

National Drug Code Reporting for Medical and Institutional Providers

OHA is required to collect Medicaid drug rebates on medical (CMS-1500) and institutional (UB-04) claims for outpatient drugs that are part of the [Medicaid Drug Rebate Program](#). To meet this requirement you must include National Drug Code (NDC) information and the NDC's correct [Unit of Measure \(UOM\)](#) whenever you bill OHA for procedure codes associated with an NDC.

The NDC reported must be for the actual drug administered, as labeled on the drug packaging. In all claim formats, enter the NDC in 5-4-2 format, with no dashes.

Provider Web Portal claims

Just enter the following. The "N4" qualifier is not required.

- 11-digit **NDC**
- Choose the **UOM** in the drop-down box.
- Enter the **NDC quantity** (limited 8 digits before the decimal and 3 digits after the decimal).

NDC	13533063102
NDC UOM	Milliliter
NDC Quantity	1.000

Paper claims

CMS-1500 (above 24A – 24J)	UB-04 (FL 43)																																				
Enter NDC information in the following order for the procedure being billed: <ul style="list-style-type: none"> ■ N4 ■ 11-digit NDC, followed by a space ■ Unit of measure ■ NDC quantity (limited to 8 digits before the decimal and 3 digits after the decimal) 	Enter NDC information in the following order for the procedure being billed: <ul style="list-style-type: none"> ■ N4 ■ 11-digit NDC ■ Unit of measure ■ NDC quantity (fractional units limited to 3 digits after the decimal) 																																				
CMS-1500 example: <table border="1"> <tr> <td>24. A. DATE(S) OF SERVICE From To MM DD YY MM DD YY</td> <td>B. PLACE OF SERVICE</td> <td>C. EMG</td> <td>D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER</td> <td>E. DIAGNOSIS POINTNER</td> <td>F. \$ CHARGES</td> <td>G. DAYS OR UNITS</td> <td>H. EPSDT Family Plan</td> <td>I. ID. QUAL.</td> <td>J. RENDERING PROVIDER ID. #</td> </tr> <tr> <td>N412345678901 UN20</td> <td></td> <td></td> <td>J##### UD [for 340B drugs]</td> <td>1</td> <td>### ##</td> <td>20</td> <td></td> <td></td> <td>123456789</td> </tr> <tr> <td>MM DD YY MM DD YY</td> <td>1</td> <td></td> <td>J#####</td> <td>UD [for 340B drugs]</td> <td>1</td> <td>### ##</td> <td>20</td> <td></td> <td>NPI 1234567890</td> </tr> </table>	24. A. DATE(S) OF SERVICE From To MM DD YY MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER	E. DIAGNOSIS POINTNER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #	N412345678901 UN20			J##### UD [for 340B drugs]	1	### ##	20			123456789	MM DD YY MM DD YY	1		J#####	UD [for 340B drugs]	1	### ##	20		NPI 1234567890	UB-04 example: <table border="1"> <tr> <td>42 RE V. CD.</td> <td>43 DESCRIPTION</td> <td>44 HCPCS / RATE / HIPPS CODE</td> </tr> <tr> <td>0636</td> <td>N412345678901UN1234.567</td> <td>J##### [Enter UD for 340B drugs]</td> </tr> </table>	42 RE V. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	0636	N412345678901UN1234.567	J##### [Enter UD for 340B drugs]
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Electronic data interchange 837 claims

For both 837I and 837P claims, enter the following information in loop 2410:

- "N4" in LIN02 (Product/Service ID Qualifier)
- 11-digit NDC in LIN03 (Product/Service ID)
- Unit of Measure code in CTP05-1 (Unit or Basis of Measurement Code)
- NDC quantity in CTP04 (Unit or Basis of Measure)

For complete information, please refer to the national, statewide and Oregon Medicaid guidelines on the [Electronic Data Interchange resources](#) page.

Unit of Measure codes

- F2 – International Unit
- GR – Gram
- ML – Milliliter
- UN – Unit

NDC conversion examples

NDC on label	Format on label	Conversion to 5-4-2 format
05678-123-01	5-3-2	05678-0123-01
5678-0123-01	4-4-2	05678-0123-01
05678-0123-1	5-4-1	05678-0123-01