

ForwardHealth

Provider-Administered Drug

Injection, Hydroxyprogesterone Caproate

HCPCS-NDC Crosswalk

Providers are required to comply with requirements of the federal DRA of 2005 and submit NDCs with HCPCS procedure codes on claims for provider-administered drugs. Section 1927(a)(7)(C) of the Social Security Act requires NDCs to be indicated on all claims submitted to ForwardHealth for covered outpatient drugs, including Medicare crossover claims.

ForwardHealth requires that NDCs be indicated on claims for all provider-administered drugs to identify the drugs and invoice a manufacturer for rebates, track utilization, and receive federal funds. States that do not collect NDCs with HCPCS procedure codes on claims for provider-administered drugs will not receive federal funds for those claims. ForwardHealth cannot claim a rebate or federal funds if the NDC submitted on a claim is incorrect or invalid or if an NDC is not indicated.

If an NDC is not indicated on a claim submitted to ForwardHealth, or if the NDC indicated is invalid, the claim will be denied.

Providers may also refer to the following topics of the Physician service area of the ForwardHealth Online Handbook at www.forwardhealth.wi.gov/:

- The Provider-Administered Drugs topic (topic #5697) in the Covered and Services and Requirements chapter of the Covered and Noncovered Services section for information on maximum allowable fee schedules, provider-administered drugs carve-out, and obtaining provider-administered drugs
- The Submitting Multiple National Drug Codes per Procedure Code topic (topic #15977) in the Submission chapter of the Claims section for information on how to submit claims with two or more NDCs
- The Provider-Administered Drugs topic (topic #506) in the Medicine Services chapter of the Covered and Noncovered Services section for information on diagnosis restrictions, prior authorizations requirements, and unclassified drugs

Effective: May 1, 2020

HCPCS	HCPCS Desc		HCPCS Unit of Measure	HCPCS Date Add	HCPCS Date End	
	Modifier	NDC	LabelName	NDC Unit of Measure (Unit/Basis)	Start Date	End Date
J1726	MAKENA, 10 MG		MG	1/1/2018	12/31/2299	
		64011024301	MAKENA 1,250 MG/5 ML VIAL	ML	1/1/2018	12/31/2299
		64011024702	MAKENA 250 MG/ML VIAL	ML	1/1/2018	12/31/2299
		64011030103	MAKENA 275 MG/1.1 ML AUTOINJC	ML	1/1/2018	12/31/2299
J1729	INJ, HYDROXYPR CAP, NOS, 10 MG		MG	1/1/2018	12/31/2299	
	U1	Available	HYDROXYPROGEST POWDER	GM	1/1/2018	12/31/2299
	U2	00517176701	HYDROXYPROGEST 250 MG/ML VI	ML	7/1/2018	12/31/2299
	U2	55150030901	HYDROXYPROGEST 250 MG/ML VI	ML	5/23/2019	12/31/2299
	U2	55150031001	HYDROXYPROGEST 1,250 MG/5 ML	ML	5/23/2019	12/31/2299
	U2	66993003883	HYDROXYPROGEST 250 MG/ML VI	ML	7/1/2018	12/31/2299

HCPCS	HCPCS Desc	HCPCS Unit of Measure		HCPCS Date Add	HCPCS Date End
Modifier	NDC	LabelName	NDC Unit of Measure (Unit/Basis)	Start Date	End Date

J1729	INJ, HYDROXYPR CAP, NOS, 10 MG		MG	1/1/2018	12/31/2299
U2	66993003901	HYDROXYPROGEST 1,250 MG/5 ML	ML	7/1/2018	12/31/2299
U2	69238179701	HYDROXYPROGEST 250 MG/ML VI	ML	7/1/2018	12/31/2299
U2	71225010401	HYDROXYPROGEST 1,250 MG/5 ML	ML	7/1/2018	12/31/2299
U2	71225010501	HYDROXYPROGEST 250 MG/ML VI	ML	7/1/2018	12/31/2299
U3	62559054015	HYDROXYPROGESTERONE 1.25 G/	ML	1/1/2018	12/31/2299
U3	67457088605	HYDROXYPROGESTERONE 1.25 G/	ML	1/1/2018	12/31/2299