



		<b>Reimbursement Policy</b>
<b>Subject: Drug and Injectable Limits</b>		
Effective Date: <b>01/01/21</b>	Committee Approval Obtained: <b>01/01/21</b>	Section: <b>Drugs</b>
<p>***** The most current version of our reimbursement policies can be found on our provider website. If you are using a printed version of this policy, please verify the information by going to <a href="https://www.bluecrossnc.com/provider-home">https://www.bluecrossnc.com/provider-home</a>.*****</p> <p>These policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement by Blue Cross and Blue Shield of North Carolina (Blue Cross NC) if the service is covered for Healthy Blue + Medicare<sup>SM</sup> (HMO D-SNP) members. The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis as well as to the member's state of residence. You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with CPT<sup>®</sup> codes, HCPCS codes and/or revenue codes. The codes denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our policies apply to participating providers and facilities; a non-contracting provider who accepts Medicare assignment will be reimbursed for services according to the original Medicare reimbursement rates.</p> <p>If appropriate coding/billing guidelines or current reimbursement policies are not followed, Blue Cross NC Medicare Advantage may:</p> <ul style="list-style-type: none"> <li>• Reject or deny the claim.</li> <li>• Recover and/or recoup claim payment.</li> <li>• Adjust the reimbursement to reflect the appropriate services and/or procedures performed.</li> </ul> <p>Blue Cross NC Medicare Advantage reimbursement policies are developed based on nationally accepted industry standards and coding principles. These policies may be superseded by mandates in provider, state, federal or CMS contracts and/or requirements. System logic or setup may prevent the loading of policies into the claims platforms in the same manner as described; however, Blue Cross NC Medicare Advantage strives to minimize these variations.</p> <p>Blue Cross NC Medicare Advantage reserves the right to review and revise its policies periodically when necessary. When there is an update, we will publish the most current policy to the website.</p>		

<https://www.bluecrossnc.com/provider-home>

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Blue Cross and Blue Shield of North Carolina  
 Healthy Blue + Medicare (HMO D-SNP)  
 Drug and Injectable Limits

<b>Policy</b>	<p>Blue Cross NC Medicare Advantage allows reimbursement for drug claims received with HCPCS/CPT procedure codes that do not contain Medically Unlikely Edit (MUE) limits and are within the physical quantities of drugs (also known as units) unless provider, state, federal or CMS contracts and/or requirements indicate otherwise.</p> <p>Drug claims must be submitted as required with applicable HCPCS or CPT procedure code(s), National Drug Codes (NDC), appropriate qualifier, unit of measure, number of units and price per unit. Units should be reported in the multiples included in the code descriptor used for the applicable HCPCS codes.</p> <p>Reimbursement will be considered up to the Clinical Unit Limits (CUL) allowed for the prescribed/administered drug. Blue Cross NC Medicare Advantage utilizes the CMS MUE value. When there is no MUE assigned by CMS, identified codes will have a CUL assigned or calculated based on the prescribing information, the FDA and established reference compendia.</p> <p>Claims that exceed the CUL will be reviewed for documentation to support the additional units. If the documentation does not support the additional units billed, the additional units will be denied.</p>
<b>History</b>	<ul style="list-style-type: none"> <li>• Initial approval and effective date: <b>01/01/21</b></li> </ul>
<b>References and Research Materials</b>	<p>This policy has been developed through consideration of the following:</p> <ul style="list-style-type: none"> <li>• CMS</li> <li>• State contract</li> <li>• Blue Cross NC Medicare Advantage contract(s)</li> <li>• FDA</li> </ul>
<b>Definitions</b>	<ul style="list-style-type: none"> <li>• The appropriateness of the specific treatment for which a drug is being prescribed is recognized and supported in one of the following established reference compendia:             <ul style="list-style-type: none"> <li>○ American Hospital Formulary Service-Drug Information</li> <li>○ National Comprehensive Cancer Network Drugs and Biologics Compendium</li> <li>○ Thomson Micromedex DrugDex®</li> <li>○ Elsevier Gold Standard Clinical Pharmacology</li> </ul> </li> <li>• <b>General Reimbursement Policy Definitions</b></li> </ul>
<b>Related Policies</b>	<ul style="list-style-type: none"> <li>• Claims Submission — Required Information for Professional Providers</li> <li>• Unlisted, Unspecified and Miscellaneous Codes</li> </ul>
<b>Related Materials</b>	<ul style="list-style-type: none"> <li>• None</li> </ul>