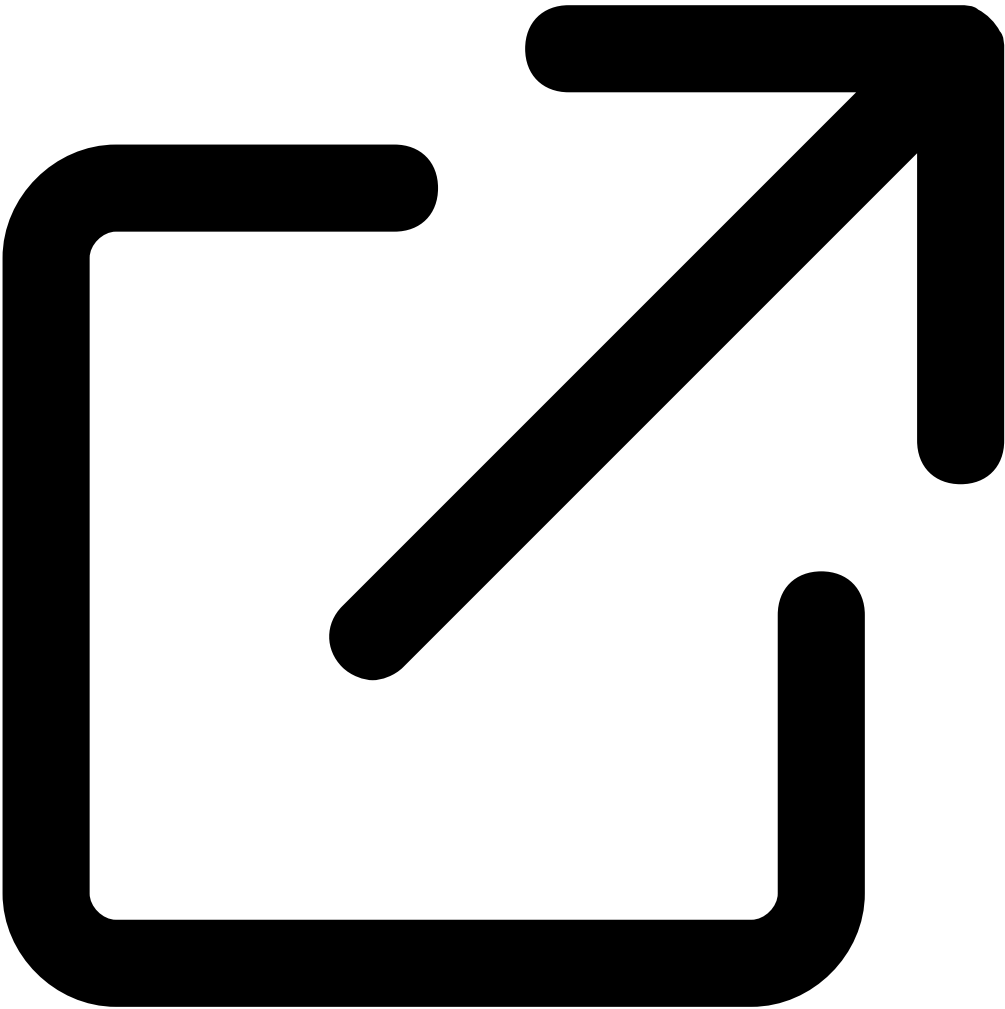


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## Unlisted Drug Codes

Blue Cross and Blue Shield of Texas (BCBSTX) check National Drug Code (NDC) numbers against the Current Procedural Terminology (CPT®)/Healthcare Common Procedure Coding System (HCPCS) procedure codes as published by the American Medical Association (AMA).

To properly adjudicate claims and reimburse physicians and providers for these procedure codes, BCBSTX continues to enhance its capabilities for NDC processing to reduce underpayments and overpayments to our physicians and providers.

In most instances, NDC numbers are assigned to a specified CPT or HCPCS drug code. It is important that claims be submitted with the CPT/HCPCS code with the most accurate description when billing for injectable medications that are administered during a patient's visit.

BCBSTX checks the NDC numbers and the NDC units submitted with an unlisted drug code to ensure these codes are being billed correctly.

If a claim is submitted with an unlisted drug code (e.g., J3490) and there is no other CPT/HCPCS code for the drug being administered, the provider will need to provide the necessary information on the claim for BCBSTX to properly adjudicate the service line. If the claim is received without the necessary information, the service line may be denied and sent back to the provider with a request to resubmit the service along with the necessary information.

Please be sure to include the following information on your claims when billing for unlisted drugs/injections:

- **Necessary information needed to systematically process valid unlisted drug codes:**
  - NDC qualifier, N4
  - NDC billing number
  - NDC product package size unit of measure (e.g., UN, ML, GR, F2)
  - NDC unit to reflect the quantity of drug product billed
- **Necessary descriptive information needed to process valid unlisted drug codes**
  - NDC number
  - Drug name
  - Dosage administered (e.g., 5 mg, 10 mg, etc.)
  - Include how the number of units being billed on the claim is being administered (e.g., 5 mg = 1 unit, 10 mg = 5 units, etc.)
  - Strength of drug administered (e.g., 25 mg/ml, 10 mg/10 ml, etc.)

- Single dose vial or multi dose vial

**Please Note:** An NDC number will be reimbursed for a maximum of two (2) years after it becomes inactive. After this timeframe, the NDC number is considered obsolete.

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