



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

All Provider Bulletin 397

DATE: December 2024

TO: All Providers Participating in MassHealth

FROM: Mike Levine, Assistant Secretary for MassHealth 

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

National Drug Code (NDC) Field Requirements

MassHealth is expanding its NDC field requirements to be completed on most claims for clinician-administered drugs provided to MassHealth members. Starting January 1, 2025, for all provider types, MassHealth is requiring NDCs for all clinician-administered drugs for the following types of claims.

- Revenue codes that start with “25” (e.g., 25x) and a charge for the drug of \$10,000 or more.
- Any claim line for a single-source drug (as defined in [42 CFR § 447.502](#)) or any drug listed under [Section 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, regardless of billed amount or revenue code.
- All claims with drug procedure codes, regardless of revenue code or billed amount.

The first two bulleted requirements were previously implemented for outpatient hospitals and other providers (see [Acute Outpatient Hospital Bulletin 34](#), [Acute Outpatient Hospital Bulletin 39](#), and [All Provider Bulletin 306](#)). MassHealth is issuing this bulletin to remind providers of these requirements, and to state that all claims with drug procedure codes will require NDCs. These requirements align with federal requirements for the collection of NDC for certain procedure codes. This is necessary for MassHealth to ensure compliance with the requirements of the federal Medicaid Drug Rebate Program (see [Medicaid Program; Misclassification of Drugs, Program Administration and Program Integrity Updates Under the Medicaid Drug Rebate Program](#)).

This policy applies to all MassHealth 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 primary

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 Website

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Questions?

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