



Dear Provider:

On May 15, 2024, SummaCare implemented RJ Health to our claim adjudication process for specialty drugs. To view the original notice you may access it [here](#).

For additional information and billing guidelines, please see the information below.

### ❖ RJ Health drug editing

- RJ Health utilizes drug data information from **FDA** and **Compendia** comprised of off label dosing regimens supported by clinical evidence reported to one or more of the following sources:
  - Clinical Pharmacology
  - DrugDex
  - AHFS

### ❖ Required fields for drug related CPT/HCPC services

- **CPT/HCPC code**
  - Paper - UB field 44; HCFA box D
  - 837P (Professional) Loop 2400 Segment SV101-02
  - 837I (Institutional) **REV** code = Loop 2400 Segment SV201; **CPT/HCPC** = Loop 2400 Segment SV202-02
- **Units/Count**
  - Paper - UB field 46; HCFA box G
  - 837P (Professional) **Units** = Loop 2400 Segment SV103 for 'UN'; **Count** = Loop 2400 Segment SV104 for "quantity"
  - 837I (Institutional) **Units/Count** = Loop 2400 Segment SV204 (for either Days or Units)
- **NDC details** (all three work together to mathematically equal the units/count in UB field 46 or HCFA box G for the CPT/HCPC code submitted).
  - ◆ The details on **paper** claims should be noted in field 43 as part of the description for the UB04 or in the shaded portion of the line-item fields 24A-24G for HCFA submissions
  - **National drug code (NDC)** from drug packaging
    - 837P (Professional) NDC Code = Loop 2410 Segment LIN03
    - 837I (Institutional) NDC Code = Loop 2410 Segment LIN03
    - **National drug unit count** (NDC quantity) from drug packaging (**this number is not always a 1-to-1 match for the Units/Count billed on the CPT/HCPC**)
    - 837P (Professional) NDC Count = Loop 2410 Segment CTP05
    - 837I (Institutional) NDC Count = Loop 2410 Segment CTP05
  - **National drug unit or basis for measure** (NDC qualifier) from drug packaging

- 837P (Professional) NDC Qualifier = Loop 2410 Segment CTP05-01 (see NDC standard Unit of measure – example F2, GR, ME, etc.)
- 837I (Institutional) NDC Qualifier = Loop 2410 Segment CTP05-01 (see NDC standard Unit of measure – example F2, GR, ME, etc.)

## ❖ SummaCare Rejection edits

Below is a list of the edits that may generate based on the submitted information to SummaCare. Most of the edits are self-explanatory, but there are two denials noted in red below that should help guide providers on how to correct the billing when services have been denied.

**RJ0002** - RJ Health requires a HCPCS or CPT® code on each claim line. The HCPCS or CPT code is missing.

**RJ0005** - The HCPCS or CPT® code is not active for the submitted date of service.

**RJ0006** - The NDC is missing.

**RJ0008** - The submitted NDC is not in RJ Health Verification Database.

**RJ0009** - The NDC has been inactive for longer than 30 months as of the submitted date of service.

**RJ0010** - HCPCS or CPT® code \_\_\_\_ should be submitted for this NDC for this date of service.

**RJ0011** - This NDC does not correspond to the submitted HCPCS or CPT® code.

**RJ0014** - The submitted unit value exceeds the maximum daily dosage of \_\_\_\_ for this HCPCS or CPT(R) code.

**RJ0018** - Based on the submitted HCPCS or CPT® unit value and NDC, the correct NDC Quantity and NDC Qualifier values are \_\_\_\_\_. \*\* this edit will provide the appropriate billing details that should have been submitted

**RJ0021** - The submitted NDC Quantity value exceeds the maximum allowable converted HCPCS or CPT® code unit value. Maximum NDC Quantity and NDC Qualifier values are \_\_\_\_\_. \*\* this edit will explain what the maximum billed amount is acceptable

**RJ0024** - The NDC does not correspond to the HCPCS or CPT® coded on this claim line. NDC maximum unit conversion values cannot be calculated.

**RJ0025** - The NDC does not correspond to the HCPCS or CPT® coded on this claim line. NDC unit conversion values cannot be calculated.

**RJ0028** - The NDC Qualifier value is missing. Based on the submitted HCPCS or CPT(R) unit value and NDC, maximum allowable NDC Quantity and NDC Qualifier values are \_\_\_\_\_.

\*\*\*BILLING EXAMPLE SUBMISSIONS\*\*\*

- 1) CPT/HCPC = J1885  
Units for HCPC from HCFA = 2  
National Drug Code submitted from electronic file = 63323016200  
National Drug Unit Count = .5  
National Drug Unit of Measure = ML

Drug label details:

**KETOROLAC TROMETHAMINE 30MG/ML** **63323-0162-00**  
**Solution**  
 FRESENIUS KABI

Pkg Size: 1.00 ML Billable Units: 2  
 Pkg Qty: 1.00 VIAL Billable Units: 2

Line edit denial:

#	From Date	To Date	POS	Revenue Code	HCPCS	Modifiers	Dx Pointer	HCPCS Desc	Units	Charge	Rendering NPI	Rendering Taxonomy	NDC	NDC Qty	NDC Qualifier	Denied	EPSDT Ind	Amb Patient Count	Allowance Differential	Allowance
14	20240222	20240222	23	0636	J1885		AB		2	19.00	1366433195	282N000...	63323016200	1	ML	N			\$0.92	\$0.00

Line Rejection: RJ0018 Based on the submitted HCPCS or CPT unit value and NDC, the current NDC Quantity and NDC Qualifier values are 1.00 ML. billed for .5 ML but edit is stating 1.00 ML is appropriate based on the drug packaging label

Flagged message: 32 - DENY PER INDUSTRY STANDARD GUIDELINES, DO NOT BILL PATIENT

If the line had been submitted with the 1 ml NDC Qty and Qualifier as noted in the RJ0018 denial, the service would have allowed with no edit, and would have also priced.

#	From Date	To Date	POS	Revenue Code	HCPCS	Modifiers	Dx Pointer	HCPCS Desc	Units	Charge	Rendering NPI	Rendering Taxonomy	NDC	NDC Qty	NDC Qualifier	Denied	EPSDT Ind	Amb Patient Count	Allowance Differential	Allowance
14	20240222	20240222	23	0636	J1885		AB		2	19	1366433195	282N000...	63323016200	1	ML	N			\$0.79	\$1.71

- 2) CPT/HCPC = J0295  
Units for HCPC from HCFA = 6  
National Drug Code submitted from electronic file = 00641611710  
National Drug Unit Count = 300  
National Drug Unit of Measure = ML

Drug label details:

**AMPICILLIN-SULBACTAM 3(2-1)GM** **00641-6117-10**  
**Solution Reconstituted**  
 HIKMA

Pkg Size: 1.00 EA Billable Units: 2  
 Pkg Qty: 10.00 VIAL Billable Units: 20

Line edit denial:

#	From Date	To Date	POS	Revenue Code	HCPCS	Modifiers	Dx Pointer	HCPCS Desc	Units	Charge	Rendering NPI	Rendering Taxonomy	NDC	NDC Qty	NDC Qualifier	Denied	EP/SDT Ind	Amb Patient Count	Allowance Differential	Allowance
38	20240115	20240115	23	0636	J0295		AB			104.40	1366433195	282N000...	0064161710	300	ML	N			\$10.01	\$0.00
<p>Line Rejection: Edit: R00018 Based on the submitted HCPCS or CPT code unit value and NDC, the correct NDC Quantity and NDC Qualifier values are 300 EA or 3 UN. Submitted NDC Qualifier ML was not used in the conversion calculation.</p> <p>Message: 32 - DENY OVER REQUESTER STANDARD GUIDELINES, DO NOT BILL PATIENT</p> <p>Line Rejection: Edit: R00022 The submitted NDC Quantity value exceeds the maximum allowable converted HCPCS or CPT code unit value. Maximum NDC Quantity and NDC Qualifier values are 300 EA or 3 UN.</p> <p>Message: 32 - DENY OVER REQUESTER STANDARD GUIDELINES, DO NOT BILL PATIENT</p>																				

billed for 300 ML but edit is stating 3 UN or 3 EA based on the drug packaging label

this edit is stating that the max allows to be billed is 9 UN or 9 EA

If the line had been submitted with the 3 UN or 3 EA NDC Qty and Qualifier as noted in the R0018 denial, the service would have allowed with no edit, and would have also priced.

#	From Date	To Date	POS	Revenue Code	HCPCS	Modifiers	Dx Pointer	HCPCS Desc	Units	Charge	Rendering NPI	Rendering Taxonomy	NDC	NDC Qty	NDC Qualifier	Denied	EP/SDT Ind	Amb Patient Count	Allowance Differential	Allowance
38	20240115	20240115	23	0636	J0295		AB		6	104.4	1366433195	282N000...	0064161710	3	UN	N			-\$8.56	\$18.57
<p>Use Ignore Edit: Edit: R00022 The submitted NDC Quantity value is less than the maximum allowable converted HCPCS or CPT code unit value. Maximum NDC Quantity and NDC Qualifier values are 300 EA or 3 UN.</p> <p>Message: 32 - DENY OVER REQUESTER STANDARD GUIDELINES, DO NOT BILL PATIENT</p>																				

#	From Date	To Date	POS	Revenue Code	HCPCS	Modifiers	Dx Pointer	HCPCS Desc	Units	Charge	Rendering NPI	Rendering Taxonomy	NDC	NDC Qty	NDC Qualifier	Denied	EP/SDT Ind	Amb Patient Count	Allowance Differential	Allowance
38	20240115	20240115	23	0636	J0295		AB		6	104.4	1366433195	282N000...	0064161710	3	EA	N			-\$8.56	\$18.57
<p>Use Ignore Edit: Edit: R00022 The submitted NDC Quantity value is less than the maximum allowable converted HCPCS or CPT code unit value. Maximum NDC Quantity and NDC Qualifier values are 300 EA or 3 UN.</p> <p>Message: 32 - DENY OVER REQUESTER STANDARD GUIDELINES, DO NOT BILL PATIENT</p>																				

If you have questions, please contact your Provider Engagement Specialist or [providerengagement@summacare.com](mailto:providerengagement@summacare.com).

Sincerely,

Provider Support Services