Blue Cross and Blue Shield of Texas (BCBSTX) requests the use of National Drug Codes (NDCs) and related information when drugs are billed on professional/ancillary electronic (ANSI 837P) and paper (CMS-1500) claims.

**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 and their descriptions:

- **UN** (Unit) – Powder 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 professional claims:

- The NDC must be submitted along with the applicable Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology (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,** NDC unit of measure. [Note: BCBSTX allows up to three decimals in the NDC Units (quantity or number of units) field. If you do not include appropriate decimals in the NDC units field, you could be underpaid. As a reminder, you also must include your billable charge

### ELECTRONIC CLAIM GUIDELINES (ANSI 837P)

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

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

### 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.

<table>
<thead>
<tr>
<th>N400040976586 ML12000014950</th>
<th>1</th>
<th>0</th>
<th>13</th>
<th>01</th>
<th>01</th>
<th>13</th>
<th>11</th>
<th>J0744</th>
<th>1</th>
<th>17.94</th>
<th>6</th>
<th>N</th>
<th>NPI</th>
<th>12345678901</th>
</tr>
</thead>
</table>

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

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