>
<td>$13,382.04</td>
<td>J1438</td>
<td>8</td>
<td>$354.52</td>
<td>$2,836.16</td>
</tr>
<tr>
<td>5/12/2014</td>
<td>5</td>
<td>1</td>
<td>Makena, per 1 mg</td>
<td>$6,556.20</td>
<td>J1725</td>
<td>1250</td>
<td>$3.31</td>
<td>$4,137.50</td>
</tr>
<tr>
<td>5/22/2014</td>
<td>90</td>
<td>1</td>
<td>Gleevec, per 100 mg</td>
<td>$21,104.41</td>
<td>J3590</td>
<td>90</td>
<td>$84.05</td>
<td>$7,564.50</td>
</tr>
<tr>
<td>4/23/2014</td>
<td>18</td>
<td>1</td>
<td>Berinert, per 10 units</td>
<td>$36,341.51</td>
<td>J0597</td>
<td>50</td>
<td>$54.65</td>
<td>$2,732.74</td>
</tr>
<tr>
<td>5/15/2014</td>
<td>1</td>
<td>1</td>
<td>Stelara, per 1 mg</td>
<td>$9,205.48</td>
<td>J3357</td>
<td>45</td>
<td>$196.43</td>
<td>$8,839.35</td>
</tr>
<tr>
<td>5/15/2014</td>
<td>54</td>
<td>1</td>
<td>Lantus, per 50 units</td>
<td>$562.43</td>
<td>J1817</td>
<td>20</td>
<td>$6.56</td>
<td>$131.14</td>
</tr>
<tr>
<td>2/11/2014</td>
<td>12</td>
<td>1</td>
<td>Methotrexate, per 5 mg</td>
<td>$828.86</td>
<td>J9250</td>
<td>10</td>
<td>$0.47</td>
<td>$4.70</td>
</tr>
<tr>
<td>4/17/2014</td>
<td>360</td>
<td>1</td>
<td>Mycophenolate, per 250 mg</td>
<td>$2,313.73</td>
<td>J7517</td>
<td>100</td>
<td>$7.86</td>
<td>$786.40</td>
</tr>
<tr>
<td>4/22/2014</td>
<td>20</td>
<td>1</td>
<td>Dexamethasone, per 1 mg</td>
<td>$753.21</td>
<td>J1100</td>
<td>1000</td>
<td>$0.10</td>
<td>$99.98</td>
</tr>
<tr>
<td>3/19/2014</td>
<td>10</td>
<td>1</td>
<td>Remicade, per 100 mg</td>
<td>$9,096.97</td>
<td>J1745</td>
<td>10</td>
<td>$106.19</td>
<td>$1,061.90</td>
</tr>
<tr>
<td>4/23/2014</td>
<td>24</td>
<td>1</td>
<td>Ondansetron, per 1 mg</td>
<td>$794.80</td>
<td>J2405</td>
<td>40</td>
<td>$0.07</td>
<td>$2.80</td>
</tr>
<tr>
<td>6/11/2014</td>
<td>16</td>
<td>1</td>
<td>Docetaxel, per 1 mg</td>
<td>$4,364.73</td>
<td>J9171</td>
<td>160</td>
<td>$9.89</td>
<td>$1,583.00</td>
</tr>
</tbody>
</table>

*Single date provided by Max Pkg Qty.*
Other Payment Considerations

- DRGs. Diagnostic Related Groups
  - All inclusive case rate payment that covers the entire inpatient admission
  - Hierarchy based model

- APCs. Outpatient Ambulatory Payment Classification System
  - Facility outpatient services for the Medicare

- RBRVS. Resource Based Relative Value Scale
  - Provider procedures given a relative value which is adjusted by geographic region. This value is then multiplied by a fixed conversion factor, which changes annually, to determine the amount of payment.

More on the above in Provider Contracting session after lunch
Pricing issues impact both NDC and HCPCS codes. Which combinations are correct?

a. NDC is priced by AWP, WAC, NADAC
b. HCPCS is priced by AWP, ASP, MAC
c. NDC crosswalk to HCPCS priced at unique AWP
d. NDC crosswalk to HCPCS priced at average AWP
e. A, B, and D
f. B, C, and D
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Active Learning Question #3

Pricing issues impact both NDC and HCPCS codes. Which combinations are correct?

a. NDC is priced by AWP, WAC, NADAC
b. HCPCS is priced by AWP, ASP, MAC
c. NDC crosswalk to HCPCS priced at unique AWP
d. NDC crosswalk to HCPCS priced at average AWP
e. A, B, and D
f. B, C, and D
UTILIZATION TESTING
UTILIZATION TESTING

Is medication prescribed consistent with labeled usage?

- Expected utilization for ICD9 / ICD10 vs. billed
- Dosage consistent with ICD9 / ICD10
- Max / min dosage variance from labeling
- Benefit / Formulary limit variance
  - Quantity Limit
  - Duration of Therapy
  - Step Therapy considerations
**J-CODE EXAMPLE:**

**INFLIXIMAB Quantity Test**

<table>
<thead>
<tr>
<th>Code Description (Generic Name)</th>
<th>Infliximab, 10 mg, injection</th>
<th>Comments</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NDC</th>
<th>57894-0030-01</th>
<th>Part B</th>
<th>B</th>
</tr>
</thead>
<tbody>
<tr>
<td>NDC Eff Date</td>
<td></td>
<td>Part D</td>
<td>D</td>
</tr>
<tr>
<td>Manufacturer</td>
<td>Centocor</td>
<td>ASP Price Basis</td>
<td></td>
</tr>
<tr>
<td>Brand Name</td>
<td>Remicade</td>
<td>Therapeutic Category</td>
<td>GASTROINTESTINAL AGENTS</td>
</tr>
<tr>
<td>Strength</td>
<td>100 mg</td>
<td>Maximum Qty</td>
<td>10.000000</td>
</tr>
<tr>
<td>Package Size</td>
<td>100 mg vial</td>
<td>Pack Multiplier</td>
<td>0.100000</td>
</tr>
<tr>
<td>Unit Size</td>
<td>10 mg</td>
<td>Comments</td>
<td>Priced per 10 mg.</td>
</tr>
<tr>
<td>Brand/Generic Ind.</td>
<td>B</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
J-CODE EXAMPLE: INFLIXIMAB TEST
Diagnosis, Price, Frequency

ICD9 Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Diagnosis</th>
<th>Code</th>
<th>Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>136.1</td>
<td>BEHCEPTS SYNDROME</td>
<td>279.4</td>
<td>AUTOIMMUNE DISEASE NOT ELSEWHERE CLASSIFIED</td>
</tr>
<tr>
<td>555</td>
<td>REGIONAL ENTERITIS</td>
<td>696</td>
<td>PSORIATIC ARTHROPATHY</td>
</tr>
<tr>
<td>714</td>
<td>RHEUMATOID ARTHRITIS 714.0</td>
<td>696.0</td>
<td>PSORIATIC ARTHROPATHY</td>
</tr>
<tr>
<td></td>
<td>RHEUMATOID ARTHRITIS</td>
<td>720.0</td>
<td>ANKYLOSING SPONDYLITIS</td>
</tr>
</tbody>
</table>

Pricing

<table>
<thead>
<tr>
<th>Custom Discount Multiplier</th>
</tr>
</thead>
<tbody>
<tr>
<td>AWP %</td>
</tr>
<tr>
<td>Pkg. Price</td>
</tr>
<tr>
<td>AWP</td>
</tr>
<tr>
<td>DP</td>
</tr>
<tr>
<td>WAC</td>
</tr>
<tr>
<td>WAC * 1.2</td>
</tr>
<tr>
<td>ASP+6%</td>
</tr>
<tr>
<td>CA State Fee</td>
</tr>
<tr>
<td>HCFA</td>
</tr>
<tr>
<td>FUL</td>
</tr>
</tbody>
</table>

Typical Utilization

<table>
<thead>
<tr>
<th>Utilization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dose Frequency</td>
</tr>
<tr>
<td>In</td>
</tr>
<tr>
<td>Within</td>
</tr>
<tr>
<td>Repeate Up To</td>
</tr>
<tr>
<td>COMMENT:</td>
</tr>
</tbody>
</table>
PRE-CERTIFICATION (PRIOR AUTHORIZATION) TESTING
PRECERTIFICATION CRITERIA

- ICD9 / ICD10 Matched to J Code
  - FDA approved indication
  - Formulary requirements tests
  - Off-label approval requirements
- Quantity Test for ICD9 / ICD10
  - J Code units match to expected quantity
- Frequency Test
  - Frequency of usage matches to package labeling
- Laboratory confirmation (LOINC, Genomic testing)
Multiple options within J Code leads to need for pre-cert billing and payment rules:

- J Code units correlated to billed quantities
- Generic vs. Brand approval
- Part B vs. Part D approval
- Therapeutic Category Option approval
- ICD9 / ICD10 considerations
PRE-CERT CONSIDERATIONS
Specialty Formulary Approval Tests

- Selection from Options within J Code
- Substitution Allowed?
  - Biosimilar
  - Biobetter
- Approval Tests
  - Tier approval
  - Step Therapy test
  - Quantity Limits test
  - Days Supply / Refill Limits test
<table>
<thead>
<tr>
<th>Diag 1</th>
<th>Diag 1 Description</th>
<th>Diag 2</th>
<th>Diag 2 Description</th>
<th>Place of Service</th>
<th>HCPCS/CP T Code/J Code</th>
<th>Drug Name or JCode Description</th>
<th>Units</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>174.9</td>
<td>Malignant neoplasm of breast (female), unspecified</td>
<td>198.5</td>
<td>Secondary malignant neoplasm of bone and bone marrow</td>
<td>11</td>
<td>J1626</td>
<td>Granisetron hydrochloride, 100 mcg, inj</td>
<td>30</td>
<td>Not approved for this diagnosis. Need ICD-9 for chemo induced or post-op nausea/vomiting or other relevant code. IF included in chem regimen then need appropriate ICD-9.</td>
</tr>
<tr>
<td>174.9</td>
<td>Malignant neoplasm of breast (female), unspecified</td>
<td>198.5</td>
<td>Secondary malignant neoplasm of bone and bone marrow</td>
<td>11</td>
<td>J9264</td>
<td>Paclitaxel Protein, bound particles, 1 mg, inj (Abraxane)</td>
<td>1140</td>
<td>260 mg/m2 IV over 30 minutes every 3 weeks</td>
</tr>
<tr>
<td>714.0</td>
<td>Rheumatoid arthritis</td>
<td>11</td>
<td></td>
<td>J3590</td>
<td>NOC code for UNIDENTIFIED MEDICATION</td>
<td>4</td>
<td>UNIDENTIFIED MEDICATION</td>
<td></td>
</tr>
<tr>
<td>340</td>
<td>Multiple sclerosis</td>
<td>11</td>
<td></td>
<td>J1569</td>
<td>Immune Globulin (Gammagard liquid), nonlyophilized, 500 mg, Inj.</td>
<td>60</td>
<td>Approved for multifocal motor neuropathy - not MS. Does come in a 30 gram vial</td>
<td></td>
</tr>
<tr>
<td>174.9</td>
<td>Malignant neoplasm of breast (female), unspecified</td>
<td>12</td>
<td></td>
<td>J0885</td>
<td>Epoetin alfa (for non-ESRD use), 1000 units, injection (Procrit)</td>
<td>16</td>
<td>Prescribers and hospitals must enroll in and comply with the ESA AAPRISE Oncology Program to prescribe and/or dispense epoetin alfa for breast cancer</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Billing Description</td>
<td>Drug Name</td>
<td>NDC</td>
<td>Pricing Unit</td>
<td>AWP Price Date</td>
<td>AWP Pkg. Price</td>
<td>AWP Unit Price</td>
<td>ASP Price Date</td>
</tr>
<tr>
<td>--------</td>
<td>--------------------------------------</td>
<td>-----------</td>
<td>----------------------</td>
<td>--------------</td>
<td>----------------</td>
<td>----------------</td>
<td>----------------</td>
<td>----------------</td>
</tr>
<tr>
<td>J0129</td>
<td>Abatacept 10 mg, inj.</td>
<td>Orencia</td>
<td>00003-2187-10</td>
<td>250 mg vial</td>
<td>2/14/2014</td>
<td>$810.26</td>
<td>$32.41</td>
<td>4/01/2014</td>
</tr>
<tr>
<td>J0135</td>
<td>Adalimumab, 20 mg, inj.</td>
<td>Humira</td>
<td>00074-3799-02</td>
<td>20 mg</td>
<td>12/27/2013</td>
<td>$3,003.13</td>
<td>$750.78</td>
<td>4/01/2014</td>
</tr>
<tr>
<td>J0638</td>
<td>Canakinumab, per 1 mg, lyophilized, Inj.</td>
<td>Ilaris</td>
<td>00078-0582-61</td>
<td>1 mg</td>
<td>11/06/2012</td>
<td>$19,266.01</td>
<td>$107.89</td>
<td>4/1/2014</td>
</tr>
<tr>
<td>J1438</td>
<td>Etanercept, 25 mg, inj. (may be used for Medicare...)</td>
<td>Enbrel</td>
<td>58406-0425-41</td>
<td>25 mg</td>
<td>6/06/2014</td>
<td>$405.12</td>
<td>$405.12</td>
<td>4/1/2014</td>
</tr>
<tr>
<td>J2793</td>
<td>Rilonacept, 1 mg, injection</td>
<td>Arcalyst</td>
<td>61755-0001-01</td>
<td>220 mg vial</td>
<td>9/26/2009</td>
<td>$24,000.00</td>
<td>$26.40</td>
<td></td>
</tr>
<tr>
<td>J3490</td>
<td>Anakinra subcutane, injection</td>
<td>Kineret</td>
<td>55513-0177-28</td>
<td>100 mg syringe</td>
<td>12/31/2013</td>
<td>$3,374.40</td>
<td>$120.51</td>
<td></td>
</tr>
<tr>
<td>J3490</td>
<td>Golimumab Subcutaneous Inj, 50 mg injection</td>
<td>Simponi</td>
<td>57894-0070-01</td>
<td>50 mg/0.5 ml</td>
<td>2/05/2014</td>
<td>$3,252.67</td>
<td>$65.05</td>
<td>4/01/2014</td>
</tr>
<tr>
<td>Code</td>
<td>Billing Description</td>
<td>Drug Name</td>
<td>NDC</td>
<td>Strength</td>
<td>Package Size</td>
<td>Pricing Unit</td>
<td>Pricing</td>
<td>AWP Price Date</td>
</tr>
<tr>
<td>-------</td>
<td>----------------------------------------------------------</td>
<td>-----------</td>
<td>--------------</td>
<td>---------------</td>
<td>--------------</td>
<td>--------------</td>
<td>---------</td>
<td>----------------</td>
</tr>
<tr>
<td>J0881</td>
<td>Darbepoetin alfa, 1 mcg, (non-ESRD use), injection</td>
<td>Aranesp</td>
<td>55513-0025-01</td>
<td>100 mcg / 0.5 ml</td>
<td>100 mcg syringe</td>
<td>1 mcg</td>
<td>7/20/2011</td>
<td>$6.95</td>
</tr>
<tr>
<td>J0881</td>
<td>Darbepoetin alfa, 1 mcg, (non-ESRD use), injection</td>
<td>Aranesp</td>
<td>55513-0111-01</td>
<td>300 mcg / 0.6 ml</td>
<td>0.6 ml syringe</td>
<td>1 mcg</td>
<td>7/20/2011</td>
<td>$6.88</td>
</tr>
<tr>
<td>J0882</td>
<td>Darbepoetin alfa, 1 mcg, (for ESRD on dialysis), injection.</td>
<td>Aranesp</td>
<td>55513-0021-01</td>
<td>40 mcg / ml</td>
<td>40 mcg syringe</td>
<td>1 mcg</td>
<td>7/20/2011</td>
<td>$6.95</td>
</tr>
<tr>
<td>J0886</td>
<td>Epoetin alfa, 1000 units (for ESRD on dialysis), injection.</td>
<td>Epogen</td>
<td>55513-0126-01</td>
<td>2000 unit / ml</td>
<td>2000 IU vial / 1 ml</td>
<td>1000 IU / 0.5 ml</td>
<td>7/14/2011</td>
<td>$15.75</td>
</tr>
<tr>
<td>J0886</td>
<td>Epoetin alfa, 1000 units (for ESRD on dialysis), injection.</td>
<td>Epogen</td>
<td>55513-0144-01</td>
<td>10,000 Unit / ML</td>
<td>1sdv (1 ml)</td>
<td>1000 IU / 0.5 ml</td>
<td>7/14/2011</td>
<td>$15.75</td>
</tr>
</tbody>
</table>
Active Learning Question #4

Pre-certification testing requires accurate coding. The following are not included in the pre-certification:

a. Manufacturer  
b. Diagnosis  
c. Quantity  
d. Dosage  
e. Days’ supply

TEXT TO
22333

a. 706697  
b. 706698  
c. 706699  
d. 706700  
e. 706701
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Active Learning Question #4

Pre-certification testing requires accurate coding. The following are not included in the pre-certification:

a. Manufacturer
b. Diagnosis
c. Quantity
d. Dosage
e. Days’ supply
CONTRACT CONSIDERATIONS
CONTRACT IMPLICATIONS:
Coding Rules / Decisions

- Code inclusion: Generic vs. Brand
- Channel pricing variation:
  - Exclusive vs. Non-Exclusive Provider Contracts
  - Medical / pharmacy sub-channels
- Bases of cost: AWP, WAC, DP, MAC, AAC, NADAC, ASP, U&C
- Introduction of New Drugs
- J-Code Description of Unit vs. Package Unit
- “Lessor of” vs. “Greater of”
- Special use codes: Miscellaneous (dump / noc) Codes
- Hospital Revenue codes used for categorization only
SPECIFIC ISSUES:
MEDICAL SPECIALTY

- Health Plan Agreements for Specialty Pricing
  - Attachment with pricing per medication?
  - Anchor for basis of cost, e.g., AWP, ASP, WAC?
  - Approaches to provider cost and utilization variability:
    - Best-in-Class comparisons
    - Centers of Excellence
    - Rate competition by sub-specialty OR sub-channel
  - Hospital Revenue codes assigned to each category vs. special medication revenue codes (e.g., EPO)
SPECIFIC ISSUES: Sample Medical Claim Rules

1. All elements of claim complete and valid
2. Choose B/G, package type and size for price
3. Quantities based on J-code definitions
4. NDC must be submitted
5. No NDC – reimburse on average cost NDC
6. Miscellaneous J-codes must contain drug name and NDC
SPECIFIC ISSUES: Sample Pharmacy Claim Rules

1. Definitions of Sub-Channel (proxy for LOS):
   a) Independent specialty pharmacy
   b) PBM specialty pharmacy
   c) Retail Pharmacy Network
   d) Specialty Pharmacy(s)

2. Agreements for Specialty Pricing
   a) Attachment with pricing per medication?
   b) Differentiation between B/G pricing?
   c) Bases of cost anchored to AWP, ASP, WAC, AAC, NADAC, etc.?

3. Competition (price, service, availability) between Sub-Channels?
OPPORTUNITIES
CHANNEL COMPETITION

Medical Sub-Channels
- Sub-channel competition, e.g., POV / Infusion center / Hospital Outpatient / Acute Care
- Best-in-Class
- Centers of Excellence

Pharmacy Sub-Channels
- Access
- Service
- Price
LOOKING FORWARD

- SNOMED vocabulary
  - MTM
  - Electronic Health Records
  - Population Health Monitoring
  - Evidence-Based Healthcare
  - Prior Authorizations
- Medications and Diagnostics
  - LOINC Laboratory coding
  - Genomic Testing
POST TEST
Learning Assessment Question #1

The following are valid billing codes used for specialty medications in either medical or pharmacy channels except:

a. NDC
b. CPT
c. ICD-10
d. J CODE

TEXT TO 22333

a. 706765
b. 706766
c. 706790
d. 706801
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Learning Assessment Question #1

The following are valid billing codes used for specialty medications in either medical or pharmacy channels except:

a. NDC  
b. CPT  
c. ICD-10  
d. J CODE
Learning Assessment Question #2

Specialty drug care decision-making, costs and outcomes are NOT impacted by:

a. ICD-6
b. Inconsistencies in coding
c. Definition of specialty medication
d. SNOMED vocabulary applied to MTM and EHR

TEXT TO 22333

a. 706953
b. 706954
c. 706955
d. 706956
Your poll will show here

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Learning Assessment Question #2

Specialty drug care decision-making, costs and outcomes are NOT impacted by:

a. ICD-6
b. Inconsistencies in coding
c. Definition of specialty medication
d. SNOMED vocabulary applied to MTM and EHR
Learning Assessment Question #3

Drug utilization and place of service are influenced by the following except:

a. Hospital Revenue Codes
b. Hospital special reimbursement codes
c. Pharmacy days’ supply for dispensing date
d. LOINC for physician’s office coding
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Learning Assessment Question #3

Drug utilization and place of service are influenced by the following except:

a. Hospital Revenue Codes
b. Hospital special reimbursement codes
c. Pharmacy days’ supply for dispensing date
d. LOINC for physician’s office coding
RECOMMENDED LIBRARY

- NDC-to-HCPCS code crosswalk

- NDC lookup

- HCPCS code lookup
  - https://www.icd9data.com

- ICD9 / ICD10 code lookup
  - https://www.icd9data.com

All links above are free of cost
# DATA VENDORS

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REFERENCES

- https://www.dmepdac.com/crosswalk/
- http://www.redbook.com/redbook/deliverymethods/
Questions?