



New Claim Edits Coming Soon

Effective November 1, 2022, we will implement some new edits for HAP Empowered claims. Here are the details.

- National Drug Code (NDC) Numbers
 - Deny claim lines containing expired NDC numbers.
 - Note: According to CMS policy, providers are required to report valid NDC numbers for the given date of service. For example: the NDC number has surpassed the allowed obsolete period of 30 months (913 days) set in the standard NDC reference sources
- Q5112, Q5113, Q5114, Q5116, or Q5117
 - Deny when billed with units representing a multiple of an entire vial (42, 84, or 126 units) and another claim line for the same drug does not exist on the same claim for the same date of service.
- Self-Administered Drugs
 - According to CMS policy, coverage for drugs that are furnished 'incident to' a physician's service is allowed provided that the drugs are not usually self-administered by the patients who take them. When these items are billed, they will be denied. An exception applies when drug J0129 (Injection, abatacept) or J2354 (Injection, octreotide) is reported with modifier JA (Administered intravenously).