



Montana Healthcare Programs Provider Notice

June 12, 2026

March 21, 2016

Reissued

Hospital Outpatient, Emergency Room, Birthing Center, and Dialysis Clinic Providers

National Drug Codes (NDC) Required for Physician-Administered Drugs: Billing Instructions for Montana Medicaid Crossover Claims

Background

The Federal Deficit Reduction Act of 2005 mandates that all State Medicaid Programs require the submission of National Drug Codes (NDCs) on all claims submitted with physician-administered drugs. This mandate affects all providers who submit claims for drugs both electronically and on paper.

Billing Instructions

The Department offers the following guidance to aid providers in claim submission and resolution when a claim crosses over to Medicaid from Medicare and denies in the Medicaid system as:

Reason Code 211 – National Drug Codes (NDC) not eligible for rebate, are not covered and

Remark Code M199 – Missing/incomplete/invalid/deactivated/withdrawn National Drug Code (NDC).

Crossover claims deny at the header level making it difficult identifying what drugs caused the denial. To assist in identifying the claim lines that caused the denial, here are key points to remember:

- **The NDC on the claim must be the NDC that was dispensed to the member.**
- **The Department will only reimburse drugs purchased from Rebateable Manufactures.**
- **Crossover claims submitted with non-rebateable drugs will deny.**
- **The first 5 digits of the National Drug Code (NDC) identify the drug manufacturer.**

If your claim has denied:

1. Compare the 5-digit drug manufacturer code of the exact NDC of the drug dispensed to the Rebateable Manufacturers list. This list can be found on the Montana Medicaid Provider Information Website under Site Index at <https://medicaidprovider.mt.gov/>, expand the site index on the left then chose Rebateable Manufacturer.
2. If the 5-digit drug manufacturer code is not found on the list the NDC is non-rebateable or terminated:
 - Remove the line(s)
 - If Medicare **paid** with a coinsurance and/or deductible
 - a. Submit the claim electronically with the non-rebateable line(s) removed from the claim and the Medicare payment/coinsurance/deductible of the line(s) subtracted from the total Medicare paid/coinsurance/deductible amount:
 - If Medicare **did not** pay or leave a coinsurance and/or deductible
 - a. Submit the claim electronically with the non-rebateable line(s)

removed from the claim and the total Medicare payment /coinsurance/deductible shown on the EOB.

3. Occasionally a packaged drug will have two NDCs. An outer (package) NDC on the box or container, and an inner package (drug) NDC on the bottle or vial. Use the inner package NDC found on the bottle or vial.

Contact and Website Information

Do not delete the heading.

If you have questions, please contact:

- Amanda Brensdal Hospital Program Officer, (406)444-7002, or amanda.brensdal@mt.gov
- Andee Franco FQHC/RHC and Dialysis Clinic Program Officer, (406)444-7018, or andrea.franco@mt.gov

For claims questions or additional information, contact Montana Provider Relations at (800) 624-3958 or (406) 442-1837 or email [Montana Provider Relations Helpdesk](#).

Visit the [Montana Healthcare Programs Provider Information website](#) to access your provider type page. Choose Resources by Provider Type in the left-hand menu.

Visit the [Contact Us page](#) on the Provider Information website for additional DPHHS contact numbers.