National Drug Code (NDC) Billing Update for Medicare Advantage Claims

Beginning Dec. 15, 2017, Blue Cross and Blue Shield of Illinois (BCBSIL) will activate edits to validate NDCs that are submitted on electronic and paper professional and institutional Blue Cross Medicare Advantage (PPO)^{SM} and Blue Cross Medicare Advantage (HMO)^{SM} claims. These validation edits are being implemented to align with the Centers for Medicare & Medicaid Services (CMS) encounter data submission requirements. Providers should confirm that the NDCs submitted are appropriate for services rendered and active for the date(s) of service billed.

The table below specifies which NDC-related elements must be entered if NDCs are included on *electronic* professional and institutional claims for Medicare Advantage members. Claims submitted containing NDCs may be rejected if any of these data elements are missing or incorrect. Rejected claims must be resubmitted with the correct data. If you use a billing service or clearinghouse, please share the above information with your vendor.

Elements Required when NDC is Present on Electronic Claims	Professional Electronic Claim (837P) Loops and Segments	Institutional Electronic Claim (837I) Loops and Segments
Current Procedural Terminology (CPT®) or Healthcare Common Procedure Coding System (HCPCS) Code	Loop 2400, SV101-1 = HC Loop 2400, SV101-2 = [CPT/HCPCS code]	Loop 2400, SV202-1 = HC Loop 2400, SV202-2 = [CPT/HCPCS code]
If the CPT/HCPCS code in SV101-2 *(professional claim)*/SV202-2 *(institutional claim)* is an unlisted procedure code or Not Otherwise Classified (NOC) code, a description is required	Loop 2400, SV101-7	Loop 2400, SV202-7
Line Item Charge Amount	Loop 2400, SV102	Loop 2400, SV203
Unit of Measurement Code	Loop 2400, SV103 = UN	Loop 2400, SV204 = UN
Service Unit Count	Loop 2400, SV104	Loop 2400, SV205
NDC Qualifier	Loop 2410, LIN02 = N4	Loop 2410, LIN02 = N4
NDC (11-character alpha-numeric value containing no spaces, hyphens or special characters)	Loop 2410, LIN03 = NDC Number	Loop 2410, LIN03 = NDC Number
Quantity/Dosage* (Number of NDC units)	Loop 2410, CTP04	Loop 2410, CTP04
Unit of Measure (UOM = UN, ML, GR or F2)	Loop 2410, CTP05-1	Loop 2410, CTP05-1
Prescription Number *(when applicable)*	Loop 2410, REF01 = XZ REF02 = [prescription number]	Loop 2410, REF01 = XZ REF02 = [prescription number]

If NDCs are submitted on *paper* professional (CMS-1500) and institutional (UB-04) claims for Medicare Advantage members, the following NDC-related elements must be included:

Professional Paper Claim (CMS-1500) Fields and NDC-related Information	Institutional (UB-04) Form Locator Numbers and NDC-related Information
• 24A *(shaded area)* – NDC Qualifier, NDC 11-digit number, Unit of Measure Qualifier and Unit Quantity • 24D – CPT/HCPCS code • 24G – HCPCS unit	• 42 – Revenue code • 43 – Revenue Code Description, NDC Qualifier, NDC 11-digit number, Unit of Measure Qualifier and Unit Quantity • 44 – HCPCS code • 45 – Service/Assessment Date • 46 – Service Units

*For assistance with calculating the number of NDC units, independently contracted BCBSIL providers may access the NDC Units Calculator Tool at no cost through our secure site – look for the **National Drug Codes (NDCs): Billing Resources** link on our Provider website Home page at *bcbsil.com/provider*. The NDC Units Calculator Tool is also available via the Availity™ Web Portal.

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For additional claim-related information, refer to the appropriate Provider Manual in the Standards and Requirements section of our Provider website. As always, your assigned BCBSIL Provider Network Consultant is available to provide personalized assistance to you and your staff.

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