HIGHMARK West Virginia

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SPECIAL BULLETIN

FOR PROFESSIONAL AND FACILITY PROVIDERS **FEB. 4, 2016 (Rev. 2/5/16)**

NDC POLICY CHANGES:

- **MORE HCPCS CODES REQUIRE NDC SUBMISSION**
- **TWO-TIER PRICING ESTABLISHED**

As stated in a previous Special Bulletin (July 27, 2015), Highmark requires the submission of National Drug Code (NDC) information on drug claims billed under the medical benefit for Highmark members. NDC information is the 11-digit NDC+NDC quantity. Two important changes to this process will take effect in April 2016.

ADDITIONAL HCPCS REQUIRE NDC SUBMISSION

Please Note: This change applies to all Providers.

Effective April 4, 2016, an additional 151 codes will be added to list of HCPCS codes that require NDC information to be reported. Providers can access the list under *Administrative Reference Materials* on the Provider Resource Center. The additional codes will be available via a link at the bottom of the current list, starting Feb. 4.

TWO-TIER PRICING IMPLEMENTATION

Please Note: This change applies to Professional Providers only.

Effective April 15, 2016, a two-tier Average Sales Price (ASP) pricing methodology will be established based on brand vs. generic criteria using the NDC categorization. As you know, Highmark routinely reviews fee schedules and reimbursement rates and makes adjustments as needed to reflect current factors and marketplace trends.

Highmark Blue Cross Blue Shield West Virginia serves the 55 counties of West Virginia and Washington County, Ohio, and is an independent licensee of the Blue Cross and Blue Shield Association.

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This helps to maintain appropriate and reasonable payments to providers and to manage the rising health care costs that impact your patients.

Beginning April 15, providers will be required to report the appropriate drug and biological codes, along with the NDC. Pricing will be determined as follows using the NDC to determine classification:

- Generic: ASP + 20%
- Brand: ASP + 12%
- Brand (single source per the NDC classification): ASP + 20%

Please Note: The Medical Injectable Drug Program and the Oncology Management Pathways Program are excluded from two-tier pricing. Medicare Advantage professional providers are also excluded, with the exception of home infusion (HIT) providers who contractually receive commercial allowances.

We appreciate the quality care you provide to our members. Thank you for your continued support.