

Provider Bulletin

Molina Healthcare of Washington, Inc.

October 14, 2024

Billing Reminder from Molina Healthcare of Washington, Inc (Medicaid)

Provider Administered Drugs

When providers bill for a provider-administered drug, they must use the correct CPT/HCPCS coding. All billing should include the 11-digit National drug code (NDC) number the manufacturer or labeler assigns to a pharmaceutical product and attaches to the product container at the time of packaging.

Please note the NDC must be on HCA's preferred drug list (PDL) (<https://www.hca.wa.gov/billers-providers-partners/program-information-providers/apple-health-preferred-drug-list-pdl>)

If there is no HCPCS available and it is appropriate to bill with an unlisted drug code (J3490, J3590, J7999), per HCA's billing guide and fee schedules, providers **must bill their actual acquisition cost for the drug.**

A copy of any manufacturer's invoices for all drugs (regardless of billed charges) must be maintained in the client's record and made available upon request.

In addition, if a drug is noted on the PDL as being carved out for MCOs, providers must bill HCA directly.

Any claims paid for provider administered drugs with incorrect coding, paid above acquisition cost, not on HCA's PDL, or for MCO carve-out drugs, may be recovered through payment integrity reviews.