

PC-ACE Pro32 National Drug Code

This document is intended as a help guide for entering a claim with a National Drug Code (NDC) into the PC-ACE Pro32 software. It is not intended to replace the general help (accessible by the F1 key) or specific item help (accessible by right-clicking or using the F2 key on a specific item) functions, or the *PC-ACE Pro32 User Manual* itself. For assistance with any questions not covered here, please consult these documents.

The NDC is eleven digits and must be valid for durable medical equipment (DME) claims. If you have questions on how to bill claims with an NDC, contact the jurisdiction that will be processing the claims for payment or visit the PDAC Web site at www.dmepdac.com.

In addition, the Common Electronic Data Interchange (CEDI) technical support staff is not trained in billing. The information in this document is accurate to the best of our knowledge, but there may be specifics required for billing that we are unaware of.

PC-ACE Pro32 was designed for both institutional (Medicare Part A, or hospital) and professional (Medicare Part B, or office visits, and durable medical equipment, or DME) billing. Since this is a DME support document, we will not be covering Medicare Part A or Part B functions.

If you have any questions, please contact the CEDI Help Desk at ngs.cedihelpdesk@wellpoint.com or at 866-311-9184.

Preparing to Bill with an NDC

Some NDCs do not crosswalk to a HCPCS/procedure code. If you will be billing using one of these NDCs you will need to enter a special “gap fill” HCPCS code to use when entering the claim information.

To add the special “gap-fill” HCPCS code to the HCPCS list

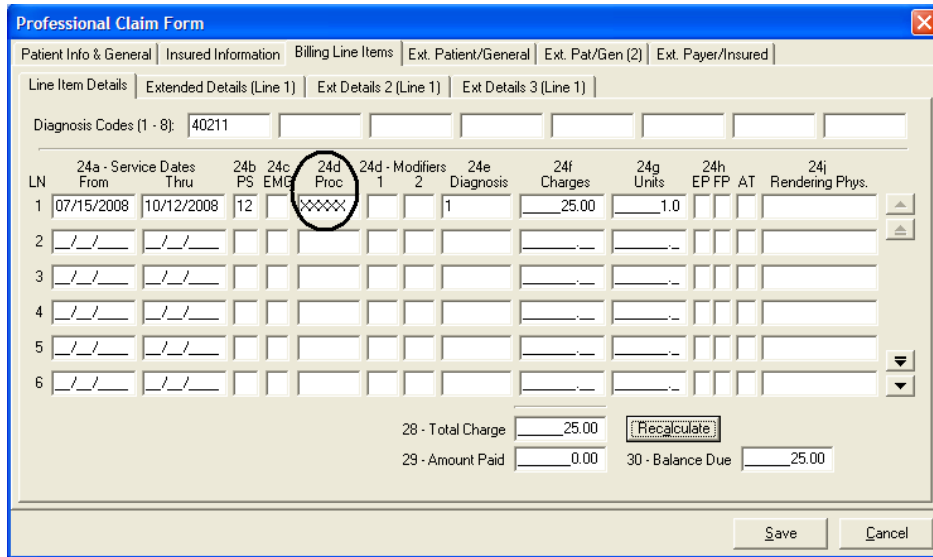
- Select **Reference File Maintenance** from the main menu.
- Select the **Codes/Misc.**
- Select option labeled **HCPCS**.
- Add it to the **Local codes**. This will allow the code to be saved from update to update. If it is entered under **Global codes**, it will probably need to be added after every upgrade to later versions.
- Enter code XXXXX
- The description does not matter – example: **NDC Gap Fill**
- Leave the effective dates blank

The screenshot shows the 'HCPCS Codes' application window. At the top, there are radio buttons for 'Global codes' and 'Local codes', with 'Local codes' selected. Below this is a table with two columns: 'HCPCS Code' and 'HCPCS Description'. The table is currently empty. In the foreground, a dialog box titled 'HCPCS Code Information' is open. It has two input fields: 'Code' with the value 'XXXXX' and 'Description' with the value 'NDC GAP FILL'. Below these is an 'Effective Date Range' section with two date pickers separated by the word 'thru'. At the bottom of the dialog are 'OK' and 'Cancel' buttons. The main application window has a 'List Filter Options' section with three radio buttons: 'Show all', 'Filter list to include codes starting with', and 'Filter list to include descriptions starting with'. The 'Show all' option is selected. There are also input fields for filtering codes or descriptions, and an 'Apply' button. At the bottom of the application window are buttons for 'New', 'View/Update', 'Delete', and 'Close'.

Claims Entry – Entering NDC Information

National Drug Code information will be entered in the claim on the **Billing Line Items** tab.

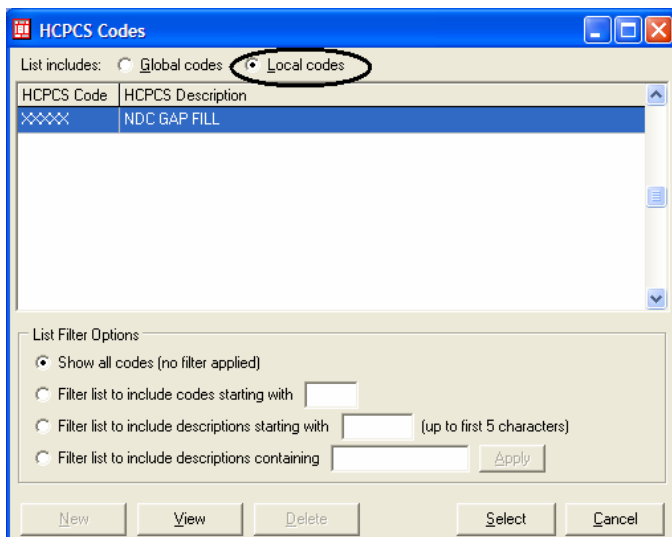
Billing Line Items has multiple sub tabs:



The **Line Item Details** sub tab (the first tab on the second row of tabs in the screenshot above) has the following information:

- **24d Proc:** Use the right-click or F2 key lookup feature to select the HCPCS/procedure code
 - Some NDC codes crosswalk to a HCPCS code. The HCPCS code should be entered in **24d Proc**. The NDC will be entered later.
 - Some NDC codes do not crosswalk to a HCPCS code. A special “gap-fill” HCPCS code will be used in box **24d Proc**. This code needs to be added to the HCPCS list. For more information about adding the “gap fill” HCPCS, refer to the **Preparing to Bill with an NDC** located at the beginning of the document.

Note: To select the NDC Gap Fill of XXXXX, you will need to change the list you are selecting from from to local.



Extended Details 2 (Line #) tab

The screenshot shows a software window titled "Professional Claim Form" with a blue header and a close button in the top right. Below the header are several tabs: "Patient Info & General", "Insured Information", "Billing Line Items", "Ext. Patient/General", "Ext. Pat/Gen (2)", and "Ext. Payer/Insured". The "Billing Line Items" tab is active, and within it, the "Extended Details 2 (Line #)" sub-tab is selected. The main area is titled "Line-level Miscellaneous Information" and contains two columns of input fields. The left column includes: "Proc Type/Desc" (with a dropdown menu), "Obstetric Anesthesia Additional Units" (with a numeric field showing 0.000), "National Drug Code" (with a text field), "National Drug Unit Price" (with a numeric field showing 0.000), "Nat. Drug Units/Type" (with a numeric field showing 0.000), "Drug Ref No/Type" (with a text field), "Drug Prescription Date" (with a date field), "DME Length of Need (Days)" (with a numeric field showing 0), "DME Purchase Price" (with a numeric field showing 0.00), "DME Rental Price" (with a numeric field showing 0.00), and "DME Rental Unit Price Ind." (with a checkbox). The right column includes: "Facility Name" (with a text field), "Facility Address" (with a text field), "City/St/Zip/Cntry" (with a text field), "Fac IDs/Types" (with a dropdown menu), and "Fac Type" (with a text field). Below these fields is a section titled "Line-level Reference IDs / Types / Payer IDs" with a table structure and scroll arrows. At the bottom right of the window are "Save" and "Cancel" buttons.

Proc Type/Desc: Select **ZZ** for the **Proc Type** field to read the NDC instead of the HCPCS entered in **24d Proc.** The **Desc** box is optional to enter a description of the procedure entered if needed. This field will not be sent in the claim.

- Only select **ZZ** if you want Medicare to process the claim against the NDC instead of the HCPCS entered in **24d Proc.**
- If you want Medicare to process the claim against the HCPCS entered in **24d Proc.**, leave **Procedure Type** field blank and the field will be completed for you with **HC** indicating the code is a HCPCS on the claim.

Obstetric Anesthesia Additional Units: This field is not used for DME.

Typically, only the NDC is required for Medicare DME billing.

Note: The CEDI help desk staff is not trained in Medical billing policy and other information may be needed.

Non-Medicare insurances may require additional information pertaining to the NDC code on this tab.

Contact the jurisdiction where the claim will be processed for advice on what is required by medical policy.