NEVADA HEALTH AUTHORITY
NevadaMedicaid.nv.gov

Nevada Medicaid and Nevada Check Up

National Drug Code (NDC) Billing Reference

Fee For Service Billing Requirement

Nevada Medicaid requires a National Drug Code (NDC), an NDC quantity and the Healthcare Common Procedure Coding System (HCPCS) code for each claim line with a physician-administered drug.

For rebateable drugs, Medicaid will pay for the drug only if the manufacturer is participating in the Federal Drug Rebate Program. The Centers for Medicare & Medicaid Services (CMS) website provides a complete list of rebateable drugs (see "Drug Product Data" [zip, 570kb] posted at

https://www.medicaid.gov/medicaid/prescription-drugs/medicaid-drug-rebate-program/medicaid-drug-rebate-program-data

Affected Provider Types and Claim Types

Deficit Reduction Act (DRA) of 2005 requirements apply to electronic transactions 837P and 837I and to claims submitted using Direct Data Entry (DDE) through the secure Provider Web Portal (PWP). Provider types affected by this change are: 12, 14, 17, 20, 21, 22, 24, 25, 27, 29, 36, 45, 64, 72, 74 and 77.

Claims Pricing

Payment for physician/outpatient-facility administered drugs is based on the NDC and NDC quantity — not on HCPCS codes and units. Payment is calculated by using the lowest cost algorithm.

Providers may bill for administration of the drug using the appropriate Current Procedural Terminology (CPT) code.

Pricing for all drugs and supplies (except for vaccinations) is always the "lesser of":

- National Average Drug Acquisition Cost (NADAC) + Dispensing Fee
- Wholesale Acquisition Cost (WAC) + Dispensing Fee
- Federal Upper Limit (FUL) + Dispensing Fee
- Maximum Allowable Cost (MAC) + Dispensing Fee
- Department of Justice (DOJ) – 15% + Dispensing Fee
- Gross Amount Due (Field 430-DU) (Submitted)
- Usual and Customary (Field 425-DQ) (Submitted)
- Actual Acquisition Cost (AAC) (Submitted)

Managed Care Claims

The Patient Protection and Affordable Care Act of 2010 requires all States to capture and report NDC data for all drug claims covered by contracted Managed Care Organization (MCO) programs.

NDC Breakdown

An NDC consists of 11 digits separated into 3 sections by a hyphen: XXXXX-XXXX-XX

The first 5 digits identify the drug manufacturer, the next 4 digits identify the product and the last 2 digits identify the package size.

Leading Zeros on the Claim

A drug's container label may display less than 11 NDC digits. Leading "0s" must be added to each section to make 11 digits total when submitting the claim to Nevada Medicaid. For specific billing instructions, see the 837P Companion Guide or the 837I Companion Guide depending on the type of claim you are submitting, or PWP User Manual Chapter 3 Claims for claims submitted using DDE.

Unit of Measure

The NDC Billing Unit Standard was created to eliminate translation conflicts between manufacturers, CMS and State Medicaid programs. It designates three units of measure to describe all drugs: EA (each), ML (milliliter) and GM (gram). Each drug's container label displays the appropriate unit of measure for that drug.

The drug's unit of measure is used to help calculate NDC quantity.

Calculating NDC Quantity

If a drug's HCPCS quantity is provided, it must be converted to NDC quantity before entering it on the claim. Below are examples of how to calculate the NDC quantity of commonly administered drugs.

NDC quantity is expressed in metric units. For certain drugs, you may enter a partial unit using up to three decimal places (e.g., 0.625).

Form	EA	GM	ML	Examples
Injectable Liquid (e.g., Solution/ Liquid/Suspension)			✓	– 30mg of adenoscan 3mg/ml is NDC quantity 10 – One 1ml injection of Depo-Provera 150mg/ml is NDC quantity 1 – One 1ml injection of Cyanocobalamin 1000mcg/ml is NDC quantity 1 – Two 1.5ml injections of Lidocaine 1% are NDC quantity 3 – 120mg of Paclitaxel (6mg/ml) in an infusion is NDC quantity 20
Injectable Solution or Suspension for Reconstitution (powder for injection)	✓			– One cefazolin (powder for injection) 1gm vial is NDC quantity 1 – Two ceftriaxone (powder for injection) 500mg vials are NDC quantity 2 – 30 units of Bleomycin (powder for injection) (15 units per vial) are NDC quantity 2
Non-Injectable Liquid of 1 ml or greater (e.g., Solution/Liquid/ Suspension)			✓	– One 3ml bottle of Albuterol 0.083% inhalation solution is NDC quantity 3 – 2mls of Intal 20mg/ml nebulizing solution is NDC quantity 2 – 0.5ml of Morphine Sulfate 20mg/ml oral solution is NDC quantity 0.5
Kits	✓			– One Lupron depot 7.5mg kit is NDC quantity 1
Transdermal Patches	✓			– One Duragesic 50mcg/hr patch is NDC quantity 1
Lotion/Cream/ Ointment (1 gm or greater) (utilize product labeling)		✓	✓	– One 5gm tube of Emla Cream is NDC quantity 5 – One 60ml bottle of Lindane 1% Lotion is NDC quantity 60
Non-Injectable Solution or Suspension for Reconstitution (powder for oral suspension)			✓	– One 150ml bottle of Amoxicillin (powder for reconstitution) 250mg/5ml is NDC quantity 150

Form	EA	GM	ML	Examples
Powder Packet	✓			– One bottle of Zmax 2gm oral suspension is NDC quantity 1
Suppositories	✓			– One Promethazine 25mg suppository is NDC quantity 1
Aerosol inhalers (utilize product labeling)	✓	✓	✓	– One Intal 8.1gm meterdose inhaler is NDC quantity 8.1 – One Desmopressin 5ml nasal inhaler is NDC quantity 5
Gel (utilize product labeling)		✓	✓	– One tube of Retin-a gel 45gm is NDC quantity 45 – One 5ml bottle of Timoptic- XE is NDC quantity 5
Capsule (all forms)	✓			– Two cephalexin 500mg oral capsules are NDC quantity 2
Tablet (all forms)	✓			– One Lorazepam 0.5mg oral tablet is NDC quantity 1 – Two 1mg Kytril tablets are NDC quantity 2
Device	✓			– One Epipen training device is NDC quantity 1

HCPCS Units and NDC Quantity Equivalents

The table on the following page provides quantity conversion examples of HCPCS units to NDC quantity. Please note that it does not include all available NDCs.

You may administer a drug that does not match the concentration or strength of the following examples. The NDC quantity you submit will be based on the actual drug administered.

Example: Adenosine injection (Adenoscan® 3mg/ml)

HCPCS Code = J0152
HCPCS Units = 30mg
NDC Unit of Measure = ML
10ml @ 3mg/ml = 30mg
Adenoscan® 30mg is NDC quantity 10

HCPCS Units and NDC Quantity Equivalents						
HCPCS Code	**HCPCS Description**	**Drug Form**	**Common Brand/Generic Name and Strength**	**HCPCS Unit**	**NDC Quantity**	**NDC Unit of Measure**
J0152	INJECTION, ADENOSINE FOR DIAGNOSTIC USE, 6MG	VIAL	ADENOSCAN (S.D.V.,PF) 3MG/ML - 2ML	1	2	ML
J0170	INJECTION, ADRENALIN, EPINEPHRINE, 0.3MG	AMPUL	EPINEPHRINE 1MG/ML - 0.3ML	1	0.3	ML
J2001	INJECTION, LIDOCAINE 10MG/ML	VIAL	XYLOCAINE(M.D.V.) 1% - 1ML	1	1	ML
J0640	INJECTION, LEUCOVORIN CALCIUM, PER 50MG	VIAL	LEUCOVORIN CALCIUM NOVAPLUS 10MG/ML - 5ML	1	5	ML
J0690	INJECTION, CEFAZOLIN SODIUM, 500MG	VIAL	CEFAZOLIN (USP) 500MG	1	1	EA
J0696	INJECTION, CEFTRIAXONE SODIUM, PER 250MG	VIAL	ROCEPHIN 250MG	1	1	EA
J1030	INJECTION, METHYLPREDNISOLONE ACETATE, 40MG	VIAL	DEPO-MEDROL 40MG/ML - 1ML	1	1	ML
J1055	INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150MG	SYRINGE	DEPO-PROVERA CONTRACEPTIVE 150MG/ML - 1ML	1	1	ML
J1100	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 4MG	VIAL	DEXAMETHASONE SOD. PHOSPHATE 4MG/ML - 1ML	1	1	ML
J1200	INJECTION, DIPHENHYDRAMINE HCL, 50 MG	VIAL	DIPHENHYDRAMINE HCL 50 MG/ML - 1ML	1	1	ML
J1260	INJECTION, DOLASETRON MESYLATE, 20MG	VIAL	ANZEMET (S.D.V.) 20MG/ML - 1ML	2	1	ML
J1631	INJECTION, HALOPERIDOL DECANOATE, PER 50MG	AMPUL	HALDOL DECANOATE (AMP) 50MG/ML - 1ML	2	1	ML
J1644	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	VIAL	HEPARIN SODIUM (M.D.V.)1000U/ML -1ML	1	1	ML
J1885	INJECTION, KETOROLAC TROMETHAMINE, PER 15MG	VIAL	KETOROLAC TROMETHAMINE (S.D.V.) 30MG/ML - 0.5ML (Bill for whole vial)	2	1	ML
J2175	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100MG	AMPUL	DEMEROL HYDROCHLORIDE 100MG/ML -1ML	1	1	ML
J2250	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1MG	VIAL	MIDAZOLAM HCL (VIAL) 2MG/2ML - 1ML	1	1	ML
J2405	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 8MG	VIAL	ZOFRAN (S.D.V.) 2MG/ML - 4ML	1	4	ML
J2469	INJECTION, PALONOSETRON HCL, 0.25MG	VIAL	ALOXI (S.D.V.,PF) 0.25MG/5ML - 5ML	1	5	ML
J2550	INJECTION, PROMETHAZINE HCL, UP TO 50MG	AMPUL	PROMETHAZINE HCL 50MG/ML - 1ML	1	1	ML
J3420	INJECTION, VITAMIN B-12 CYANOCOBALAMIN UP TO 1000 MCG	VIAL	CYANOCOBALAMIN (U.S.P.) 1000MCG/ML -1ML	1	1	ML
J3475	INJECTION, MAGNESIUM SULFATE, PER 500MG	VIAL	MAGNESIUM SULFATE 500MG/ML - 1ML	1	1	ML

HCPCS Units and NDC Quantity Equivalents						
HCPCS Code	**HCPCS Description**	**Drug Form**	**Common Brand/Generic Name and Strength**	**HCPCS Unit**	**NDC Quantity**	**NDC Unit of Measure**
J7050	INFUSION, NORMAL SALINE SOLUTION	IV SOLN.	SODIUM CHLORIDE 0.9% - 250ML	1	250	ML
J7613	ALBUTEROL, INHALATION SOLUTION, ADMINISTERED THROUGH DME, ONE UNIT DOSE,	SOLN.	PROVENTIL 0.083% (2.5MG/3ML)	1	3	ML
J7644	IPRATROPIUM BROMIDE, INHALATION SOLN., ADMINISTERED THRU DME, UNIT DOSE FORM	SOLN.	IPRATROPIUM BROMIDE (VIAL) 0.02% - (2.5ML)	1	2.5	ML
J9040	BLEOMYCIN SULFATE, 15 UNITS (POWDER FOR INJECTION)	VIAL	BLEOMYCIN SULFATE (S.D.V.,USP) 15UN	1	1	EA
J9045	CARBOPLATIN, 450MG	VIAL	PARAPLATIN (VIAL) 450MG/45ML - 45ML	9	45	ML
J9060	CISPLATIN S0LUTION, PER 10MG	VIAL	CISPLATIN (M.D.V.) 1MG/ML - 10ML	1	10	ML
J9100	CYTARABINE, 100MG	VIAL	CYTARABINE (VIAL) 100MG POWDER FOR INJ	1	1	EA
J9217	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5MG	KIT	LUPRON DEPOT (SRN,PREFIL DUAL CHAMBER) 7.5mg	4	1	EA
J9250	METHOTREXATE SODIUM, 50 MG	VIAL	METHOTREXATE SODIUM VIAL, 25MG/ML-2ML	5	2	ML
J9265	PACLITAXEL, 30MG	VIAL	PACLITAXEL (MDV,USP) 6MG/ML - 5ML	1	5	ML
J9390	VINORELBINE TARTRATE, PER 10MG	VIAL	NAVELBINE (S.D.V.) 10MG/ML - 1ML	1	1	ML

Bill Actual NDC Used

Bill the NDC for the actual drug that is administered. Billing an NDC from a reference file, e.g., Redbook, when it is not the actual drug administered is considered fraudulent billing.

Patient Records

For audit purposes, record the NDC of physician/outpatient-facility administered drugs into the patient record.

Multi-ingredient Compounds

For multi-ingredient compounds, list each component separately, on its own claim line. Using the appropriate CPT code, providers may bill one administration fee per compound.

Third Party Liability (TPL) and Medicare Crossover Claims

Even though other payers may not require the NDC and NDC quantity, these must be included on claims that will be presented to Medicaid or automatically cross over to Medicaid for payment.

On claims where the other payer requires HCPCS and HCPCS units on the claim, the drug's HCPCS code and units, and its NDC and NDC quantity must be on the same claim line when the claim is presented to Medicaid.

Further Instructions on Nevada Medicaid Provider Website

Other NDC-related materials available on the Nevada Medicaid provider website, https://www.medicaid.nv.gov, include:

- NDC FAQs
- 837P Companion Guide and 837I Companion Guide
- PWP User Manual Chapter 3 Claims
- Link to the CMS Drug Product Data webpage