



You Matter
to Molina

Medicaid NDC Billing Requirements

Medicaid regulations require that **all** pharmaceutical claims for injectable medications **must** include National Drug Codes (NDC) to permit the invoicing for federal or state supplemental rebates from manufacturers. Claims for drug products with missing, invalid, or incomplete NDC information will be denied unless the drug product is exempt from federal rebate requirements. As a reminder:

1. Dialysis claims require NDCs on J codes and specific Q codes when billed by a free-standing dialysis center.
2. Outpatient Hospital claims require NDCs for services under rev codes 258, 631, 632, 633, 634, 635, 636 and 637.
3. Professional Claims (CMS-1500) require NDC on all J codes and certain A, C, S and Q codes.

Providers can [reference Molina's NDC Payment policy](#), which includes instructions on entering NDCs. The NDC policy is published on our website in the Payment Integrity Policies section of the Policies library, molinahealthcare.com/providers/fl/medicaid/policies/payment.aspx.

Providers may also reference the requirements outlined in the following Florida Medicaid policies and handbooks: Prescribed Drug Services Coverage Policy, the Outpatient Hospital Services Coverage Policy, the Hospital Outpatient Services Billing Codes, and the Medicaid Provider Reimbursement Handbooks.

Thank you for the care you provide to Molina's members!