

Payment Policy: Naloxone (Narcan)

Reference Number: NH.PP.06

Product Types: NH Medicaid

Effective Date: 01/01/2019

Last Review Date:

[Coding Implications](#)
[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Policy Overview

Naloxone, also known as Narcan, is a medication used to counter opioid overdose.

Application

All providers who administer or distribute Naloxone.

Policy Description

Naloxone is a medication approved by the Food and Drug Administration (FDA) to prevent overdose by opioids such as heroin, morphine, and oxycodone. It blocks opioid receptor sites, reversing the toxic effects of the overdose. Naloxone is administered when the patient is showing signs of opioid overdose. The medication can be given by intranasal spray, intramuscular (into the muscle), subcutaneous (under the skin), or intravenous injection.

Reimbursement

When utilizing an in-house or contracted retail pharmacy for Naloxone dispensed through a Pharmacy Point of Sale (POS) system, use the National Drug Code (NDC).

When billing a Narcan Nasal Spray kit dispensed through the healthcare setting using the CMS-1500 form, please follow standard billing procedures and include the following:

- HCPCS Code J3490 (Unclassified drugs);
- NDC; and
- Drug quantity.

When billing for the generic Naloxone injection (1mg/ml) on the CMS-1500 Form, please indicate HCPCS Code J2310 (Injection, naloxone HCl, per 1mg) and include the NDC.

The NDC will be required when billing for Narcan Nasal Spray under the unclassified HCPCS code, J3490.

Please utilize revenue code 0636 when billing HCPCS code J2310 or J3490, along with the NDC, on claim form UB-04.

Reimbursement will be made for Naloxone by the following methodology:

CPT/HCPCS Code	Descriptor	Reimbursement Methodology
J2310	Injection, naloxone HCl, per 1 mg	DHHS Fee Schedule or Contracted Rate

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CPT/HCPGS Code	Descriptor	Reimbursement Methodology
J3490	Unclassified drugs	AWP minus 16% - NDC required or Contracted Rate

Provider's dispensing Naloxone may not bill NH Healthy Families for:

- Naloxone provided to them by the State of New Hampshire at no cost; or
- Naloxone purchased by the provider through the 340B Program.

Documentation Requirements

Not Applicable.

Coding and Modifier Information

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CPT/HCPGS Code	Descriptor
J2310	Injection, naloxone HCl, per 1 mg
J3490	Unclassified drugs

Modifier	Descriptor
NA	Not Applicable

ICD-10 Codes	Descriptor
NA	Not Applicable

Additional Information

Not Applicable

Related Documents or Resources

Not Applicable

References

1. *Substance Abuse and Mental Health Services Administration*

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Revision History	
1/1/2019	Initial Draft

Important Reminder

For the purposes of this payment policy, “Health Plan” means a health plan that has adopted this payment policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any other of such health plan’s affiliates, as applicable.

The purpose of this payment policy is to provide a guide to payment, which is a component of the guidelines used to assist in making coverage and payment determinations and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage and payment determinations and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable plan-level administrative policies and procedures.

This payment policy is effective as of the date determined by Health Plan. The date of posting may not be the effective date of this payment policy. This payment policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this payment policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. Health Plan retains the right to change, amend or withdraw this payment policy, and additional payment policies may be developed and adopted as needed, at any time.

This payment policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This payment policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this policy are independent contractors who exercise independent judgment and over whom Health Plan has no control or right of control. Providers are not agents or employees of Health Plan.

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Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this payment policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this payment policy.

Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs and LCDs should be reviewed prior to applying the criteria set forth in this payment policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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