



National Drug Code (NDC) Billing Guidelines for Professional Claims

Blue Cross and Blue Shield of Illinois (BCBSIL) requires 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. **Professional/ancillary claims for drugs must include NDC data in order to be accepted for processing by BCBSIL.**

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: BCBSIL 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)

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 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.

24. A.	DATE(S) OF SERVICE						B.	C.	D. PROCEDURES, SERVICES, OR SUPPLIES				E.	F.	G.	H.	I.	J.
	From	To			PLACE OF	EMG	(Explain Unusual Circumstances)				DIAGNOSIS	\$ CHARGES	DAYS OR UNITS	EPSDT Family Plan	ID. QUAL.	RENDERING PROVIDER ID. #		
MM	DD	YY	MM	DD	YY	SERVICE		CPT/HCPCS	MODIFIER			POINTER						
N400409476586	ML	120	0.	14950														
01	01	13	01	01	13	11		J0744				1	17.94	6	N	NPI	123456789	

Contracted providers may access the NDC Reimbursement Schedule through Blue Access for ProvidersSM, our secure provider site. To register or log on to Blue Access for Providers, look for the **National Drug Codes (NDCs): Billing Resources** box on the Provider website Home page at bcbsil.com/provider.

Note: Reimbursement for discarded drugs applies only to single-use vials. Multi-use vials are not subject to payment for discarded amounts of the drug.

The above information does not apply to claims submitted for HMO members.

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