



NDC Billing Reference for Physician Administered Drugs (NVPAD) Claims

Section 6002 of the Deficit Reduction Act (DRA) of 2005 requires State Medicaid programs to collect rebates from drug manufacturers for physician/outpatient administered drugs (NVPAD). The Division of Health Care Financing and Policy (DHCFP), Nevada Medicaid, requires an NDC (National Drug Code), an NDC quantity and the Healthcare Common Procedure Coding System (HCPCS) for each claim line with a Physician Administered Drug. Medicaid will reimburse providers for covered drugs only if the manufacturer is participating in the Federal Drug Rebate Program.

Important: The claim must document the exact NDC that was administered to the recipient.

NDC Definition

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

The first five digits identify the drug manufacturer, the next four digits identify the product and the last two identify the package size. Leading zeros must be included when submitting the claim to Nevada Medicaid to make the complete 11-digit number.

Unit of Measure

The NDC Billing Unit Standard was created to eliminate translation conflicts between manufacturers, CMS and State Medicaid programs. Each drug's container label displays the appropriate unit of measure for that drug. Submitted quantities on claim forms should include multiples of the Unit of Measure.

Example: Patient A received Venofer 100mg. The submitted claim will contain the exact NDC: 00517-2340-10, and NDC Quantity: 5 ML.

Product Name/Strength	NDC	NDC Unit of Measure	Package Description
EPOGEN INJ 3000/ML	55513-0267-01	1 ML	Vial
EPOGEN INJ 2000/ML	55513-0126-01	1 ML	Vial
EPOGEN INJ 4000/ML	55513-0148-01	1 ML	Vial
EPOGEN INJ 10000/ML	55513-0144-01	1 ML	Vial
HECTOROL INJ 4MCG/2ML	58468-0123-01	2 ML	Vial
LIDOCAINE INJ 1%	00409-4279-02	30 ML	Vial
SOD CHLORIDE INJ 0.9%	00264-7800-20	250 ML	Flex Container
ALBUTEROL NEB 0.083%	00487-9501-25	3 ML	Plastic Container
ZEMPLAR INJ 2MCG/ML	00074-4637-01	1 ML	Vial
SOD CHLORIDE INJ 0.9%	00264-7800-00	1000 ML	Flex Container
AVASTIN 100MG/4ML INJ	50242-0060-01	4 ML	Vial
NOVOLOG INJ FLEXPEN	00169-6339-10	3 ML	Pen
KETOROLAC INJ 60MG/2ML	00409-3796-01	2 ML	Vial
FENTANYL CIT INJ 0.05MG/1	00409-9094-22	2 ML	Vial
VENOFER INJ 20MG/ML	49230-0534-10	5 ML	Vial
ONDANSETRON INJ 4MG/2ML	00409-4755-03	2 ML	Vial
ONDANSETRON INJ 4MG/2ML	10019-0905-01	2 ML	Vial
KETOROLAC INJ 60MG/2ML	64679-0758-02	2 ML	Vial
VENOFER INJ 20MG/ML	00517-2340-10	5 ML	Vial
HUMULIN R INJ U-100	00002-8215-01	10 ML	Vial
DIPRIVAN INJ 10MG/ML	63323-0269-20	20 ML	Vial
ONDANSETRON INJ 4MG/2ML	00703-7221-04	2 ML	Vial
NOVOLIN R INJ U-100	32849-0707-01	10 ML	Vial

For more information or questions, please refer to www.medicaid.nv.gov. For a complete list of rebateable drugs refer to the following link: <https://www.medicaid.gov/medicaid/prescription-drugs/medicaid-drug-rebate-program/index.html>.