

Billing instructions: Reporting the National Drug Code

For BCN HMOSM (commercial) and Blue Cross PPO (commercial)

Finding the NDC and unit of measure

The National Drug Code is found on a medication's packaging. An asterisk may appear as a placeholder for any leading zeros. The container label also displays the appropriate unit of measure for that drug.

Note: For Blue Cross PPO claims only, when the medication comes in a vial or syringe, use the NDC found on the vial or syringe.

The unit of measure is by weight (grams: GR), volume (milliliters: ML), or count (units: UN). Each dispensed dose must be converted into one of these, following the manufacturer's unit of measure. International units (F2) must be converted to standard measurements (GR, ML and UN).

- For drugs that come in a vial in powder form that needs to be reconstituted before administration, bill each vial in units (UN).
- For drugs that come in a vial in liquid form, bill in milliliters (ML).
- For topical forms of medicine (cream, ointment, bulk powder in a jar), bill in grams (GR).

Report the National Drug Code by using the NDC qualifier, 11-digit NDC, NDC unit of measurement qualifier and NDC quantity.

The NDC and the units of measure must be submitted along with the applicable HCPCS or CPT code.

The NDC must follow the "5digit4digit2digit" format (11 numeric characters with no spaces or special characters). Some NDCs are displayed on the drug packaging in a 10-digit format. If the NDC on the package label is fewer than 11 digits, you must add leading zeros to total 11 digits.

The table below shows an example of a 10-digit NDC label configuration converted to 11 digits.

Note: Do not use hyphens when entering the NDC on your claim. The hyphens shown below are used only to illustrate the various ways to format NDCs.

Label configuration	Add the leading zero
4-4-2 (0002-7597-01)	<u>0</u> 0002-7597-01
5-3-2 (50242-040-62)	50242- <u>0</u> 040-62
5-4-1 (60575-4112-1)	60575-4112- <u>0</u> 1

The NDC must be active for the date of service.

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RC Claim Assist tool

Use the RC Claim Assist tool to help you identify the correct NDC and NDC quantity for claims related to BCN HMO (commercial) and Blue Cross Blue Shield of Michigan PPO (commercial) members:

- For BCN commercial members, information on this tool is available at ereferrals.bcbsm.com > BCN > **Medical Benefit Drugs – Pharmacy**. Look under the heading “Billing/pricing information – for BCN commercial members only.”
- For Blue Cross commercial members, information is available at ereferrals.bcbsm.com > Blue Cross > **Medical Benefit Drugs – Pharmacy**. Look under the heading “RC Claim Assist tool — For Blue Cross commercial & Blue Cross Medicare Advantage.”

Submitting the NDC on electronic claims

To submit the NDC on electronic claims (ANSI 837P), report the following information:

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 assigned to the drug administered.	LIN03
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 (GR, UN or ML).	CTP05-1

Submitting the NDC on paper claims

Submit the required information for the NDC in the shaded portions of fields 24A through 24G on the CMS-1500 claim form, as follows:

1. Report the N4 qualifier in the first two positions, left-justified.
2. Follow this immediately with the 11-character NDC number in the 5-4-2 format (no hyphens).
3. Follow this immediately with the unit of measurement qualifier. The unit of measurement qualifier codes are as follows:

Code	Unit of measure
GR	Gram
ML	Milliliter
UN	Unit

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Submitting the NDC on paper claims (continued)

- Follow this immediately with the NDC quantity, with a floating decimal for fractional units limited to three digits to the right of the decimal. Any spaces not used for the quantity should be left blank. (Note: Left-justify the field and do not enter the drug name.)

An example of the methodology to be used is shown here:

N 4 1 2 3 4 5 6 7 8 9 0 1 U N 1 2 3 4 . 5 6 7

N 4 1 2 3 4 5 6 7 8 9 0 1 M L . 0 1 6

N 4 1 2 3 4 5 6 7 8 9 0 1 U N 4

The format for the billing should be: **N4 + NDC number + three spaces + unit of measure + quantity**

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.										22. RESUBMISSION CODE		ORIGINAL REF. NO.									
A. M25 .569										B.		C.		D.							
E.										F.		G.		H.							
I.										J.		K.		L.							
24. A. DATE(S) OF SERVICE										B.	C.	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)				E.	F.	G.	H.	I.	J.
From			To			PLACE OF SERVICE	EMG	CPT/HCPCS	MODIFIER		DIAGNOSIS POINTER	\$ CHARGES	DAYS OR UNITS	EP/SOT Family Plan	ID. QUAL.	RENDERING PROVIDER ID. #					
MM	DD	YY	MM	DD	YY																
1	09	01	17	09	01	17	11		J3301					A	80	00	4		NPI		
2	09	01	17	09	01	17	11		J0129					A	80	00	100		NPI		
3	09	01	17	09	01	17	11		J2792					A	80	00	15		NPI		

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Additional information

Reimbursement for discarded drugs applies only to single-use vials. Discarded amounts of drugs in multi-use vials are not eligible for payment.

For home infusion therapy and specialty drugs, providers must submit claims electronically that include the NDC and the National Council for Prescription Drug Programs quantities.

To access the National Drug Code Directory published by the U.S. Food and Drug Administration, visit www.fda.gov/cder/ndc.

For additional information about drugs covered under the medical benefit, refer to:

- The [Medical Benefit Drugs – Pharmacy page](#) in the BCN section at ereferrals.bcbsm.com
- The [Medical Benefit Drugs – Pharmacy page](#) in the Blue Cross section at ereferrals.bcbsm.com

Note: If any of the information presented here conflicts with the provider contract, the contract language should be followed.