

Summary of New York State Specific Medical Data Call Procedures

The NCCI Medical Data Call specifies certain coding and reporting procedures and allows for state specific exceptions, especially if medical reimbursement rules in particular states are unique. Accordingly, the New York State specific procedures described herein should already be employed by insurers reporting New York medical data. The information below is intended to highlight these items, and refer users to the specific instructions relating thereto.

A. Participation / Eligibility (Page 4)

Participation is required for carrier groups with at least 0.5% market share in New York State in any of the most recent three years. This is different from the NCCI eligibility criteria of a 1% threshold, and the reason for the difference is that in New York, the New York State Insurance Fund has consistently maintained a market share in excess of 40%, thereby diluting the market share statistics of other insurers. Accordingly, in order to ensure consistent participation in the data call, the threshold for participation in New York State is 0.5%.

B. Data Submission Procedures (Page 7)

Data is to be submitted to the Rating Board via Compensation Data Exchange (“CDX”). Data submission via CDX follows the same medical data collection procedure of the Pennsylvania / Delaware Compensation Rating Bureaus. It is also the method by which other types of data are already submitted to the Rating Board.

C. Paid Procedure Code

1. Outpatient Hospital Services: The New York State Ambulatory Surgery Fee Schedule sets reimbursement levels according to Enhanced Ambulatory Payment Groups (“EAPG”). Therefore, data reported for outpatient services should include EAPG as the paid procedure code. The description and formatting for EAPG reporting can be found on pages 30 and 41 of the Manual, which is within the Data Dictionary section. Additional information and examples with respect to reporting outpatient medical services based on EAPG is provided within the Reporting Rules section on page 59 of the Manual.
2. Repackaged Drugs: The New York Pharmacy Fee Schedule states that “if a prescription drug or medicine has been repackaged, the Average Wholesale Price used to determine the maximum reimbursement shall be the Average Wholesale Price of the underlying drug product, as identified by its national drug code, of the underlying drug product used in the drug packaging. If the NDC is not supplied with the bill for the prescription drug or medicine, the self-insured employer or insurance carrier may identify the NDC of the underlying drug product to calculate reimbursement.” Therefore, report the original NDC code as the Paid Procedure Code and the repackaged NDC code as the Secondary Procedure Code (Positions 290–314). This is consistent with the NCCI requirements for

such reimbursement rules. These procedures are described in pages 29 and 39 of the Manual.

3. **Compound Drugs:** The New York Pharmacy Fee Schedule requires that “Compounded medications shall be reimbursed at the ingredient level, with each ingredient identified using the applicable NDC of the drug product, and the corresponding quantity. Ingredients with no NDC are not separately reimbursable. Payment shall be based upon a sum of the allowable fee for each ingredient plus a single dispensing fee per compound.” Based on this regulation, data submitters should report Code J7999 (which is consistent with the code used to report compound drugs in NCCI states) as the Paid Procedure Code (Positions 153-177). Data submitters also have the option of reporting the ingredient NDC code as the Secondary Procedure Code (Positions 290–314) for each reimbursable ingredient. If there are multiple reimbursable ingredients, this may result in multiple records for each compound drug prescribed. If the paid amounts cannot be determined separately for each known ingredient, data submitters may report the paid amount only for one of the records associated with a single prescribed compound drug, and zero for the other records associated with that compound drug. These procedures are described in pages 29 and 39 of the Manual.
4. **Dispensing Fees:** the current NCCI reporting rules indicate that dispensing fees should only be reported as separate records if state regulations require it. The New York Pharmacy Fee Schedule requires that the dispensing fee be stated separately on billing statements. While currently there is no New York specific dispensing fee, the preferred Paid Procedure Code for dispensing fees is DSFEE. This is a new code introduced for purposes of reporting dispensing fees in New York. Leaving the Paid Procedure Code blank, as indicated in the NCCI instructions, is still an acceptable reporting method. Additional dispensing fee information is available on page 54 of the Manual.