



Effective 10/25/2026

Lines Of Business Medicaid, Medicare

National Drug Code (NDC) Claims

DISCLAIMER

This policy does not govern whether a specific procedure is covered under any specific member plan or policy, nor is it intended to address every claim situation. The determination that any service, procedure, item, etc., is covered under a member's benefit plan shall not be construed as a determination that a provider will be reimbursed for services provided. Individual claims may be affected by other factors, including but not necessarily limited to state and federal laws and regulations, legislative mandates, provider contract terms, and THP's professional judgment. Reimbursement for any services shall be subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification, and utilization management guidelines. Unless otherwise noted within the policy, THP's policies apply to participating providers and facilities. THP reserves the right to review and revise these policies periodically as it deems necessary in its discretion, and it is subject to change or termination at any time by THP. THP has full and final discretionary authority for its interpretation and application. Accordingly, THP may use reasonable discretion in interpreting and applying this policy to health care services provided in any case. No part of this policy may be reproduced, stored in a retrieval system or transmitted, in any shape or form or by any means, whether electronic, mechanical, photocopying or otherwise, without express written permission from THP. When printed, this version becomes uncontrolled. For the most current information, refer to the following website: [healthplan.org](https://thehealthplan.org).

DEFINITIONS, ACRONYMS, TERMS

Centers for Medicare and

A federal agency that provides health coverage to people

Medicaid Services (CMS)	through Medicare, Medicaid, the Children's Health Insurance Program, and the Health Insurance Marketplace.
CPT	Current Procedural Terminology
Healthcare Common Procedure Coding System (HCPCS)	A standardized coding system that is used primarily to identify products, supplies, and services not included in CPT codes.

POLICY

The Health Plan (THP) will process claims for practitioner administered drugs when drug(s) billed are produced by pharmaceutical manufacturers participating in the Federal Drug Rebate Program at data.medicaid.gov.

Outpatient medical claims with practitioner-administered drugs must contain the following valid information or will be denied:

- Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology (CPT) and quantity and
- National Drug Code (NDC) number, unit of measure (GR, ML, UN, or F2 only) and quantity

Mountain Health Trust (WV Medicaid) 340B drug claims must be submitted with "UD" modifier appended.

Medicare Advantage 340B drug claims must be submitted with "JG" and/or "TB" modifier appended. These modifiers indicate a drug or biological acquired with the 340B pricing program discount.