



Louisiana Department of Health
Informational Bulletin 26-18
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Enhanced NDC and HCPCS Validation Edits for Physician-Administered Drugs

For claims with dates of service on or after October 1, 2026, Louisiana Medicaid will implement enhanced claim edits for physician-administered drugs to validate that the National Drug Code (NDC) submitted is rebate-eligible and that the submitted NDC correctly corresponds to the billed Healthcare Common Procedure Coding System (HCPCS) procedure code. These edits will apply to claim types 03 (outpatient hospital), 04 (professional), 06 (home health), and 09 (DME).

Claims submitted with an expired or invalid NDC, a non-rebate-eligible NDC, or an NDC that does not correspond to the submitted HCPCS procedure code will be denied. Providers should verify the NDC prior to claim submission to help avoid claim denials and payment delays. The denial messages that may appear are provided below:

- 127 – NDC code missing or incorrect
- 158 – Rebate status unknown
- 179 – NDC missing or invalid NDC/HCPCS combination
- 231 – NDC not on file
- 438 – Manufacturer notified us that the NDC is obsolete
- 462 – CMS notified us that NDC is terminated
- 465 – Invalid NDC – not available
- 472 – Manufacturer has not entered into CMS rebate agreement

Crossover claims are not affected by these enhanced edits at this time. However, providers should ensure that NDCs reported to Medicare are valid, rebate-eligible, and correctly correspond to the HCPCS procedure code submitted. Crossover claims will be subject to these validation edits in the future.

To determine whether an NDC is covered and payable under Louisiana Medicaid, providers should reference the [Louisiana Medicaid Outpatient Pharmacy Drug File](#). To verify that the

submitted NDC corresponds to the billed HCPCS procedure code, providers should reference the [CMS NDC-HCPCS Crosswalk file](#).

These edits do not apply to HCPCS codes beginning with B, G, or P; vaccines; wound care matrix products; medical devices; compounded drugs; or diabetic supplies.

Questions regarding this bulletin or fee-for-service (FFS) claims should be directed to Gainwell Technologies at (800) 473-2783 or (225) 924-5040. Questions regarding managed care claims should be directed to the appropriate managed care organization (MCO).

Managed Care Organizations

Each MCO must update its system and processes to implement the changes described in this notice within 60 calendar days of issuance. MCOs must also notify network providers of their implementation timelines, billing requirements, and operational processes related to these changes.