

National drug code requirement on outpatient claims

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We value the quality and commitment with which you serve your patients and our members. We are notifying you about a national drug code (NDC) requirement for drugs administered in a physician's office or outpatient facility setting for local plan and BlueCard member claims only. This notice does not apply to claims for members enrolled in the Blue Cross and Blue Shield Service Benefit Plan (also called the Federal Employee Program or FEP) or coordination of benefits/secondary claims.

For dates of service on and after December 16, 2020, all providers are required to supply the 11-digit NDC – along with the information below – when billing for injections and other drug items on the CMS-1500 and UB-04 claim forms as well as on 837 electronic transactions.

1. The applicable Healthcare Common Procedure Coding System (HCPCS) code or Current Procedural Terminology (CPT) code
2. Number of HCPCS code or CPT code units
3. The 11-digit NDC(s), including the **N4 qualifier**
4. Dosage unit of measurement (F2, GR, ML, UN, ME)
5. Number of NDC units dispensed (must be greater than 0)

To help ensure accurate and timely claims payments, it is important that you provide the NDC information as outlined above when filing claims to us. **We will reject any line items on claims with dates of service on and after December 16, 2020, when the above information is not included regarding drugs.**

If you have further questions, please contact the telephone number on the back of the member's ID card.

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