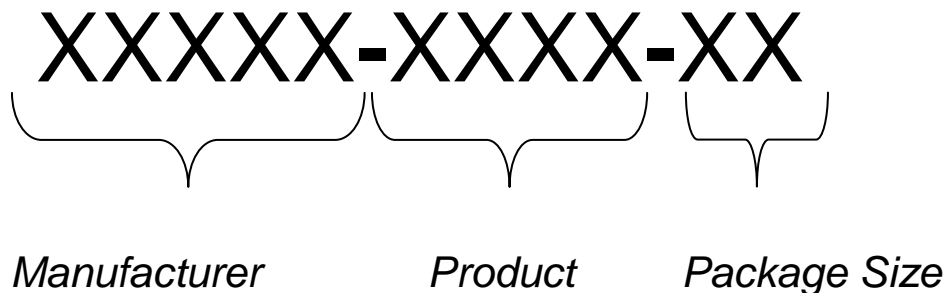


## Alaska Medicaid: National Drug Code/J-Code Billing

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- Alaska Medicaid will pay claims submitted for these drugs only if the manufacturer participates in the Drug Rebate program.
- Rebateable drug list is available on the CMS website.  
[http://cms.hhs.gov/MedicaidDrugRebateProgram/09\\_DrugProdData.asp](http://cms.hhs.gov/MedicaidDrugRebateProgram/09_DrugProdData.asp)
- Affected provider types:
  - Physicians and physician groups
  - Podiatrists
  - Nurse practitioners and midwives
  - Outpatient hospitals
  - Family planning clinics
  - Federally qualified health clinics and rural health clinics
  - IHS/Tribal clinics
  - End-stage renal disease
  - Radiology
- Payment for physician administered drugs will be based on NDC codes and NDC quantities.
  - Exceptions:
    - Payment currently based on a per diem rate
    - Payment currently based on percentage
- What to include on your claims:
  - NDC number from drug label
  - NDC units of measurement
  - Numeric quantity
  - Corresponding HCPCS values and units
  - Drug revenue codes (UB claims)
- Bill the NDC for the actual drug that is administered.
- Record the NDC into the patient record.

NDC consists of 11 digits in three sections:



**Example:**

- Product label indicates: 54225-1798-29
- Submit on claim as: 54225179829
  
- Product label indicates: 452-72-89
- Submit on claim as: 00452007289
  
- Product label indicates: 45-6-9
- Submit on claim as: 00045000609

**Unit of Measurement Qualifiers**

- NDC billing unit standard
  - UN = Unit
  - ML = Milliliter
  - GR = Gram
  - F2 = International Unit

## CMS-1500 claim forms

- Enter NDC information in the **shaded area** of Field 24.
- Enter the qualifier N4 immediately followed by the 11-digit NDC code without hyphens in Field 24a.
- Enter the NDC unit of measure followed by a total quantity field of 9 characters (99999.999) in the shaded area of Field 24d.

### NDC Code:

24. A. DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)				E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPICDT Family Plan	I. ICD QUAL	J. RENDERING PROVIDER ID. #
From	To						CPT/HCPCS										
MM	DD	YY	MM	DD	YY				MODIFIER								
N400026064871							UN99999.999							N	1B	12345678901	
10	01	05	10	01	05	11	J1563				13	500.00	20	N	NPI	0123456789	

## UB-04 claim forms

- Form locator 43

42 REV CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV DATE	46 SERV UNITS
025X	N412345678901UN1234.567	XXXXX		1