

In this document

Finding the NDC and unit of measure.....	2
RC Claim Assist tool	3
Submitting the NDC on electronic claims.....	3
Submitting the NDC on paper claims (for professional claims).....	3
Additional information	5

Follow these guidelines for including the National Drug Code, or NDC, on claims for medical benefit drugs:

- The NDC is required for:
 - All Blue Cross commercial professional drug claims billed by ancillary providers
 - Any other Blue Cross commercial professional drug claim that has a HCPCS code with a narrative description indicating the code is miscellaneous, not otherwise classified, unlisted or nonspecified
 - All BCN commercial professional drug claims
 - BCN commercial outpatient facility drug claims that have a HCPCS code with a narrative description indicating the code is miscellaneous, not otherwise classified, unlisted or nonspecified

For these claims, when you submit an NOC code and do not include the NDC, we'll deny the claim and you'll need to resubmit it with the missing information included.

- The NDC is encouraged but is not required for:
 - All other Blue Cross and BCN commercial claims for medical benefit drugs
 - All Medicare Plus Blue and BCN Advantage claims for medical benefit drugs

Finding the NDC and unit of measure

The NDC is located 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 claims only, when the medication comes in a vial or syringe, use the NDC found on the vial or syringe itself, not the packaging the medication came in. This does not apply to BCN claims.

A medication's unit of measure is represented by weight (grams: GR), volume (milliliters: ML), or count (units: UN). Each dispensed dose must be converted into one of these units of measure, following the manufacturer's guidelines. 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).

When billing for a medication, report the NDC by using the NDC qualifier (N4), 11-digit NDC, NDC unit of measurement qualifier and NDC quantity. In addition to billing the NDC and the units of measurement, the applicable HCPCS or CPT code for the medication must be included in the submission. The NDC must be active for the date of service for which you are billing.

The NDC must follow the "5digit4digit2digit" format, which is 11 numeric digits with no spaces and no special characters (including hyphens). 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 how to convert a 10-digit NDC label configuration to 11 digits.

Note: The hyphens shown below are used only to illustrate the various ways to format NDCs and should not be used when billing.

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

RC Claim Assist tool

You can use the RC Claim Assist tool to help you identify the correct NDC and NDC quantity for claims. Look for more information, including instructions for accessing the RC Claim Assist tool, on these webpages:

- BCN [Medical Benefit Drugs](#) webpage at ereferrals.bcbsm.com. Look under the heading “RC Claim Assist tool.”
- Blue Cross [Medical Benefit Drugs](#) webpage at ereferrals.bcbsm.com. Look under the heading “RC Claim Assist tool.”

Submitting the NDC on electronic claims

To submit the NDC on electronic professional claims (837P) and outpatient facility claims (837I), report the following information:

Field description	Field description	Loop 2410 - Drug Identification Data Element
Product ID Qualifier	Enter “N4” in this field.	LIN02
National Drug CD	Enter the 11-digit NDC assigned to the drug administered (no hyphens).	LIN03
NDC Units	Enter the quantity (number of grams, units or milliliters) for the prescription drug.	CTP04
NDC Unit / MEAS	Enter the unit of measure qualifier for the entered prescription drug quantity (GR = grams, UN = unit or ML = milliliter).	CTP05-1

Submitting the NDC on paper claims (for professional 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).

Billing instructions: Reporting the National Drug Code

For Blue Cross commercial, Medicare Plus BlueSM,
Blue Care Network commercial and BCN AdvantageSM

Revised January 2023

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

4. 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:

N412345678901UN1234.567

N412345678901ML.016

N412345678901UN4

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. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER		E. DIAGNOSIS POINTER		F. \$ CHARGES		G. DAYS OR UNITS		H. EPSDT Family Plan		I. ID. QUAL.		J. RENDERING PROVIDER ID. #	
From To																					
MM DD YY MM DD YY																					
1 N40003029305 ML1																					
09 01 17 09 01 17 11						J3301				A		80 00		4				NPI			
2 N400003218710UN4																					
09 01 17 09 01 17 11						J0129				A		80 00		100				NPI			
3 N400944296703ML1.3																					
09 01 17 09 01 17 11						J2792				A		80 00		15				NPI			

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 **fda.gov** and click Drugs > Drug Approvals and Databases > [More information](#)* (under National Drug Code Directory Search).

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

- The BCN [Medical Benefit Drugs](#) webpage at ereferrals.bcbsm.com
- The Blue Cross [Medical Benefit Drugs](#) webpage at ereferrals.bcbsm.com

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

*Clicking this link means that you're leaving the Blue Cross Blue Shield of Michigan and Blue Care Network website. While we recommend this site, we're not responsible for its content.