

Claims with Drug Services Billing with National Drug Codes (NDC)



BlueCross BlueShield
of Vermont

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OVERVIEW:

The reporting of a National Drug Code (NDC) along with the unit of measure and quantity in addition to the applicable Current Procedural Terminology (CPT®) or Health Care Procedure Coding System (HCPCS) is required for professional, and outpatient facility places of service for specific drugs. This has been in place since September 1, 2016.

NOTICE:

This is advanced notice that starting on January 1, 2026, the billing requirement for reporting a NDC on professional claims (billed on a CMS 1500) will be fully enforced. Claims submissions must be complete and accurate, meeting the requirements of our guidelines, or the applicable service(s) will be denied. If you receive a denial, the member cannot be held liable (even with a signed waiver), and a corrected claim can be submitted for consideration of benefits.

The unit of measure and quantity should be present on the claim, but at this time if missing or invalid will not cause a denial. We will be fully enforcing this requirement around the second quarter of 2026. Advanced notice will be provided.

We encourage you to review your claim submissions for these services and make sure they are correct and compliant. Doing so will ensure you will not be impacted by denials.

Our billing requirements for Drugs Dispensed or Administered by a Provider (other than Pharmacy) is in Section 6.7 Claim Specific Guidelines of our on-line Provider Handbook under *"Drugs Dispensed or administer by a Provider (other than pharmacy)"*.

Provider Handbook: www.bluecrossvt.org/documents/provider-handbook

The allowances for professional and outpatient facility service(s) containing an NDC will continue to be based on the CPT® or HCPCS code submitted.

NOTES:

The billing of NDC codes is not applicable to:

- Durable Medical Equipment
- COVID-19 vaccine or vaccine administrations, however, will be accepted if submitted. The NDC must be a valid, active code and reporting must be per our NDC guidelines.
- Flu vaccine, however, will be accepted if submitted. The NDC must be a valid, active code and reporting must be per our NDC guidelines.

Home Infusion Therapy suppliers are also required to submit NDC codes. **This notice is specific to professional and outpatient facility only.**

REMINDERS (these details are also in the on-line Provider Handbook):

Acceptable values for the NDC Units of Measurement (UoM) Qualifiers are as follows:

Unit of Measure	Description
F2	International Unit
GR	Gram
ME	Milligram
ML	Milliliter
UN	Unit

Paper Claims submitted on a CMS 1500 form:

Shaded area of 24a:

In the shaded area (above dates of service) in 24a, report in order: N4 product ID qualifier, 11-digit NDC (no hyphens), unit of measure and quantity (limited to 8 digits before the decimal point and 3 digits after the decimal point). If your software does not allow for automated population in this item number, we will accept the information if handwritten in this area.

For item number 24d continue to report applicable CPT® or HCPCS code. In item number G (days or units) continue to report applicable CPT® or HCPCS units and not the NDC units.

Paper Claims submitted on a UB 04 form:

Form locator 42:

Right above the four-digit revenue code report in order: N4 product ID qualifier, 11-digit NDC (no hyphens), unit of measure and quantity (limited to 8 digits before the decimal point and 3 digits after the decimal point). If your software does not allow for automated population in this item number, we will accept the information if handwritten in this area.

Form locator 44:

Continue to report applicable CPT® or HCPCS code. In form locator 46 (service units) continue to report applicable CPT® or HCPCS units and not the NDC units.

Electronic Claim Submission on 837P or 837I:

See HIPAA compliant 8371 or 837P companion guide (Loop – 2410 – Drug Identification for full billing details).

837P: www.bluecrossvt.org/documents/837-professional-claims-submissions-companion-guide

837I: www.bluecrossvt.org/documents/837-institutional-claims-submissions-companion-guide