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Practitioners

Medicaid Requires Use of National Drug Code Requirement

Based on the Federal Deficit Reduction Act of 2006, Florida Medicaid requires the reporting of the 11-digit National Drug Code (NDC) on all claims for HCPCS drug codes received on and after January 7, 2007, regardless of the date of service. Enter this information in Block 24 on the revised CMS-1500 claim form. Enter the identifier N4 immediately followed by the NDC code in the shaded area above 24-A. DO NOT leave a space or place a hyphen or other separator between the N4 identifier and the NDC code. For claims submitted in the 837 professional, electronic claim format, loop 2410 LIN segment must contain the NDC number. The first five digits of the NDC is the manufacturer’s labeler code. If the manufacturer omitted one or more leading zero from the labeler code on the package, be sure to add the leading zeros on the claim. (The first five digits should match the labeler code on the rebate list.)

Florida Medicaid will reimburse only those products from manufacturers who have a rebate agreement with the Secretary of Health and Human Services, as required by federal statute. The new link for the “Current List of Drug Rebate Manufacturers” is available on the agency website at www.ahca.myflorida.com. Click on “Pharmacy Services,” then click on “Current Information,” then click on “Current List of Drug Rebate Manufacturers.”

Claims for compounded medications utilizing J3490 must have the NDC for the primary product listed on the claim form and a copy of the invoice attached to the claim for reimbursement.

Medicaid CMS-1500 or 837 professional claims billed without the NDC or a non-rebate agreement NDC are denied with edits 4888, NDC missing or 4889, NDC invalid. Claims for dually eligible Medicare/Medicaid beneficiaries will not be denied with edit 4888, NDC missing, until further notice.

Please contact your Medicaid area office if you need assistance.

Example of entering the identifier N4 and the NDC code:

24. A. DATE(S) OF SERVICE						B.	C.	D. PROCEDURES, SERVICES, OR SUPPLIES						
From		To				PLACE OF SERVICE	EMG	(Explain Unusual Circumstances)						
MM	DD	YY	MM	DD	YY			CPT/HCPCS	MODIFIER					
N400026064871														
10	01	05	10	01	05	11		J1563						

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