

# Naloxone Project 2020 (EMS Providers)

Indiana Family and Social Services Administration  
Office of Medicaid Policy and Planning



# Agenda

- Introduction
- Documentation
- Scenarios
- Conclusion



# Introduction to Policy Change



# Introduction

- Opioid Overdose Reversal Drug
- End of the Federal grant
- Moving forward to a sustainable reimbursement system



# Introduction

- Effective July 1, 2020, the Indiana Health Coverage Programs will begin reimbursing emergency medical services providers for administering naloxone.



**Announced through  
IHCP Bulletin  
[BT202063](#)**



# Prior To Billing

Your provider organization must enroll with IHCP as:

1. Type 26 (Transportation) Specialty 260 (EMS)
2. Must have their payment information registered with each health plan (if participating in managed care), i.e. Anthem, CareSource, MDwise, and MHS



For assistance with IHCP enrollment, refer to the [IHCP Provider Enrollment](#) webpage.



# Documentation

- Record encounter like normal
- Add:
  - Transport
  - National Drug Code (NDC) of the product
  - Form of naloxone given
  - Amount of naloxone given



# Documentation - Transportation

- Did you transport the patient from the scene?
  - Add the destination
  - Naloxone can be billed whether the EMS provided transportation or not



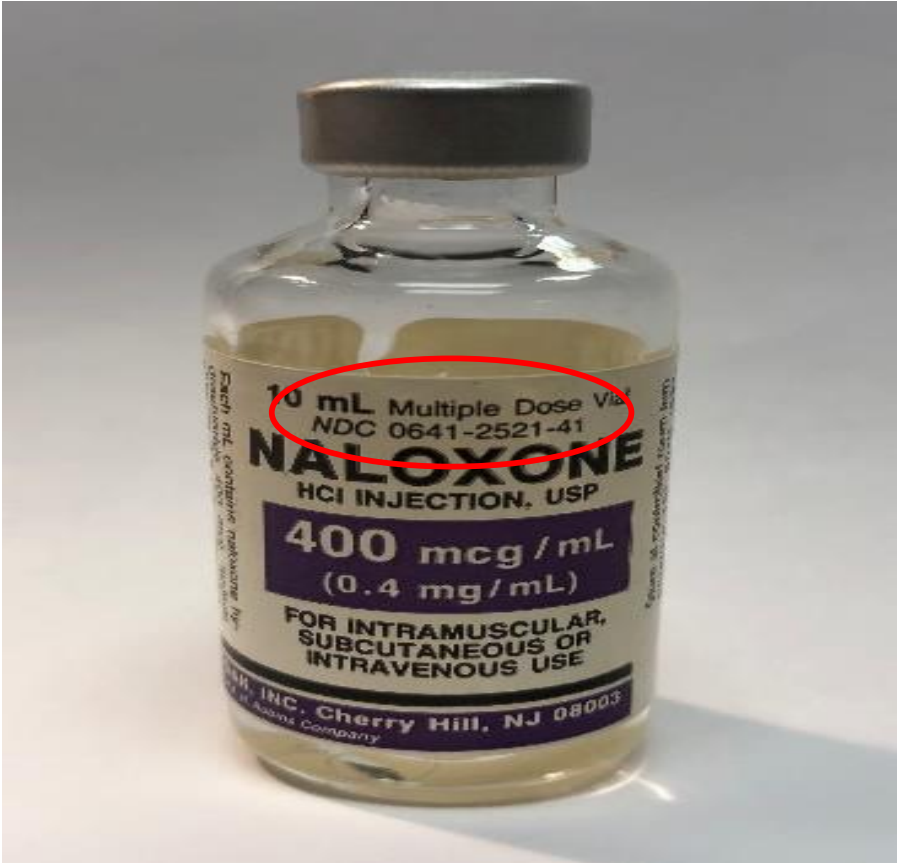


# Documentation - NDC

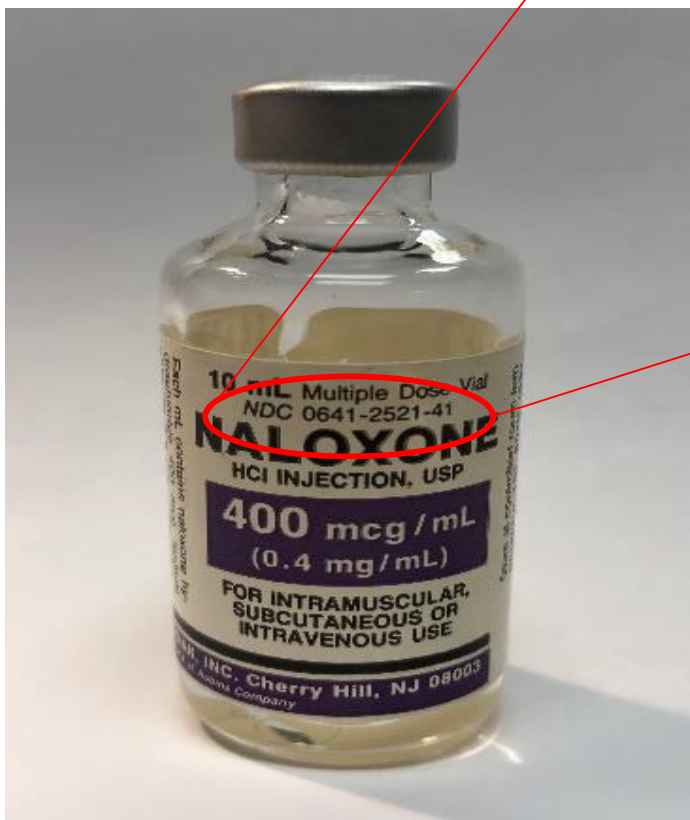
- National Drug Code (NDC)
  - 10 or 11 digit number location on packaging
    - Usually separated by dashes
  - Exact number, including dashes, is needed
    - Include zeroes that may be at the beginning of the number
  - The NDC is required for Medicaid programs in order to receive federal reimbursement for drugs



# Documentation - NDC



# Documentation - NDC



mL Multiple Dose Vial  
NDC 0641-2521-41  
NALOXONE

\* Do NOT use this NDC code for documentation purposes. It is no longer a valid code and is being used strictly for training purposes.



# Documentation - NDC

- Check with your provider organization for where to record the NDC on the PCR



# Documentation - Amount

There are two forms of naloxone that must be documented appropriately

- Pre-filled nasal sprays
  - 1 unit = 1 injector
- Liquid vials
  - Either list out each injection given or total amount in milligrams (mg) AND milliliters (ml)

**IMPORTANT NOTE:** Use of the liquid drug in an atomizer for nasal administration is still considered a vial



# BLS Non-Transport Provider Agencies

- When a basic life support non-transport provider agency administers naloxone and the EMS provider arrives after, IHCP will reimburse the EMS provider (the transporting or highest medical responding agency).
- The transporting EMS provider may bill for naloxone administered prior to arrival by a BLS non-transport provider if it is documented properly (e.g. NDC and amount administered) by the transporting provider.
- This does not apply to responding law enforcement agencies.



# BLS Non-Transport Provider Agencies

- EMS provider agency and BLS Non-Transport Provider have an existing reimbursement or replenishment relationship.
- BLS Non-Transport Provider has a medical supervision protocol in place.
- Record agency, drug, and administration.

**NOTE:** Supplies of Naloxone that were received through the Federal grant or free through another source CANNOT be reimbursed by Medicaid.



## Scenarios

- For each of the following scenarios, think about what information should be included when recording the patient encounter.
- Answers will reflect additional required information beyond the standard documentation of the patient care report.



# Scenario #1

Who Responds?	Administration?	Transportation Provided?
EMS Provider	One pre-filled nasal spray	Yes



# Scenario #1 Answer

Topic	Documentation
Drug Type	Nasal Spray NDC EXAMPLE - 69547-353-02
Quantity	1 unit
Transportation	To hospital - Advanced Life Support (ALS) or Basic Life Support (BLS)



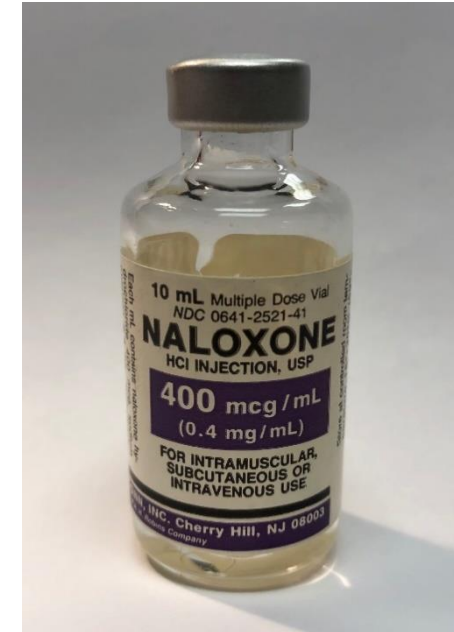
# Scenario #2

Who Responds?	Administration?	Transportation Provided?
EMS Provider	0.4 mg, 1 ml of liquid naloxone by atomizer	Yes



# Scenario #2 Answer

Topic	Documentation
Drug Type	Liquid Vial NDC EXAMPLE - 0641-2521-41
Quantity	1 dose - 0.4 mg, 1 ml
Transportation	To hospital - Advanced Life Support (ALS) or Basic Life Support (BLS)



# Scenario #3

Who Responds?	Administration?	Transportation Provided?
EMS Provider - <b>voluntary firefighter unit has already responded</b>	One pre-filled nasal spray (by firefighter unit)	No



# Scenario #3 Answer

Topic	Documentation
Drug Type	Nasal Spray - by volunteer fire department NDC EXAMPLE - 69547-353-02
Quantity	1 dose - 1 unit
Transportation	None



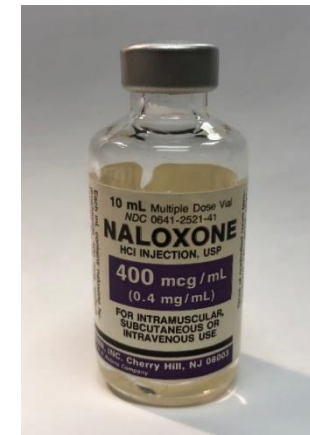
# Scenario #4

Who Responds?	Administration?	Transportation Provided?
EMS Provider	One pre-filled nasal spray  Two doses of liquid naloxone (0.4 mg, 1 ml each)	Yes



# Scenario #4 Answer

Topic	Documentation
Drug Type #1	Nasal Spray NDC EXAMPLE - 69547-353-02
Quantity #1	1 unit
Drug Type #2	Liquid vial NDC EXAMPLE - 0641-2521-41
Quantity #2	2 Doses - 0.8 mg, 2 ml
Transportation	To hospital - Advanced Life Support (ALS) or Basic Life Support (BLS)





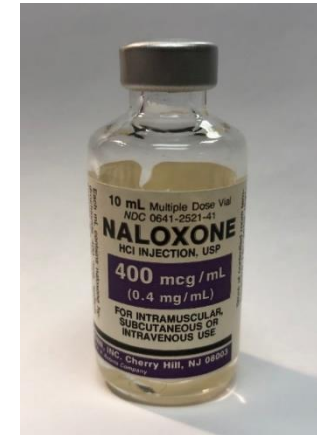
# Scenario #5

Who Responds?	Administration?	Transportation Provided?
EMS Provider - law enforcement official has already responded	Two pre-filled nasal spray (by law enforcement)  One dose of liquid naloxone (0.4 mg, 1 ml) (by EMS)	Yes



# Scenario #5 Answer

Topic	Documentation
Drug Type #1	Nasal Spray - by law enforcement official 69547-353-02
Quantity #1	2 units
Drug Type #2	Liquid vial NDC EXAMPLE - 0641-2521-41
Quantity #2	One dose - 0.4 mg, 1 ml
Transportation	To hospital - Advanced Life Support (ALS) or Basic Life Support (BLS)



**REMINDER:** Naloxone administered by a responding law enforcement agency is NOT reimbursable through Medicaid. Document the service was performed by a non-healthcare professional in the PCR.



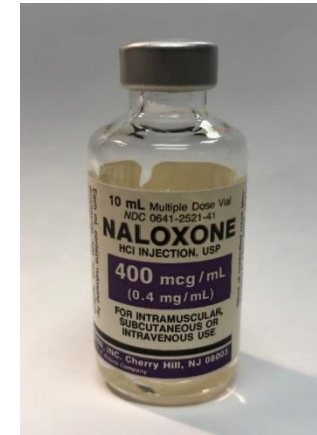
# Scenario #6a

Who Responds?	Administration?	Transportation Provided?
EMS Provider	Three doses of liquid naloxone (0.4 mg, 1 ml)	Yes



# Scenario #6a Answer

Topic	Documentation
Drug Type	Liquid vial NDC EXAMPLE - 0641-2521-41
Quantity	3 doses - 1.2 mg, 3 ml
Transportation	To hospital - Advanced Life Support (ALS) or Basic Life Support (BLS)



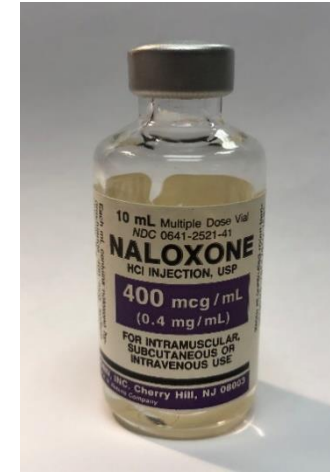
# Scenario #6b

Who Responds?	Administration?	Transportation Provided?
EMS Provider	Three doses of liquid naloxone (0.4 mg, 1 ml) - <b>two different vials with two different NDCs</b>	Yes



# Scenario #6b

Topic	Documentation
Drug Type #1	Liquid vial NDC EXAMPLE - 0641-2521-41
Quantity #1	Two doses - 0.8 mg, 2 ml
Drug Type #2	Liquid vial NDC EXAMPLE - 0409-1215-01
Quantity #2	One dose - 0.4 mg, 1 ml
Transportation	To hospital - Advanced Life Support (ALS) or Basic Life Support (BLS)



# Scenarios

- The following scenarios involve multiple trips to a member's home on the same day by the same EMS agency. In order to receive full payment for the services rendered, the provider must include appropriate detail in order to indicate the service is separate and distinct.
- Often it will be different teams that visit the same member on that day. You may not know about the other visits. Note any previous encounter on the same day that you do know about.



# Scenario #7

## Trip One

Who Responds?	Administration?	Transportation Provided?
EMS Provider	One prefilled nasal spray	No

## Trip Two

Who Responds?	Administration?	Transportation Provided?
EMS Provider	No - member fell with injury	Yes





# Scenario #7 Answer

## Trip One

Topic	Documentation
Drug Type	Nasal spray NDC EXAMPLE - 69547-353-02
Quantity	One unit
Transportation	None

## Trip Two

Topic	Documentation
Drug Type	None
Quantity	None
Transportation	To hospital - Advanced Life Support (ALS) or Basic Life Support (BLS)



# Scenario #8a

## Trip One

Who Responds?	Administration?	Transportation Provided?
EMS Provider	No - member had heart attack	No

## Trip Two

Who Responds?	Administration?	Transportation Provided?
EMS Provider	One dose of liquid naloxone (0.4 mg, 1 ml)	Yes



# Scenario #8a Answer

## Trip One

Topic	Documentation
Drug Type	None
Quantity	None
Transportation	None

## Trip Two

Topic	Documentation
Drug Type	Liquid vial NDC EXAMPLE - 0641-2521-41
Quantity	One dose - 0.4 mg, 1 ml
Transportation	To hospital - Advanced Life Support (ALS) or Basic Life Support (BLS)



# Scenario #8b

## Trip One

Who Responds?	Administration?	Transportation Provided?
EMS Provider	No - member had panic attack	No

## Trip Two

Who Responds?	Administration?	Transportation Provided?
EMS Provider	One dose of liquid naloxone (0.4 mg, 1 ml)	No (member refuses)



# Scenario #8b Answer

## Trip One

Topic	Documentation
Drug Type	None
Quantity	None
Transportation	None

## Trip Two

Topic	Documentation
Drug Type	Liquid vial NDC EXAMPLE - 0641-2521-41
Quantity	One dose - 0.4 mg, 1 ml
Transportation	None



# Documentation Summary

- Record like usual
- Add:
  - Transport & Destination
  - NDC
  - Type of drug administered (nasal spray or liquid vial)
  - Amount of drug, include units or mg/ml



# Questions?

- Contact [dhscertifications@dhs.in.gov](mailto:dhscertifications@dhs.in.gov) if you have any questions following this training.

## Bulletins & Banners

- <https://www.in.gov/medicaid/providers/737.htm>



# Naloxone Reimbursement

Indiana Family and Social Services Administration  
Office of Medicaid Policy and Planning  
2020





# Agenda

- Introduction
- How to bill
- Scenarios
- Conclusion



# Introduction to Policy Change



# Introduction

- Effective July 1, 2020, the Indiana Health Coverage Programs will begin reimbursing emergency medical services providers for administering naloxone.



**Announced through  
IHCP Bulletin  
[BT202063](#)**



# Prior to Billing

Requirements for EMS enrollment:

1. Type 26 (Transportation) Specialty 260 (EMS)
2. Must have their payment information registered with each health plan (if participating in managed care)



For assistance with IHCP enrollment, refer to the [IHCP Provider Enrollment](#) webpage.



# Billing Naloxone



# Billing Guidance

- EMS providers can now receive reimbursement for the following:
  - Administration of the drug (*billed once per drug form*)
  - Drug
  - Transportation of the member

**IMPORTANT NOTE:** The drug and the administration of the drug must be billed on the same claim.



# Billing Guidance

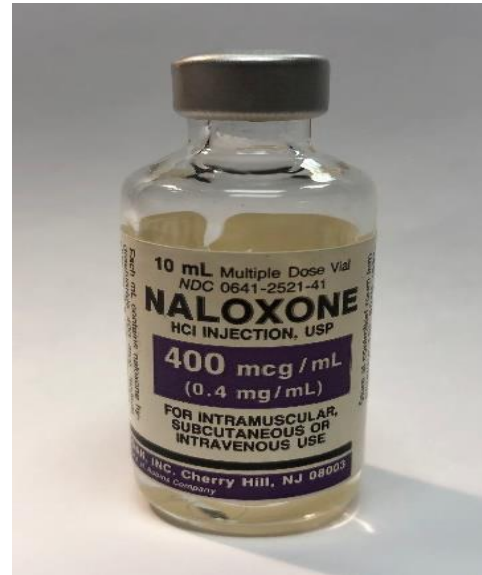
- Treat/No Transport
  - If no transportation is provided, then bill A0998 *treat no transport*
  - Do not bill administration code 96372. A0998 includes drug administration



# Naloxone

## Payment of the Drug

- J2310 - **injection of the vial**
- J3490 - **nasal spray**



**IMPORTANT NOTE:** The use of an atomizer to administer the liquid form of naloxone is still considered “injection” for billing purposes.

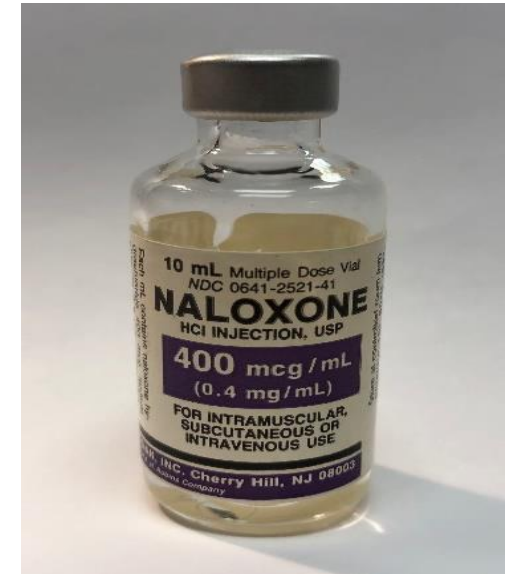




# Administration of Naloxone

## Administration of the drug (CPT 96372)

- Modifier U1 - **prefilled nasal spray**
- Modifier U2 - **vial**



**IMPORTANT NOTE:** Providers must include either the U1 or U2 modifier on each claim.

# Quick Reference

	Administration of Naloxone	Naloxone
Prefilled	96372 (U1 Modifier)	J3490
Vial	96372 (U2 Modifier)	J2310



# National Drug Code (NDC)

- 10 or 11 digit number location on packaging
- Claim form requires the full 11 digit code

1 2 3 4 5 – 1 2 3 4 – 1 2  
Labeler Code Product Code Packaging Code

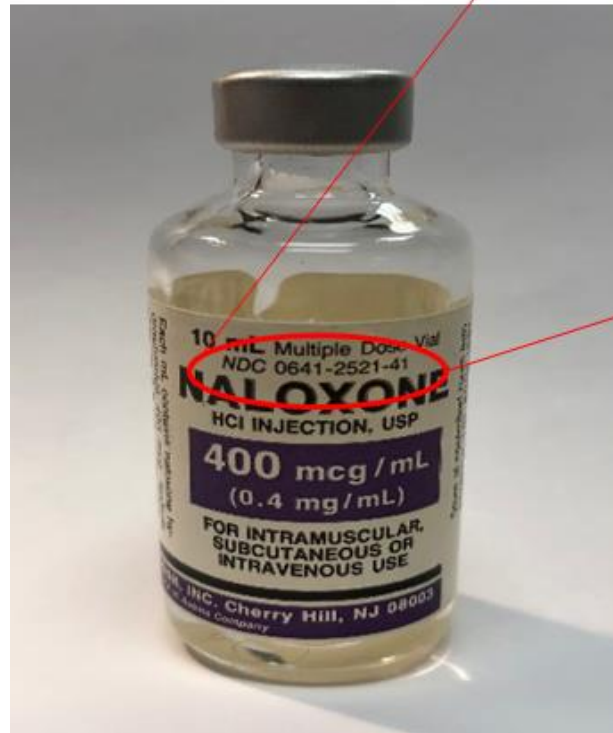
**IMPORTANT NOTE:** If the NDC does not use 11 digits, add a zero to fill out the NDC to meet the 5-4-2 format.



# National Drug Code

NDC codes follow a “5-4-2” pattern. In this example you would add a “0” to the front of the first grouping. EXAMPLE: 00641-2521-41

mL Multiple Dose Vial  
NDC 0641-2521-41  
NALOXONE



\* Do **NOT** use this NDC code for billing purposes. It is no longer a valid code and is being used strictly for training purposes.



# Procedure Code Units vs NDC Quantity

	Nasal Spray	Liquid Vial
Procedure Code Unit Size	Per injector	Per milligram (mg) <b>Round up to the nearest mg</b>
NDC Quantity	Per Unit (UN)	Per milliliter (mL)

**IMPORTANT NOTE: Both amounts are required on a claim for payment.**



# Billing Guidance

Example for 0.4mg doses from vial

# of doses	mg amount	Procedure code units	NDC unit of measure	NDC quantity
1 dose	0.4 mg	1 unit	mL	1
2 doses	0.8 mg	1 unit	mL	2
3 doses	1.2 mg	2 units	mL	3



# Box 24 A-H Information

You'll need to submit the following information on Box 24 A-H (**shaded region**) of a CMS-1500 claim form:

1. NDC Qualifier of N4
2. 11 digit NDC (Do not include dashes or spaces)
3. Drug description (Naloxone)
4. Unit of measure (ML = ml & UN = unit)
5. NDC Quantity

1. _____		3. _____		7. _____		23. PRIOR AUTHORIZATION NUMBER						
2. _____		4. _____		6. _____		8. _____		9. _____		10. _____		
24. A. DATE(S) OF SERVICE		B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)		E. DIAGNOSIS ICD-9-CM		F. S CHARGES	G. DAYS ON UNITS	H. UNIT PRICE	I. ID. QUAL.	J. RENDERING PROVIDER ID #
MM	DD	YY	MM	DD	YY							
1											NPI	-----
2											NPI	-----

**NOTE: Electronic submission of claims (837 or Portal) do not require drug description**



# IHCP Provider Portal NDC submission

## NDC for Service Detail

If applicable, only one NDC is allowed per service detail line. When adding an NDC, the Code Type, Quantity and Unit of Measure fields are required. Additionally, NDC information is required when adding or saving NDC with prescription information (Prescription Number, Prescription Type).

Code Type

NDC

Quantity

Unit of Measure

Prescription Number

Prescription Type

Prescription Date  

**NOTE: Prescription information will be left blank.**





# Treat/No Transport

In situations where there is treatment (but no transportation), providers should use the following billing guidance:

- Bill for naloxone (J2310 or J3490)
- Bill for the treatment without transportation (A0998)
- **Do not** bill for the administration of the drug



# Multiple Visits For Same Member

- If an EMS Provider Agency provides services to the same member multiple times per day, the billing agency must include a modifier (**XE or 59**) on the claim form to indicate that separate services were provided.

Modifier	Definition
<b>XE</b>	Separate encounter, A service that is distinct because it occurred during a separate encounter
<b>59</b>	Distinct Procedural Service: Under certain circumstances, it may be necessary to indicate that a procedure or service was distinct or independent from other non-E/M services performed on the same day.



# BLS Non-Transport Provider Agencies

- When a basic life support non-transport provider agency administers naloxone and the EMS provider arrives after, IHCP will reimburse the EMS provider (the transporting or highest medical responding agency).
  - The transporting EMS provider may bill for naloxone administered prior to arrival by a BLS non-transport provider if it is documented properly.
  - This does not apply to responding law enforcement agencies.



# BLS Non-Transport Provider Agencies

- An EMS-certified responding agency and the transporting agency requesting reimbursement must have a reimbursement arrangement with the first responding EMS provider whether it be monetary or supply of naloxone in order to bill for the drug and its administration.
- Per CMS requirement, IHCP can only reimburse agencies that have a medical supervision protocol in place.



## Specific Scenarios

- For each of the following scenarios, think about what information should be included when creating the claim.

**NOTE:** Supplies of Naloxone that were received through the Federal grant or free through another source CANNOT be reimbursed by Medicaid.



# Scenario #1

Who Responds?	Administration?	Transportation Provided?
EMS Provider	One pre-filled nasal spray	Yes

## EMS Provider PCR Entry

Topic	Documentation
Drug Type	Nasal Spray NDC EXAMPLE - 69547-353-02
Quantity	1 unit
Transportation	To hospital - Advanced Life Support (ALS) or Basic Life Support (BLS)



# Scenario #1 Answer

Claim Detail	Procedure Code	Reason	Additional Information
1	J3490	Reimbursement for naloxone (nasal spray)	See below
2	96372	Administration of naloxone (by nasal spray)	Use the U1 modifier
3	A0427 or A0429	Advanced Life Support (ALS) or Basic Life Support (BLS) base rate	
4	A0425	Ground Transportation	U1 (for ALS) or U2 (for BLS)

- NDC Qualifier: N4
- Apply 11-digit NDC in the “5-4-2” format. Do not include spaces or dashes
  - (EXAMPLE : 69547035302)
- Enter drug description: Naloxone
- NDC unit of measure qualifier: UN (Unit)
- NDC Quantity: 1
- Procedure code units billed: 1



# Scenario #2

Who Responds?	Administration?	Transportation Provided?
EMS Provider	0.4 mg of liquid naloxone by atomizer	Yes

## EMS Provider PCR Entry

Topic	Documentation
Drug Type	Liquid Vial NDC EXAMPLE - 0641-2521-41
Quantity	1 dose - 0.4 mg, 1 ml
Transportation	To hospital - Advanced Life Support (ALS) or Basic Life Support (BLS)





# Scenario #2 Answer

Claim Detail	Procedure Code	Reason	Additional Information
1	J2310	Reimbursement for naloxone (liquid naloxone)	See below
2	96372	Administration of naloxone (by injection)	Use the U2 modifier
3	A0427 or A0429	Advanced Life Support (ALS) or Basic Life Support (BLS) base rate	
4	A0425	Ground Transportation	U1 (for ALS) or U2 (for BLS)

- NDC Qualifier: N4
- Apply 11-digit NDC in the “5-4-2” format. Do not include spaces or dashes
  - (EXAMPLE: Q0641252141)
- Enter drug description : Naloxone
- NDC unit of measure qualifier: ML (Milliliter)
- NDC Quantity: 1
- Procedure Code units billed: 1



# Scenario #3

Who Responds?	Administration?	Transportation Provided?
EMS Provider - <b>voluntary firefighter unit has already responded</b>	One pre-filled nasal spray (by firefighter unit)	No

## EMS Provider PCR Entry

### Documentation

Nasal Spray - by volunteer fire department  
NDC EXAMPLE - 69547-353-02

1 dose - 1 unit

No transport



# Scenario #3 Answer

Claim Detail	Procedure Code	Reason	Additional Information
1	J3490	Reimbursement for naloxone (nasal spray)	See below
2	A0998	Treatment without transportation	

- NDC Qualifier: N4
- Apply 11-digit NDC in the “5-4-2” format. Do not include spaces or dashes
  - (EXAMPLE: 69547035302)
- Enter drug description : Naloxone
- NDC unit of measure qualifier: UN (unit)
- NDC Quantity: 1
- Procedure code units billed: 1



# Scenario #4

Who Responds?	Administration?	Transportation Provided?
EMS Provider	One pre-filled nasal spray Two doses of liquid naloxone (0.4 mg each)	Yes

## EMS Provider PCR Entry

Topic	Documentation
Drug Type #1	Nasal Spray NDC EXAMPLE - 69547-353-02
Quantity #1	1 unit
Drug Type #2	Liquid vial NDC EXAMPLE - 0641-2521-41
Quantity #2	2 Doses - 0.8 mg, 2 ml
Transportation	To hospital - Advanced Life Support (ALS) or Basic Life Support (BLS)



# Scenario #4 Answer

Claim Detail	Procedure Code	Reason	Additional Information
1	J3490	Reimbursement for naloxone (nasal spray)	See below
2	J2310	Reimbursement for naloxone (liquid naloxone)	See below
3	96372	Administration of naloxone (nasal spray)	Use the U1 modifier
4	96372	Administration of naloxone (by injection)	Use the U2 modifier
5	A0427 or A0429	Advanced Life Support (ALS) or Basic Life Support (BLS) base rate	
6	A0425	Ground Transportation	U1 (for ALS) or U2 (for BLS)

### For Nasal Spray:

- NDC Qualifier: N4
- Apply 11-digit NDC in the “5-4-2” format. Do not include spaces or dashes (EXAMPLE: 69547035302)
- Enter drug description : Naloxone
- NDC unit of measure qualifier: UN (unit)
- NDC Quantity: 1
- Procedure Code Units billed: 1

### For Liquid:

- NDC Qualifier: N4
- Apply 11-digit NDC in the “5-4-2” format. Do not include spaces or dashes (EXAMPLE: 00641252141)
- Enter drug description : Naloxone
- NDC unit of measure qualifier: ML (milliliter)
- NDC Quantity: 2
- Procedure Code Units billed: 1



# Scenario #5

Who Responds?	Administration?	Transportation Provided?
EMS Provider - law enforcement official has already responded	Two pre-filled nasal spray (by law enforcement) One doses of liquid naloxone (0.4 mg) (by EMS)	Yes

## EMS Provider PCR Entry

Topic	Documentation
Drug Type #1	Nasal Spray - by law enforcement official; NDC EXAMPLE - 69547-353-02
Quantity #1	2 units
Drug Type #2	Liquid vial NDC EXAMPLE - 0641-2521-41
Quantity #2	One dose - 0.4 mg, 1 ml
Transportation	To hospital - Advanced Life Support (ALS) or Basic Life Support (BLS)



# Scenario #5 Answer

Claim Detail	Procedure Code	Reason	Additional Information
1	J2310	Reimbursement for naloxone (liquid naloxone)	See below
2	96372	Administration of naloxone (by injection)	Use the U2 modifier
3	A0427 or A0429	Advanced Life Support (ALS) or Basic Life Support (BLS) base rate	
4	A0425	Ground Transportation	U1 (for ALS) or U2 (for BLS)

- NDC Qualifier: N4
- Apply 11-digit NDC in the “5-4-2” format. Do not include spaces or dashes
  - (EXAMPLE: 00641252141)
- Enter drug description: Naloxone
- NDC unit of measure qualifier: ML (milliliter)
- NDC Quantity: 1
- Procedure code units billed: 1

**REMINDER:** Naloxone administered by a responding law enforcement agency is NOT reimbursable through Medicaid.



# Scenario #6a

Who Responds?	Administration?	Transportation Provided?
EMS Provider	Three doses of liquid naloxone (0.4 mg)	Yes

## EMS Provider PCR Entry

Topic	Documentation
Drug Type	Liquid vial NDC EXAMPLE - 0641-2521-41
Quantity	3 doses - 1.2 mg, 3 ml
Transportation	To hospital - Advanced Life Support (ALS) or Basic Life Support (BLS)





# Scenario #6a Answer

Claim Detail	Procedure Code	Reason	Additional Information
1	J2310	Reimbursement for naloxone (liquid naloxone)	See below
2	96372	Administration of naloxone (by injection)	Use the U2 modifier
3	A0427 or A0429	Advanced Life Support (ALS) or Basic Life Support (BLS) base rate	
4	A0425	Ground Transportation	U1 (for ALS) or U2 (for BLS)

- NDC Qualifier: N4
- Apply 11-digit NDC in the “5-4-2” format. Do not include spaces or dashes.
  - (EXAMPLE: 00641252141)
- Enter drug description: Naloxone
- NDC unit of measure qualifier: ML (milliliter)
- NDC Quantity: 3
- Procedure code units billed: 2



# Scenario #6b

Who Responds?	Administration?	Transportation Provided?
EMS Provider	Three doses of liquid naloxone (0.4 mg) - <b>two different vials with two different NDCs</b>	Yes

## EMS Provider PCR Entry

Topic	Documentation
Drug Type #1	Liquid vial NDC EXAMPLE - 0641-2521-41
Quantity #1	Two doses - 0.8 mg, 2 ml
Drug Type #2	Liquid vial NDC EXAMPLE - 0409-1215-01
Quantity #2	One dose - 0.4 mg, 1 ml
Transportation	To hospital - Advanced Life Support (ALS) or Basic Life Support (BLS)



# Scenario #6b Answer

Claim Detail	Procedure Code	Reason	Additional Information
1	J2310	Reimbursement for naloxone (liquid naloxone)	See below
2	J2310	Reimbursement for naloxone (liquid naloxone)	See below
3	96372	Administration of naloxone (by injection)	Use the U2 modifier
4	A0427 or A0429	Advanced Life Support (ALS) or Basic Life Support (BLS) base rate	
5	A0425	Ground Transportation	U1 (for ALS) or U2 (for BLS)

### For Liquid (1):

- NDC Qualifier: N4
- Apply 11-digit NDC in the “5-4-2” format. Do not include spaces or dashes (EXAMPLE: 00641252141)
- Enter drug description: Naloxone
- NDC unit of measure qualifier: ML (milliliter)
- NDC Quantity: 2
- Procedure code units billed: 1

### For Liquid (2):

- NDC Qualifier: N4
- Apply 11-digit NDC in the “5-4-2” format. Do not include spaces or dashes (should be a DIFFERENT NDC from the first line (EXAMPLE: 00409121501)
- Enter drug description: Naloxone
- NDC unit of measure qualifier: ML (milliliter)
- NDC Quantity: 1
- Procedure code units billed: 1



# Scenarios

The following scenarios involve **multiple trips to a member's home on the same day by the same EMS agency**. In order to receive full payment for the services rendered, the provider must include a modifier on the appropriate claim detail in order to indicate the service is separate and distinct.

- **Modifier XE** *separate encounter, a service that is distinct because it occurred during a separate encounter*
- **Modifier 59** *distinct procedural service*



# Scenario #7

## Trip One

Who Responds?	Administration?	Transportation Provided?
EMS Provider	One prefilled nasal spray	No

## Trip Two

Who Responds?	Administration?	Transportation Provided?
EMS Provider	No - member fell with injury	Yes



# Scenario #7 PCR Entry

## Trip One

Topic	Documentation
Drug Type	Nasal spray NDC EXAMPLE - 69547-353-02
Quantity	One unit
Transportation	None

## Trip Two

Topic	Documentation
Drug Type	None
Quantity	None
Transportation	To hospital - Advanced Life Support (ALS) or Basic Life Support (BLS)



# Scenario #7 Answer (Claim 1)

Claim Detail	Procedure Code	Reason	Additional Information
1	J3490	Reimbursement for naloxone (nasal spray)	See below
2	A0998	Treatment without transportation	

- NDC Qualifier: N4
- Apply 11-digit NDC in the “5-4-2” format. Do not include spaces or dashes
  - (EXAMPLE: 69547035302)
- Enter drug description : Naloxone
- NDC unit of measure qualifier: UN (unit)
- NDC Quantity: 1
- Procedure code units billed: 1



# Scenario #7 Answer (Claim 2)

Claim Detail	Procedure Code	Reason	Additional Information
1	A0427 or A0429	Advanced Life Support (ALS) or Basic Life Support (BLS) base rate	Modifier XE or 59
2	A0425	Ground Transportation	U1 (for ALS) or U2 (for BLS)

**IMPORTANT NOTE:** Modifier XE or 59 must be on the claim for both services to be paid.





# Scenario #8a

## Trip One

Who Responds?	Administration?	Transportation Provided?
EMS Provider	No - member had heart attack	No

## Trip Two

Who Responds?	Administration?	Transportation Provided?
EMS Provider	One dose of liquid naloxone (0.4 mg)	Yes



# Scenario #8a PCR Entry

## Trip One

Topic	Documentation
Drug Type	None
Quantity	None
Transportation	None

## Trip Two

Topic	Documentation
Drug Type	Liquid vial NDC EXAMPLE - 0641-2521-41
Quantity	One dose - 0.4 mg, 1 ml
Transportation	To hospital - Advanced Life Support (ALS) or Basic Life Support (BLS)



# Scenario #8a Answer (Claim 1)

Claim Detail	Procedure Code	Reason	Additional Information
1	A0998	Treatment without transportation	



# Scenario #8a Answer (Claim 2)

Claim Detail	Procedure Code	Reason	Additional Information
1	J2310	Reimbursement for naloxone (liquid naloxone)	See below
2	96372	Administration of naloxone (by injection)	Use the U2 modifier <b>Use XE or 59 modifier</b>
3	A0427 or A0429	Advanced Life Support (ALS) or Basic Life Support (BLS) base rate	<b>Use XE or 59 modifier</b>
4	A0425	Ground Transportation	U1 (for ALS) or U2 (for BLS)

- NDC Qualifier: N4
- Apply 11-digit NDC in the “5-4-2” format. Do not include spaces or dashes
  - (EXAMPLE: 00641252141)
- Enter drug description : Naloxone
- NDC unit of measure qualifier: ML (milliliter)
- NDC Quantity: 1
- Procedure code units billed: 1



# Scenario #8b

## Trip One

Who Responds?	Administration?	Transportation Provided?
EMS Provider	No - member had panic attack	No

## Trip Two

Who Responds?	Administration?	Transportation Provided?
EMS Provider	One dose of liquid naloxone (0.4 mg)	No (member refuses)



# Scenario #8b PCR Entry

## Trip One

Topic	Documentation
Drug Type	None
Quantity	None
Transportation	None

## Trip Two

Topic	Documentation
Drug Type	Liquid vial NDC EXAMPLE - 0641-2521-41
Quantity	One dose - 0.4 mg, 1ml
Transportation	None



# Scenario #8b Answer (Claim 1)

Claim Detail	Procedure Code	Reason	Additional Information
1	A0998	Treatment without transportation	



# Scenario #8b Answer (Claim 2)

Claim Detail	Procedure Code	Reason	Additional Information
1	J2310	Reimbursement for naloxone (liquid naloxone)	See below
3	A0998	Treatment without transportation	<b>Use XE or 59 modifier</b>

- NDC Qualifier: N4
- Apply 11-digit NDC in the “5-4-2” format. Do not include spaces or dashes
  - (EXAMPLE: 00641252141)
- Enter drug description: Naloxone
- NDC unit of measure qualifier: ML (milliliter)
- NDC Quantity: 1
- Procedure code units billed: 1





# Improper Billing Scenarios



# Improper Billing Scenarios

## Scenario 1 Drug-only billing

Outcome- Drug will deny (Per CMS, drug cannot be billed alone)

Code	Claim outcome
J3490/J2310	Deny

## Scenario 2 Administration-only billing

Outcome- Administration will deny

Code	Claim outcome
96372 U1/U2	Deny

## Scenario 3 Drug-only and transportation billed

Outcome -Deny Drug; Pay transportation

Code	Claim outcome
J3490/J2310	Deny
A0427/A0429	Pay
A0425 U1/U2	Pay

## Scenario #4: Administration-only (without drug) and transportation billed

Outcome- Deny Administration; Pay transportation

Code	Claim outcome
96372 U1/U2	Deny
A0427/A0429	Pay
A0425 U1/U2	Pay



# Improper Billing Scenarios

**Scenario #5 :** Treat/No transport billed and transportation billed.  
Outcome: Deny Treat/no transport; pay transportation

Code	Claim outcome
A0998	Deny
A0427/A0429	Pay
A0425 U1/U2	Pay

**Scenario #6:** Treat/no Transport and Drug administration billed  
Outcome: Deny drug administration; Pay treat/no transport

Code	Claim outcome
A0998	Pay
J2310/J3490	Pay
96372 U1/U2	Deny



# Improper Billing Scenarios

**Scenario #7:** Treat/no Transport, Transport, and Drug administration billed

Code	Claim outcome
A0998	Deny
J2310/J3490	Pay
96372 U1/U2	Pay
A0427/A0429	Pay
A0425 U1/U2	Pay



# Code Pairs

**Code Pairs: Deny unless modifier XE or 59 is billed with one of the code pairs. It does not matter which code the modifier is billed with. This applies to codes billed on same or different claim.**

Code I	Code II	Outcome
A0998	A0427/A0429	Deny A0998
A0427/A0429	A0998	Deny A0998
96372 U1/U2	A0998	Deny 96372
A0998	96372 U1/U2	Deny 96372



# Documentation Summary

- Record like usual
- Add:
  - Transport & Destination
  - NDC
  - Type of drug administered (nasal spray or liquid vial)
  - Amount of drug (NDC quantity and procedure code units)



# Questions?

- Contact [dhscertifications@dhs.in.gov](mailto:dhscertifications@dhs.in.gov) if you have any questions following this training.

## Bulletins & Banners

- <https://www.in.gov/medicaid/providers/737.htm>



# Thank You!

