

July 1, 2025

Physician-administered drug claim submission requirements Reminder!

In accordance with Federal and State Medicaid guidance, Aetna Better Health of New Jersey requires both the 11-digit National Drug Code (NDC), reported in the 5-4-2 format, and the associated Healthcare Common Procedure Coding System (HCPCS) code for claims adjudication that include billing for physician-administered drugs. In accordance with the Deficit Reduction Act (DRA) of 2005 and its subsequent implementing regulation, as found in 42 Code of Federal Regulations (CFR) 447 Section 520, State Medicaid

To avoid claim denials, when submitting claims for patients that have received physician-administered drugs as part of an associated medical encounter, billing must include the following related information on individual NDCs for physician-administered drugs when sending their Title XIX program related claims.

Claim Type	Loop	Segment	Description	Information
837P	2400	SV101-1 & SV101-2	Applicable HCPCS code or CPT code	SV101-1= HC SV101-2 = HCPCS or CPT
		SV103 & SV104	Number/Qty of HCPCS code or CPT code units	SV103 = UN SV104 = HCPCS/CPT Qty
		SV201-1 & SV201-2	Applicable HCPCS code or CPT code	SV201-1= HC SV201-2 = HCPCS or CPT
		SV204 & SV205	Number/Qty of HCPCS code or CPT code units	SV204 = UN SV205 = HCPCS/CPT Qty
Both 837P & 837I	2410	LIN02	Product/Service ID Qualifier	Enter N4 to indicate NDC
		LIN03	Product/Service ID	Enter the 11-digit NDC
		CTP04	NDC Quantity	Enter the administered NDC quantity
		CTP05-1	Unit or Basis for Measurement Code	Enter the unit of measure qualifier (F2, GR, ME, ML, UN)

Where do I enter NDC data on a paper claim?

CMS-1500

Each line-item contains a shaded area above fields 24A-24G. You must enter NDC information needed within this shaded area using the following instructions. Start by entering the NDC qualifier N4 (left-justified) in the shaded area, immediately followed by the 11-character NDC associated with the HCPCS/CPT in the unshaded 24D field. Next, enter one space for separation, followed by the appropriate qualifier for the correct dispensing NDC unit of measure (UN, ML, GR or F2), with no space after the unit of measure. Finally, complete the requirement by entering the quantity (number) of NDC units. The number of NDC units may contain up to three decimal places. An example has been provided below.

24. A. DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)				E. DIAGNOSIS POINT	F. \$ CHARGES	G. DAYS OR UNITS	H. F2501 Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
MM	DD	YY	MM	DD	YY			CPT/HCPCS									
10	01	05	10	01	05	11		J0400				A	500.00	1	N	G2	12345678901
																NPI	0123456789

UB-04

For each NDC related to the services provided within the medical record, use lines and field locators 42-46 to send the required drug-related revenue codes (field 42) followed by the corresponding NDC data. In field 43, report the NDC qualifier N4 (left-justified), immediately followed by the 11-character NDC in the 5-4-2 format (no hyphens) followed by a space. Next, enter the appropriate qualifier for the correct package size, NDC unit of measure (UN, ML, GR or F2), with no space after the unit of measure. Finally, complete the requirement by entering the quantity (number) of NDC units. The number of NDC units may contain up to three decimal places. An example has been provided below.

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
636	N400409476586 ML120.000	J0744	01012025	6	23.99		

Please note, the Health Plan uses the First Data Bank (FDB) and CMS HCPCS to NDC Crosswalk information to validate the NDC codes for the source of truth in accordance with the Department of Human Services/Division of Medical Assistance and Health Services (DMAHS) guidance.

For more information, the following resources contain explicit instructions related to the submission of NDC Codes within the EDI and Paper Claim formats.

www.wpc-edi.com when submitting EDI 837I/837P Claims

www.nucc.org when submitting Professional CMS-1500 Claim Forms

www.nubc.org when submitting Institutional UB-04 Claim Forms

Thank you,

Provider Relations

Aetna Better Health® of New Jersey

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