

Enoxaparin: Prescription Billing Guide



The Centers for Medicare & Medicaid Services (CMS), Medicaid Integrity Group (MIG) has identified issues associated with the prescribing and billing of enoxaparin. One issue identified was that quantities may have been incorrectly billed based on the total number of syringes dispensed instead of the total number of milliliters dispensed at the time of prescription processing.

CMS's goal is to educate providers on the billing policies and procedures that community pharmacies should follow to correctly bill for enoxaparin. The purpose of this fact sheet is to promote compliance with those billing policies and procedures. After reviewing this fact sheet, the provider should be able to accurately:

- Describe the Billing Unit Standard (BUS)¹ as it applies to enoxaparin;
- Calculate the correct metric decimal quantity in milliliters and the days' supply of an enoxaparin prescription to enter when billing Medicaid; and
- Describe the correct billing procedure to follow when billing for enoxaparin.

Considerations for Billing Enoxaparin

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires health care providers who use HIPAA-defined transactions to use the National Council for Prescription Drug Programs (NCPDP) standard format for electronic drug claim transactions.²

Community Pharmacy Billing

The NCPDP has developed and maintained the BUS, which is the "common billing unit language" for pharmacy transactions.^{3,4} Providers are required to use the BUS when submitting electronic prescription claims to ensure accurate billing and reimbursement. The main premise of the BUS is that there are only three billing units (each, milliliter, and gram) necessary to describe medications.⁵



ACRONYMS

AHRQ	Agency for Healthcare Research and Quality
BUS	Billing Unit Standard
CDER	Center for Drug Evaluation and Research
CMS	Centers for Medicare & Medicaid Services
DVT	deep vein thrombosis
FDA	U.S. Food and Drug Administration
HCPCS	Healthcare Common Procedure Coding System
HIPAA	Health Insurance Portability and Accountability Act of 1996
MIG	Medicaid Integrity Group
NCPDP	National Council for Prescription Drug Programs
NDC	National Drug Code
NSTEMI	non-Q-wave elevation myocardial infarction
OTC	over the counter
PE	pulmonary embolism
STEMI	ST-segment elevation myocardial infarction

Guidelines standardized by the NCPDP require that products measured by volume, such as enoxaparin, report the number of milliliters as a metric decimal quantity at the time of prescription processing. The metric decimal quantity is based on the syringe volume and the number of syringes dispensed. The exact metric decimal quantity for enoxaparin is determined by the number of milliliters in a syringe (or vial) multiplied by the number of syringes (or vials).⁶ For example, if 7 syringes of 0.3 ml of enoxaparin are dispensed, the total quantity billed should be 2.1 ml. The total quantity billed should not be rounded up to 3 ml, because rounding up to the next whole number will result in an incorrect claim and potential overpayment.

Prescription processing for enoxaparin must also reflect the correct days' supply. The metric decimal quantity and the days' supply should be calculated using the number of syringes or doses prescribed and the directions provided in the prescription. Entering a days' supply inconsistent with the actual days' supply or defaulting to a 30-day supply will result in an incorrect claim and billing error.

Examples of how to accurately bill enoxaparin based on dosing frequency are provided in Appendix A.

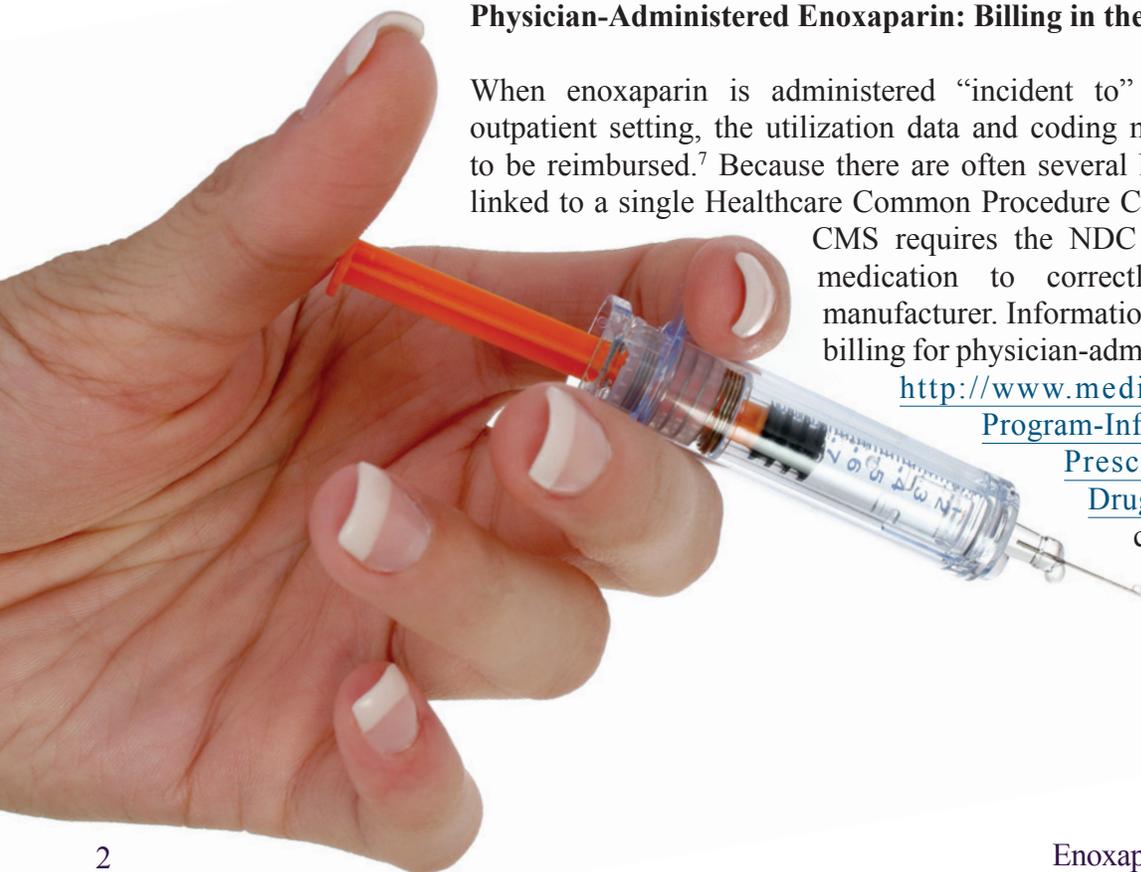
Physician-Administered Enoxaparin: Billing in the Outpatient Setting

When enoxaparin is administered "incident to" a physician service in the outpatient setting, the utilization data and coding may be required for the claim to be reimbursed.⁷ Because there are often several National Drug Codes (NDCs) linked to a single Healthcare Common Procedure Coding System (HCPCS) code,

CMS requires the NDC number of the administered medication to correctly identify the drug and manufacturer. Information on current policies related to billing for physician-administered drugs can be found at

<http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Prescription-Drugs/Prescription-Drugs.html> on the CMS website or

can be obtained from individual State Medicaid policies.





Resources

Please visit the NCPDP website at <http://www.ncdp.org> for detailed information on the NCPDP standards.

Please visit the CMS website at <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-State/By-State.html> for links to State Medicaid program websites.

The Center for Drug Evaluation and Research (CDER) hosts a website providing health professionals with current information on over-the-counter (OTC) and prescription drugs. Visit <http://www.fda.gov/Drugs/ResourcesForYou/HealthProfessionals> to access drug-related databases, information on drug recalls and alerts, current information on new and generic drug approvals, and information on drug safety and availability.

Section 1927(g)(1)(B) of the Social Security Act identifies the predetermined standards that the State's drug use review program must use to assess data on drug use. Visit http://www.ssa.gov/OP_Home/ssact/title19/1927.htm for information on the compendia.

References

¹ National Council for Prescription Drug Programs. (2010, May). Basic Guide to Standards. Retrieved August 29, 2011, from http://www.ncdp.org/pdf/Basic_guide_to_standards.pdf

² U.S. Department of Health and Human Services. Centers for Medicare and Medicaid Services. (2003, May). HIPAA Information Series [Part 4]: Overview of Electronic Transactions & Code Sets. Retrieved August 31, 2011, from <https://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/EducationMaterials/Downloads/Whateelectronictransactionsandcodesets-4.pdf>

³ National Council for Prescription Drug Programs. (2010, May). Basic Guide to Standards. Retrieved August 29, 2011, from http://www.ncdp.org/pdf/Basic_guide_to_standards.pdf

⁴ National Council for Prescribing Drug Programs. (2007, January 22). NCPDP Releases a New Version For the Telecommunication Standard and New Publications of the Billing Unit Standard and the Pharmacy and/or Combination ID Card Implementation Guide. [News Release]. Retrieved September 23, 2011, from http://www.ncdp.org/press/PR07_01_22_2007_Telecom_vC4_BUS_phcy_ID_card.pdf

⁵ National Council for Prescription Drug Programs. (2010, May). Basic Guide to Standards. Retrieved August 29, 2011, from http://www.ncdp.org/pdf/Basic_guide_to_standards.pdf

⁶ National Council For Prescription Drug Programs. (n.d.). Billing Unit Standard Short Overview. Retrieved May 17, 2012, from http://www.ncdp.org/pdf/BUS_overview.pdf

⁷ United States House of Representatives. Office of the Law Revision Counsel. United States Code. 42 U.S.C. §1396r-8[(a)(7)]. (2011, January 7). Payment for Covered Outpatient Drugs. [Title 42, Chapter 7, Subchapter XIX, §1396r-8(a)(7) of the United States Code]. Retrieved September 8, 2011, from <http://uscode.house.gov/uscode-cgi/fastweb.exe?getdoc+uscview+t41t42+2522+8++%28Payment%20for%20Covered%20Outpatient%20Drugs>

⁸ Lovenox[®] (enoxaparin) prescribing information. (2011, April 20). Retrieved August 16, 2011, from http://www.accessdata.fda.gov/drugsatfda_docs/label/2011/020164s093lbl.pdf

Appendix A

Examples of how to accurately bill enoxaparin based on dosing frequency are provided in Table 1 below.⁸

Table 1. Enoxaparin Quantity Billing Guide

Syringe Size	Once-a-day* 7-day supply	Once-a-day* 10-day supply	Once-a-day* 14-day supply	Once-a-day* 17-day supply	Once-a-day* 21-day supply	Twice-a-day† 7-day supply	Twice-a-day† 8-day supply
30 mg per 0.3 ml	2.1 ml	3 ml	4.2 ml	5.1 ml	6.3 ml	4.2 ml	4.8 ml
40 mg per 0.4 ml	2.8 ml	4 ml	5.6 ml	6.8 ml	8.4 ml	5.6 ml	6.4 ml
60 mg per 0.6 ml	4.2 ml	6 ml	8.4 ml	10.2 ml	12.6 ml	8.4 ml	9.6 ml
80 mg per 0.8 ml	5.6 ml	8 ml	11.2 ml	13.6 ml	16.8 ml	11.2 ml	12.8 ml
100 mg per 1 ml	7 ml	10 ml	14 ml	17 ml	21 ml	14 ml	16 ml
120 mg per 0.8 ml	5.6 ml	8 ml	11.2 ml	13.6 ml	16.8 ml	11.2 ml	12.8 ml
150 mg per 1 ml	7 ml	10 ml	14 ml	17 ml	21 ml	14 ml	16 ml

* U.S. Food and Drug Administration (FDA)-approved indications for once-a-day dosing include deep vein thrombosis (DVT) prophylaxis in abdominal surgery, hip replacement surgery, and in medical patients during acute illness.

† FDA-approved indications for twice-a-day dosing include DVT prophylaxis (knee replacement surgery, hip replacement surgery), acute DVT without pulmonary embolism (PE; outpatient treatment), unstable angina and non-Q-wave elevation myocardial infarction (NSTEMI), and ST-segment elevation myocardial infarction (STEMI).

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