



**TO: Physicians, Advanced Practice Registered Nurses (APRN), Certified Nurse Midwives (CNM), Physician Assistants (PA), Family Planning Clinics and Medical Clinics**

**RE: New National Drug Code Requirements for Manually Priced Vaccines and Toxoids**

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**Vaccines and Toxoids**

Effective for dates of service May 9, 2016 and forward, the Health Insurance Portability and Accountability Act (HIPAA) standard 11-digit National Drug Code (NDC) will be required on all claims billing manually priced (MP) vaccines and toxoids found in the Current Procedural Terminology (CPT) code range of 90284-90738. A MP vaccine or toxoid is identified with “MP” under the “Max Fee” column on the applicable fee schedule.

Claims that do not have the properly formatted NDC will deny because the vaccine/toxoid cannot be priced without the HIPAA standard NDC. Submitted claims with a missing or invalid NCD will have Explanation of Benefit (EOB) code “0861-NDC is missing, invalid, or non-rebateable”, post at the details.

For instructions on how to format the NDC into a HIPAA standard 11-digit NDC, providers should refer to Chapter 8 on the Connecticut Medical Assistance Program (CMAP) Web site, [www.ctdssmap.com](http://www.ctdssmap.com), and select the appropriate provider type from the pull down menu.

If you have any questions regarding this bulletin, please contact the Provider Assistance Center at 1-800-842-8440.