



## NATIONAL DRUG CODES REQUIRED ON ALL BLUECARD MEDICAID CLAIMS

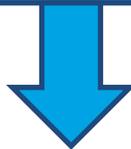
### INPATIENT, OUTPATIENT AND PROFESSIONAL OUT-OF-AREA BLUE PLAN MEDICAID CLAIMS

To ensure compliance with state Medicaid requirements, providers who bill for out-of-area Blue Cross and Blue Shield (BCBS) Medicaid members should include National Drug Code (NDC) information on claims for drug charges, regardless of the service setting (e.g., inpatient facilities or outpatient services), or claims may be pended or denied. NDCs are required on **all** out-of-area Blue Plan Medicaid claims, including inpatient where drug charges are reported. Keep in mind, NDC information is specific to manufacturer, drug dosage, dosage form and package size.

For more information about BCBS plans administering Medicaid programs, please review the Plan Central article titled **"FYI: Medicaid Programs Administered Through Blue Cross and Blue Shield Plans,"** published on Jan. 29, 2016, on NaviNet®. Also, please see the Plan Central message on "Medicaid Billing Requirements Beginning March 2016," posted on Feb. 19, 2016.

To ensure proper claim submission guidelines and proper data elements with NDC information is submitted, please review the instructions for claims submission.

**Please scroll down for NDC submission instructions**



# INSTRUCTIONS FOR CLAIM SUBMISSION

This guide provides instruction for both professional and facility providers for reporting NDC information on claims. The NDC number is used for reporting prescribed drugs and biologics to enhance claim reporting/adjudication processes and will be required for all Highmark drug claims effective Nov. 16, 2015.

## REPORTING NDC ON PAPER CLAIMS

### Professional Claims (1500 Claim Form)

#### Item 24

Submit the NDC number in the red-shaded portion of the detail line item in positions 01 through position 13. The NDC is to be preceded with the qualifier N4 and followed immediately by the 11-digit NDC number (e.g., N499999999999). Report the NDC quantity in positions 17 through 24 of the same red-shaded portion. The quantity is to be preceded by the appropriate qualifier: UN (units), F2 (international units), GR (gram) or ML (milliliter). There are six bytes available for quantity. If the quantity is less than six bytes, left justify and space-fill the remaining positions (e.g., UN2 or F2999999).

24. A. DATE(S) OF SERVICE		B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES		E. DIAGNOSIS		F. \$ CHARGES		G. DAYS OR UNITS		H. ICD-9-CM		I. ID. QUAL.		J. RENDERING PROVIDER ID #											
From	To	MM	DD	YY	MM	DD	YY	CPT/HCPCS	MODIFIER	POINTER																			
N4XXXXXXXXXX		UN2		Drug Name Dosage		J3490						2																	
<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">National Drug Code (NDC), quantity, Drug Name and Dosage</div> <div style="border: 1px solid black; padding: 2px;">Procedure Code (NOC)</div> <div style="border: 1px solid black; padding: 2px;">Procedure Code quantity</div> </div>																													
25. FEDERAL TAX ID NUMBER					26. PATIENT'S ACCOUNT NO.					27. ACCEPT ASSIGNMENT?					28. TOTAL CHARGE					29. AMOUNT PAID					30. BALANCE DUE				

### Facility Claims (UB-04 Claim Form)

#### Form Locator 43

Submit the NDC number in Form Locator 43. The NDC is to be preceded with the qualifier N4 and followed immediately by the 11-digit NDC number (e.g., N499999999999). Immediately following the last digit of the NDC (no space), report the appropriate Unit of Measurement Qualifier: UN (units), F2 (international units), GR (gram), ME (milligram) or ML (milliliter), then finally the unit quantity with a floating decimal for fractional units. Any spaces unused for the quantity should remain blank. The Description field on the UB-04 is 24 characters in length.

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE
1 636	N4XXXXXXXXXXXXUNXXX	J0125	
2			
3			
4			
5			
6			

National Drug Code (NDC),  
quantity and dosage

Procedure Code  
(drug)

## REPORTING NDC ON ELECTRONIC CLAIMS

The NDC is reported in the same segment for both Professional 837P and Facility 837I formats.

### Drug Identification Loop ID 2410

The NDC number is reported in the LIN segment of Loop ID 2410.

Field Name	Field Description	Loop ID	Segment
Product ID Qualifier	Enter N4 in this field	2410	LIN02
National Drug Code (NDC)	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 drug given (UN, ML, ME, GR or F2)	2410	CTP05

**Example:** LIN \* \* N4 \* 01234567891 ~

### CONVERTING NDCS FROM 10 DIGITS TO 11 DIGITS

It should be noted that many NDCs are displayed on drug packaging in a 10-digit format. Proper billing of an NDC requires an 11-digit number in a 5-4-2 format. Converting NDCs from a 10-digit to 11-digit format requires a strategically placed zero, dependent upon the 10-digit format. The following table shows common 10-digit NDC formats indicated on packaging and the associated conversion to an 11-digit format, using the proper placement of a zero. The correctly formatted, additional "0" is in a **bold font and underlined** in the following example. Note that hyphens indicated below are used solely to illustrate the various formatting examples for NDCs. **Do not use hyphens when entering the actual data in your claim.**

**Converting NDCs from 10 Digits to 11 Digits**

<b>10-Digit Format on Package</b>	<b>10-Digit Format Example</b>	<b>11-Digit Format</b>	<b>11-Digit Format Example</b>	<b>Actual 10-Digit NDC Example</b>	<b>11-Digit Conversion of Example</b>
4-4-2	9999-9999-99	5-4-2	<u>0</u> 9999-9999-99	0002-7597-01 Zyprexa® 10 mg vial	<u>0</u> 0002-7597-01
5-3-2	99999-999-99	5-4-2	99999- <u>0</u> 999-99	50242-040-62 Xolair® 150 mg vial	50242- <u>0</u> 040-62
5-4-1	99999-9999-9	5-4-2	99999-9999- <u>0</u> 9	60575-4112-1 Synagis® 50 mg vial	60575-4112- <u>0</u> 1