

Billing with National Drug Codes (NDCs)

Currently, Blue Cross and Blue Shield of Texas (BCBSTX) requires inclusion of the National Drug Code (NDC) in conjunction with the applicable Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology (CPT®) code(s) when unlisted or “Not Otherwise Classified” (NOC) physician-administered and home infusion therapy drugs are billed.

Please be advised that in the future, BCBSTX will be accepting use of the NDC for billing of all drugs. This will provide a more accurate pricing methodology for payment and will also facilitate better management of drug-associated costs. BCBSTX will be using a phased-in approach to implement NDC pricing and will inform providers accordingly, based on their contractual notification provisions.

Here are some reminders to assist you with proper submission of valid NDCs and related information:

- Submit the NDC along with the applicable HCPCS 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.

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. (Values: FR – international unit; GR – gram; ML – milliliter; UN – unit)	CTP05-1

If you have any questions regarding utilization of the NDC code on your **electronic** claims, contact our Electronic Commerce Center at (800) 746-4614.

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 (**FR** – international unit; **GR** – gram; **ML** – milliliter; **UN** – unit), 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. DATES OF SERVICE		B. PLACE OF SERVICE	C. ICD-9-CM PROCEDURE CODES	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain unusual circumstances)	E. DIAGNOSIS POINTER	F. CHARGES	G. UNITS OR UNITS	H. NDC (11 Digit)	I. ID. QUAL.	J. RENDERING PROVIDER ID.#
From	To		EMG							
MM	DD	YY	MM	DD	YY					
N449500267230 UN1 50.00				J7603	1	50 00	2.5	N	1B	12345678901
10	01	05	10	01	05	11				0123456789

For additional CMS-1500 details, refer to the National Uniform Claim Committee (NUCC) 1500 Claim Form Reference Instruction Manual, available on the NUCC Web site at www.nucc.org.

For more information, continue to visit the What’s New and Electronic Commerce Alerts sections of our Web site at www.bcbsxx.com/provider. Updates also will be included in upcoming issues of the *Blue Review*.

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