

Procedure Code A6250 Payment Methodology Guidance Effective July 2, 2019

Effective July 2, 2019, Alaska Medicaid will reimburse procedure code A6250, *Skin Sealants, Protectants, Moisturizers, Ointments, any type, any size*, based on the National Drug Code (NDC) unit to align with wholesale acquisition cost (WAC) + 35% payment methodology. This will allow the system to automatically calculate the reimbursement rate, thus decreasing the need for manual pricing and delays in reimbursement. To ensure correct payment of these claims, providers are required to submit corresponding NDC information according to National Uniformed Claim Committee (NUCC) CMS-1500 billing guidelines in addition to the HCPCS unit billing information¹. Failure to follow NDC billing guidance may impact reimbursements.

Billing A6250 on a CMS-1500 Claim Form

- Record the NDC information in the shaded area above the claim line in field 24.

2		3			4		5		B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS			E. DIAGNOSIS POINTER		F. \$ CHARGES		6
MM	DD	YY	MM	DD	TY															
N4	00799000	104	GR	113									A6250				A		4 50	1
07	02	19	07	02	19															

- The "N4" designation must be submitted at the beginning of any NDC submission.
- Enter the 11-digit NDC of the actual product dispensed.
- Enter the appropriate NDC unit qualifier, grams or milliliters, for the product dispensed as "GR" or "ML".
- Enter the NDC unit quantity, converted to grams or milliliters, of the product dispensed. Up to 3 decimal places may be used to indicate partial NDC units.
- Enter the HCPC unit quantity equivalent to the NDC unit quantity dispensed. Use the table below to determine NDC-specific conversion.

Allowed NDC (As of 7/1/19)	NDC Brand Name	NDC Generic Name	NDC Unit Qualifier	NDC Units per HCPC	HCPC	HCPC Unit
00799000104	CALMOSEPTINE	MENTHOL/ZINC OXIDE	GR	113	A6250	1
11701000235	SWEEN CREAM	VITAMINS A AND D	GR	340	A6250	1
11701000403	XTRACARE	GLY/LAN/ME-BENZ/NA LAURYL SO4	ML	59	A6250	1
11701000405	XTRACARE	GLY/LAN/ME-BENZ/NA LAURYL SO4	ML	237	A6250	1
11701000505	FORDUSTIN	NA BICARB/MEBENZ/STARCH/SILICA	GR	227	A6250	1
11701002005	BEDSIDE-CARE	METHYLBENZETHONIUM CHLORIDE	ML	237	A6250	1
11701002214	ATRAC-TAIN	UREA/ALPHA HYDROXY ACIDS	GR	142	A6250	1
11701002504	ISAGEL NO RINSE	ETHYL ALCOHOL	ML	118	A6250	1
11701003816	MICRO-GUARD	MICONAZOLE NITRATE	GR	85	A6250	1
11701004514	BAZA ANTIFUNGAL	MICONAZOLE NITRATE	GR	142	A6250	1
11701004614	BAZA PROTECT	DIMETHICONE/ZINC OXIDE	GR	142	A6250	1
11701004705	BAZA CLEANSE & PROTECT	DIMETHICONE	ML	237	A6250	1
11701004814	BAZA CLEAR	COD LIVER/VIT A&D/PETROLAT,WHT	GR	142	A6250	1
11701005033	CRITIC-AID	ZINC OXIDE/PETROLATUM, YELLOW	GR	71	A6250	1
11701006314	SWEEN 24	DIMETHICONE	GR	142	A6250	1
53303004041	MOISTURE BARRIER	ZINC OXIDE/PETROLATUM,WHITE	GR	99	A6250	1
63921051008	PERICLEAN	CHLOROXYLENOL	ML	237	A6250	1
68455010850	ALOE VESTA	PETROLATUM,WHITE	GR	226	A6250	1

For information on how to submit this information via an electronic claim, please contact Conduent EDI at 907.644.6800, option 3, or toll-free in Alaska at 800.770.5650, option 1, 4.

Providers may request new NDCs be added to the State-approved A6250 list by submitting a [Pricing Research Request](#) form as outlined in the [Durable Medical Equipment Billing Manual](#).

¹ <http://www.nucc.org/index.php/1500-claim-form-mainmenu-35/1500-instructions-mainmenu-42>