Department of HEALTH & HUMAN SERVICES | Division of Medicaid Services

To: NH Medicaid Enrolled Providers

From: NH Division of Medicaid Services

Date: August 31, 2026

Subject: **Reminder: NDC Billing Requirements for Physician-Administered Drugs**

New Hampshire Medicaid reminds providers that National Drug Code (NDC) information is required when billing for physician-administered drugs reported with applicable HCPCS drug procedure codes. These requirements apply to both electronic and paper claims and are intended to ensure that New Hampshire Medicaid can properly identify drug products and collect applicable federal drug rebates.

Providers should review the requirements below and ensure that their billing systems, staff, and claims submissions remain compliant. Providers may also refer to National Uniform Claim Committee CMS-1500 Claim for additional information on CMS 1500 NDC Reporting.

NDC Submission Requirements
When billing a HCPCS drug procedure code in the J, S, or Q series on professional or professional crossover claims:

1. Providers must submit a valid, corresponding 11-digit NDC for the drug administered.
2. The NDC must be preceded by the qualifier N4.
3. The NDC must be reported on the same claim detail line as the applicable CPT/HCPCS drug procedure code.
4. The NDC must be submitted in the standard 11-digit format, without dashes or spaces.
5. The NDC quantity and unit of measure must accurately reflect the drug product administered.

Claims that do not meet these requirements may be denied.

Participating Labelers and Rebatable Products
A participating labeler is a pharmaceutical manufacturer that has entered into a federal drug rebate agreement with the Centers for Medicare & Medicaid Services (CMS) and provides rebates to state Medicaid programs for eligible products.

The labeler is identified by the first five digits of the NDC.

Providers are responsible for ensuring that the NDC submitted on a Medicaid claim corresponds to a rebatable product from a participating labeler. If a product is not rebatable, New Hampshire Medicaid cannot reimburse the product and the claim may deny.

NDC Formatting
NDCs submitted on New Hampshire Medicaid claims must contain 11 digits and must be reported without dashes or spaces.

For example:
Correct: 12345012345
Incorrect: 12345-0123-45

NDCs submitted in an incorrect format may result in claim denial.

Reimbursement
Reimbursement to providers continues to be based on the applicable HCPCS procedure code fee schedule rate. Reporting the NDC does not change the reimbursement methodology.

Claim Denials for Incorrect or Missing NDC Information
Claims subject to the NDC requirements may deny when required NDC information is missing, invalid, or otherwise does not meet billing requirements.

Common NDC-related EOB exception codes include:

Exception Codes	Short Description	Long Description
4000	NDC Required and Missing	The Home Infusion or Drug Procedure or Revenue Code submitted on the claim requires an NDC code. Please correct and resubmit claim.
4001-4025	NDC Not on Database	The 1st-25th NDC on the claim line is not on file. Please correct and resubmit claim.
4026-4050	NDC UoM Missing / Invalid	The 1st-25th NDC on the claim line was submitted but the Unit of Measurement was Missing or Invalid
4051-4075	NDC QTY Missing / Invalid	The 1st-25th NDC on the claim line was submitted but the Quantity was Missing or Invalid
4350-4374	NDC is not Rebateable	The 1st-25th NDC submitted on the claim line is not Rebateable for the Dates of Service. If appropriate, please correct and resubmit claim.
4375-4399	NDC is a DESI Drug	The 1st-25th NDC submitted on the claim line is a DESI Drug as indicated by CMS or the FDA. If appropriate, please correct and resubmit the claim.

Providers should review the applicable EOB when a claim denies and correct the NDC information before resubmitting the claim, when appropriate.

Provider Action Required
Providers are encouraged to:

- Review their billing procedures for physician-administered drugs.
- Verify that submitted NDCs are valid 11-digit NDCs in the required format.
- Confirm that the NDC corresponds to the drug actually administered.
- Verify the product's participating labeler/rebatable status.
- Ensure NDC quantity and unit of measure are reported correctly.
- Confirm that paper claims contain the required NDC information in the appropriate shaded field.
- Confirm that electronic claims contain the required NDC information in the appropriate 837 Professional segments.
- Work with their billing software vendor, when applicable, to ensure the system supports all required NDC data elements.

If there are questions on how one of the NH Medicaid Managed Care Organizations (MCO) handles the above information, please reach out to your MCO provider representative.

If there are any questions on this notice, please contact the Provider Relations Unit at (603) 223-4774 or (866) 291-1674.

Thank you,

NH Medicaid Provider Relations