



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
www.mass.gov/masshealth

MassHealth
Acute Outpatient Hospital Bulletin 39
September 2023

TO: Acute Outpatient Hospitals Participating in MassHealth

FROM: Mike Levine, Assistant Secretary for MassHealth

RE: Requirements for Completion of Data Fields on Claims for Clinician-Administered Drugs

Summary

MassHealth requires the National Drug Code (NDC) field, in addition to all previously required fields, to be completed on most claims for clinician-administered drugs provided to MassHealth members in acute outpatient hospital settings. See [Acute Outpatient Hospital Bulletin 34](#).

MassHealth is expanding this requirement to better align with federal requirements for the collection of NDC for certain procedure codes. Starting November 1, 2023, all procedure codes for single-source and CMS-identified top-20 multi-source physician-administered drugs will also require NDC, regardless of revenue code or billed amount.

The required information is necessary for MassHealth to ensure compliance with the requirements of the federal Medicaid Drug Rebate Program.

Applicable Codes and Billing System Requirements

For dates of service beginning January 1, 2020, MassHealth required any single line for a single clinician-administered drug provided to a MassHealth member in an acute outpatient hospital setting to include an NDC, unless it was billed as revenue codes starting with “25” (e.g., 25x) and the charge for the drug was less than \$10,000.

For dates of service beginning November 1, 2023, MassHealth is adding a requirement that any claim line for a single-source drug (as defined in [42 CFR § 447.502](#)) or any drug listed under [1927\(a\)\(7\)\(B\)\(i\)](#) of the Social Security Act as a [“Top 20 Multiple Source Covered Outpatient Physician Administered Drug”](#) as listed by CMS also requires an NDC **regardless of billed amount or revenue code.**

This policy applies to all MassHealth acute outpatient hospital providers and includes claims for 340B drugs provided to MassHealth members. MassHealth identifies 340B drugs on clinician-administered claim lines when a modifier of “UD” is submitted on a MassHealth prime claim in any of the four procedure code modifier fields. Crossover claims must be billed to Medicare in accordance with current Medicare billing instructions.

MassHealth
Acute Outpatient Hospital Bulletin 39
September 2023
Page 2

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Questions

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