



National Drug Code (NDC) Billing Guidelines

Blue Cross and Blue Shield of Texas (BCBSTX) requests the use of National Drug Codes (NDCs) and related information, such as Healthcare Common Procedure Coding System (HCPCS) and Current Procedural Terminology (CPT®), when drugs are billed on **professional/ancillary** electronic (ANSI 837P) and paper (CMS-1500) claims.

This information may also be submitted on **institutional/facility** electronic (ANSI 837I) and paper (UB-04) claims. This includes drug-related Revenue Codes to report drug products used for services rendered at medical outpatient facilities as well as unlisted HCPCS/CPT codes that require additional NDC information.

Even when not required by contract, BCBSTX welcomes voluntary reporting of NDC information. In those cases, it may be submitted with the related HCPCS/CPT or revenue code as additional information.

Where do I find the NDC?

The NDC is usually found on the drug label or medication's outer packaging. If the medication comes in a box with multiple vials, using the NDC on the box (outer packaging) is recommended. The number on the packaging may be less than 11 digits. An asterisk may appear as a placeholder for any leading zeros. The container label also displays information for the unit of measure for that drug. Listed below are the preferred NDC units of measure with examples:

- **UN** (Unit) – Powder-filled vials for injection (needs to be reconstituted), pellet, kit, patch, tablet, device
- **ML** (Milliliter) – Liquid, solution, or suspension
- **GR** (Gram) – Ointments, creams, inhalers, or bulk powder in a jar
- **F2** (International Unit) – Products described as IU/vial, or micrograms

How do I submit the NDC on my claim?

Here are some quick tips and general guidelines to assist you with proper submission of valid NDCs and related information on electronic and paper claims:

- The NDC must be submitted along with the applicable HCPCS/CPT code(s) and the number of HCPCS/CPT units.
- The NDC must follow the 5digit4digit2digit format (11-digit billing format, with no spaces, hyphens or special characters). If the NDC on the package label is less than 11 digits, a leading zero must be added to the appropriate segment to create a 5-4-2 configuration.
- The NDC must be active for the date of service.
- Also include the **NDC qualifier, number of NDC units and NDC unit of measure**. [Note: BCBSTX allows up to three decimals in the NDC Units (quantity or number of units) field. Failure to include appropriate decimals in the NDC units field may lead to incorrect payments subject to review or audit. As a reminder, you also must include your billable charge.]

PROFESSIONAL AND INSTITUTIONAL ELECTRONIC CLAIM GUIDELINES (ANSI 837P and ANSI 837I)

Field Name	Field Description	Loop ID	Segment
Product ID Qualifier	Enter N4 in this field.	2410	LIN02
National Drug Code	Enter the 11-digit NDC billing format assigned to the drug administered.	2410	LIN03
National Drug Unit Count	Enter the quantity (number of NDC units)	2410	CTP04
Unit or Basis for Measurement	Enter the NDC unit of measure for the prescription drug given (UN, ML, GR, or F2)	2410	CTP05


Note: The total charge amount for each line of service also must be included for the Monetary Amount SV102 Segment, 2400 loop.

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PROFESSIONAL PAPER CLAIM GUIDELINES (CMS-1500)

In the shaded portion of the line-item field 24A-24G on the CMS-1500, enter the qualifier **N4 (left-justified), immediately followed by** the NDC. Next, enter one space for separation, then enter the appropriate qualifier for the correct dispensing unit of measure (**UN, ML, GR, or F2**), followed by the quantity (number of NDC units up to three decimal places), as indicated in the example below.

24. A. DATE(S) OF SERVICE				B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER		E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPST/ Family Plan.	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
From MM	DD	YY	To MM	DD	YY								
01	01	18	01	01	18	11	J0744		17.94	6	N		12345678901
N400409477702 ML600.000													123456789




N4	00409477702	ML	600.000
NDC Qualifier	11-digit NDC	Unit of Measure	Quantity

INSTITUTIONAL PAPER CLAIM GUIDELINES (UB-04)

In the line-item field 42-46, enter the appropriate drug-related revenue code in field 42. In field 43, report the NDC qualifier **N4 (left-justified), immediately followed by** the 11-character NDC in the 5-4-2 format (no hyphens). Immediately after the last digit of the NDC, enter the appropriate qualifier for the correct package size, NDC unit of measure (UN, ML, GR, or F2), followed by the quantity (number of NDC units up to three decimal places), as indicated in the example below.

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE
1 636	N400409477702ML600.000	J0744
2		
3		



N4	00409477702	ML	600.000
NDC Qualifier	11-digit NDC	Unit of Measure	Quantity

The standard NDC Reimbursement Schedule is available in the Standards and Requirements/General Reimbursement information section of the BCBSTX Provider website at bcbstx.com/provider. For additional information on NDC billing and reimbursement, [view answers to Frequently Asked Questions](#).

Note: Details on our complete approved Wasted/Discarded Drugs and Biologicals Guideline can be found on the BCBSTX Provider page under Standards & Requirements, Clinical Payment and Coding Policies.