curative

TITLE:	NATIONAL DRUG CODE (NDC) REQUIREMENT
DEPARTMENT:	PAYMENT POLICY
ORIGINAL EFF. DATE:	08/26/2026
REVISION DATE:	N/A

1. PURPOSE

This Payment Policy outlines clear and consistent reimbursement guidelines to ensure compliant, transparent, and timely payment for medically necessary, cost-effective care.

2. SCOPE

This policy applies to the reimbursement of covered services for all members and providers. Curative will allow reimbursement for services according to the criteria outlined in this policy, unless modified or superseded by contractual language.

3. DEFINITIONS

The following terms are defined as follows regarding this policy.

3.1. **NDC National Drug Code** A code identifying the drug or biological name, strength, dosage, manufacturer, package size and quantity.

4. POLICY

Disclaimer: These Payment Policies serve as a comprehensive guide for all providers, assisting in submitting accurate claims and outlining the essential framework for reimbursement. The determination that a service, procedure, or item is covered under a Curative member's benefit plan does not constitute a guarantee of payment. Services must meet medical necessity and authorization guidelines appropriate to the procedure and diagnosis and, where mandated, the members state of residence. Services rendered must be within the legal scope of practice for the specific type of provider and align with the professional credentials and training in the state where the care is furnished.

To ensure proper processing, providers are required to adhere to industry-standard, compliant codes and follow proper coding, billing, and submission guidelines. To ensure accurate reimbursement and proper claims adjudication, all services provided to the same member, by the same provider, and on the same date of service must be reported on a single claim. Current Procedure Terminology (CPT®*) codes, Healthcare Common Procedure Coding System (HCPCS) codes, and/or relevant revenue codes must be used for billing. Codes submitted must be fully supported by corresponding documentation in the medical record. Unless noted otherwise within a policy, these payment policies apply to both participating and non-participating providers and facilities.

Curative reserves the right to take corrective action, which may include the rejection or denial of the claim, or the recovery and/or recoupment of any previous claim payment if proper coding, billing guidelines, or these established payment policies are not followed. Providers may refer to the Provider Manual for guidance on addressing such actions, including the formal claim reconsideration, appeals, and dispute resolution processes.

These policies may be superseded by mandates within provider contracts, state or federal laws, or requirements issued by the Centers for Medicare & Medicaid Services (CMS). Curative retains the right to

revise these policies as deemed necessary and will publish the most current version on the Curative website.

Reimbursement Guidelines

This policy establishes the mandatory requirements for the submission of valid National Drug Code (NDC) information on both professional and institutional drug and biological claims to ensure appropriate reimbursement. These guidelines apply to all participating and non-participating providers, including but not limited to, non-network authorized and percent-of-charge contract providers.

As the established industry standard for drug and biological identification, NDC numbers provide essential transparency regarding administered medications by identifying the specific manufacturer, drug name, dosage, strength, package size, and quantity. Adherence to these reporting requirements allows for the differentiation of medications and biologicals that share identical HCPCS, CPT, or Revenue codes, thereby enhancing the accuracy of reimbursement. Furthermore, the submission of NDC information facilitates distinct reimbursement methodologies that may vary from the standard payment methods applied to other services on the claim.

NDC units reported are independent of HCPCS, CPT, and Revenue Code edits. While NDC units are determined by the specific unit of measurement for the actual quantity of the medication or biological administered, HCPCS, CPT, and Revenue Code units are defined by their respective code descriptions.

These requirements are not applicable to pediatric or adult immunization codes.

Curative reserves the right to deny any claim submitted with missing, invalid, incomplete, or non-matching NDC information. In such instances, providers may resubmit the claim with corrected NDC details for reimbursement reconsideration.

Identifying NDC Units Dispensed

Claims must include the precise decimal quantity of the medication or biological administered along with the corresponding unit of measurement. When reporting partial units, a decimal point is required; for example, the administration of three 0.5 ml vials should be reported as ML1.5.

The quantity field is limited to a maximum of eight digits preceding the decimal and three digits following it. The use of commas or leading zeros is not permitted, and any unused positions should remain blank. For whole number values, the inclusion of a decimal point is not appropriate.

Please refer to the following examples:

- 12345678.123
- 1234.56
- 1

Maximum Units per Package

Units reported for a specific medication must not exceed the maximum package units available for the associated NDC number or exceed standard packaging increments. When administering a medication or biological from a multiple vial package, the NDC reported should correspond to the individual vial used. For a comprehensive list of NDC numbers for packaged drugs and biologicals and their associated maximum units, please refer to the FDA National Drug Code Directory.

Curative reserves the right to deny any units submitted in excess of the allowed package maximum or that fail to align with proper package increments.

5. REFERENCE DOCUMENTS AND MATERIALS

5.1 U.S. Food & Drug Administration, National Drug Code Database Background Information

5.1. U.S. Food & Drug Administration, National Drug Code Format

5.2. U.S. Food & Drug Administration, National Drug Code Directory

6. COLLABORATING DEPARTMENTS

6.1. Claims

6.2. Compliance

6.3. Medical Management

6.4. Network

6.5. System Configuration

7. POLICY & PROCEDURE CONTROL

This Policy will be reviewed at least annually and as necessary.

REVISION HISTORY			
Date	**Author**	**Version**	**Comments**
08-26-2026	CJ Wisecarver	001	Initial Version