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.

This information can also be submitted when NDC details may be needed on 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 would welcome 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 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 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.]

<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 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.

![Example Image 1](image1.png)

FACILITY 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.

![Example Image 2](image2.png)

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.

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