

Billing with National Drug Codes (NDCs)

Blue Cross and Blue Shield of Texas (BCBSTX) does not require inclusion of the National Drug Code (NDC) along with the applicable Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology (CPT[®]) code(s), except on claim submissions for unlisted or "Not Otherwise Classified" (NOC) physician-administered and physician-supplied home infusion therapy drugs.

BCBSTX currently accepts NDC for billing of all physician-administered and physician-supplied drugs in accordance with the NDC schedule posted on the BCBSTX Provider website under "Drugs". Including the NDC on claims helps provide a more consistent pricing methodology for payment and will also facilitate better management of drug-associated costs. For information about how to add the additional NDC and other required elements, please refer to the BCBSTX Provider website at bcbstx.com/provider. BCBSTX will continue to accept the HCPCS or CPT code elements without NDC information (excluding unlisted or "Not Otherwise Classified" drugs).

Claims should be submitted with the exact NDC that appears on the product administered. The NDC is found on the medication's packaging and must be submitted in the 5digit-4digit-2digit format. Please note: A drug's container label may display less than 11 NDC digits. An asterisk may appear in either a product code or package code as a place holder for any leading zeros. Zeros must be added to each section to make 11 digits total when submitting the NDC code on the claim to BCBSTX. Decimal points are acceptable in the NDC unit field. Each container label displays the appropriate unit of measure for that drug.

Please remember the following to help ensure proper submission of valid NDCs and related information:

- The NDC must be submitted along with the applicable HCPCS or CPT procedure code(s).
- The NDC must be in the proper format (11 numeric characters, no spaces or special characters).
- The NDC must be active for the date of service.
- The appropriate qualifier, unit of measure, number of units, and price per unit also must be included, as indicated below.

BCBSTX utilizes a claims payment audit process (during initial claim payment and post payment) to validate the number of units administered against the submitted charges of medications. This audit process applies to claims for medications billed with Healthcare Common Procedure Coding System (HCPCS) codes, Current Procedural Terminology (CPT[®]) code(s), and National Drug Code (NDC). The audit reviews claims to identify possible overbilling errors that exceed standard dosing thresholds. It may result in denying the portion of these claims that exceeds maximum dosing levels based on the product labeling, Food and Drug Administration (FDA) dosing guidelines; peer reviewed or published medical literature for each drug.

PAPER CLAIM GUIDELINES

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 the appropriate qualifier for the correct dispensing unit (**F2** – international unit mainly used for Factor VIII-Antihemophilic Factor; **GR** – gram, generally used for ointments, creams, inhaler or bulk powder in a jar; **ML** – milliliter, if drug comes in a vial in liquid form; **UN** – unit, if drug comes in a vial in powder form and has to be reconstituted; followed by the quantity and the price per unit, as indicated in the example below.

*Note: The HCPCS/CPT code corresponding to the NDC is entered in field 24D.

Example:

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	QTY	UNIT	PRICE	RENDERING
MM	DD	YY	MM	DD	YY	SERVICE		OPT/HCPCS	MODIFIER	POINTER		OR UNITS	Family	UNIT	PROVIDER ID.#
N449500267230 UN1 50.00								J7603		1	50.00	2.5	N	1B	12345678901
10	01	05	10	01	05	11							N	NR	0123456789

For additional CMS-1500 details, refer to the National Uniform Claim Committee (NUCC) 1500 Claim Form Reference Instruction Manual, available on the NUCC website at nucc.org (this website requires a log in number with the AMA).

ELECTRONIC CLAIM GUIDELINES

Field Name	Field Description	ANSI (Loop 2410) – Ref Desc
Product ID Qualifier	Enter N4 in this field.	LIN02
National Drug CD	Enter the 11-digit NDC (without hyphens) assigned to the drug administered.	LIN03
Drug Unit Price	Enter the price per unit of the product, service, commodity, etc.	CTP03
NDC Units	Enter the quantity (number of units) for the prescription drug.	CTP04
NDC Unit / MEAS	Enter the unit of measure of the prescription drug given. F2 – International unit mainly used for Factor VIII-Antihemophilic Factor GR – Gram, generally used for ointments, creams, inhaler or bulk powder in a jar ML – Milliliter, if drug comes in a vial in liquid form UN – Unit, if drug comes in a vial in powder form and has to be reconstituted	CTP05-1

If you have any questions about how to include the NDC code on your **electronic** claims, please contact our Electronic Commerce Center at 800-746-4614. For more information, continue to visit the *News and Updates* and *Electronic Commerce Alerts* sections of our website at bcbstx.com/provider.

EXAMPLE NDC BILLING SCENARIO

To assist you with billing with NDCs, below is an example scenario.

What was administered?

In our sample scenario, a patient received Decitabine 50 mg.

What's on the package label?

The NDC is found on the medication's packaging. The drug's container label may display less than 11 NDC digits. An asterisk may appear in either a product code or package code as a place holder for any leading zeros. Each container label displays the appropriate unit of measure for that drug.

Decitabine is supplied in a single-dose 50mg per vial. Here is an example of the NDC information that you may see when you are preparing to bill: 62856-0600-01 Dacogen, 50mg SOLR Unit of Measure = UN

What to include on the claim:

When entered on your claim, the NDC must follow the 5digit-4digit-2digit format, any leading zeros must be added to each segment to make 11 digits total. The NDC must be in the proper format (11 numeric characters, no spaces or special characters).

For our example scenario:

- The NDC is 62856-0600-01 (the qualifier is N4)
- The unit of measure is UN, since the drug came in a single dose and does not specify the ML
- The quantity (number of NDC units administered) is 1
- The quantity (number of J-code units administered) is 1
- The HCPCS code is J0894

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