

NDC REQUIREMENTS

File Name: ndc_ma
Origination: 5/2022
Last Review: 12/2022
Next Review: 12/2023

Description

The National Drug Code (NDC) was created under the direction of the United States Federal Food, Drug, and Cosmetic Act. NDC numbers are the industry standard identifier for drugs and provide full transparency to the medication administered. The NDC number identifies the manufacturer, drug name, dosage, strength, package size and quantity.

Policy

Blue Cross Blue Shield North Carolina (Blue Cross NC) will require a valid National Drug Code (NDC) according to the criteria outlined in this policy.

Reimbursement Guidelines

A valid NDC number for the administered drug will be required for reimbursement of professional drug claims on unlisted drugs on a CMS-1500 Claim Form, and on a UB-04 Claim Form for outpatient drug claims.

NDC information that is invalid, missing, or not matching the HCPCS or CPT® code submitted, will not be eligible for reimbursement.

Rationale

The United States Federal Food, Drug, and Cosmetic Act, under Title 21, Chapter 9, Subchapter V, created unique numeric identifiers for the manufacturer, product, and package size to establish unique NDCs.

In accordance with CMS, Blue Cross NC requires unlisted drug codes to be submitted with a valid NDC to be eligible for reimbursement.

Requiring NDCs will enable Blue Cross NC to identify and reimburse for provided services more accurately.

Billing and Coding

Please refer to the Blue Book Medicare Provider Manual for code filing instructions.

Applicable codes are for reference only and may not be all inclusive. For further information on reimbursement guidelines, please see the Blue Cross NC web site at www.bcbsnc.com.



HCPCS Code	Description
C9399	Unclassified drugs or biologicals
J3490	Unclassified drugs
J3590	Unclassified biologics
J3591	Unclassified drug or biological used for ESRD on dialysis
J7199	Hemophilia clotting factor, not otherwise classified
J7599	Immunosuppressive drug, not otherwise classified
J7999	Compounded drug, not otherwise classified
J9999	Not otherwise classified, antineoplastic drugs

Related policy

[Drugs and Biologicals](#)

References

[21 USC CHAPTER 9, SUBCHAPTER V: DRUGS AND DEVICES](#)

[The Blue Book Medicare Provider Manual](#)

[MCM Chapter 4 \(cms.gov\)](#)

History

5/17/2022	New policy developed. Medical Director approved. Notification on 5/17/2022 for effective date 7/26/2022. (ckb)
12/31/2022	Routine Policy Review. Minor revisions only. (cjw)

Application

These reimbursement requirements apply to all Blue Medicare HMO, Blue Medicare PPO, Blue Medicare Rx members, and members of any third-party Medicare plans supported by Blue Cross NC through administrative or operational services.

This policy relates only to the services or supplies described herein. Please refer to the Member's Evidence of Coverage (EOC) for availability of benefits. Member's benefits may vary according to benefit design; therefore, member benefit language should be reviewed before applying the terms of this policy.

Legal

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Reimbursement policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing, and Blue Cross NC reserves the right to review and revise its medical and reimbursement policies periodically.

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