



Effective Date..... **September 11, 2024**

Last Updated Date..... **September 11, 2024**

To ensure compliance with Centers for Medicare & Medicaid Services (CMS) and California's Department of Healthcare Services (DHCS) requirements for accurate and consistent billing and processing of professional claims, please follow the guidelines below.

NDC/UPN EDI BILLING REQUIREMENTS

In an effort to insure our providers receive appropriate reimbursement and avoid denied claims, PHC - California request you adhere to the following billing requirements outlined in this document when submitting a claim(s) that requires a National Drug Code (NDC) or Universal Product Number (UPN).

NDC BILLING REQUIREMENTS

When submitting a claim for a physician-administered drug in both professional and institutional clinical settings, you must bill with the appropriate 11-digit National Drug Code (NDC) number in both the CMS-1500/UB04 claim forms and/or EDI 837 transaction. In addition, you will need to provide the HCPCS code, the appropriate NDC unit measure and the units administered. Failure to submit the accurate information in the appropriate fields may result in delayed claim reimbursement or the denial of your claim.

NDC CMS-1500 PAPER CLAIM BILLING REQUIREMENTS

When billing a claim that requires an NDC Code on the CMS-1500 claim form, please use the following guidelines to submit your information. It is important to use the correct billing qualifiers and bill each requirement in the appropriate fields:

Box 24A (Shaded Area) – “N4” Qualifier and 11-digit National Drug Code (NDC)

This area will have a combination of two values entered:

- Characters 1 and 2 will include the Product ID Qualifier. The code 'N4' is used to identify an NDC number.
- Characters 3 – 21 will consist of the appropriate 11-digit NDC number.



24	A. DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS ICD-9PCS	E. DIAGNOSIS ICD-9-CM	F. CHARGES	G. DOPS OR UNITS	H. UNIT FACTOR	I. ID QUAL	J. BILLING PROVIDER ID #	PHYSICIAN OR SUPPLIER INFORMATION
	MM	DD	YY	MM	DD	YY										
1	N412345678901															
2																
3																
4																
5																
6																

Example: In this example, N4 is used as the Product ID Qualifier, followed by the 11-digit NDC – N412345678901

Box 24D (White Area) – HCPCS Code

Box 24F (White Area) – Billed Charges

Box 24G (White Area) – Units of Service

Box 24D (shaded area) – NDC unit of measure (two positions)

In this area, enter the NDC unit of measure (two positions) immediately followed by the numeric quantity administered to the patient, which is a full 10-digit number. The 10 digits consist of seven digits for the whole number, followed by the three-digit decimal portion of the number.

Note: The quantity field should be entered from left to right; do not enter a decimal. Valid Unit of Measurement Qualifiers are the following:

24	A. DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS ICD-9PCS	E. DIAGNOSIS ICD-9-CM	F. CHARGES	G. DOPS OR UNITS	H. UNIT FACTOR	I. ID QUAL	J. BILLING PROVIDER ID #	PHYSICIAN OR SUPPLIER INFORMATION
	MM	DD	YY	MM	DD	YY										
1	N412345678901								UN0000012000							
2																
3																
4																
5																
6																



NDC UB-04 PAPER CLAIM BILLING REQUIREMENTS

For paper claims submitted on the institutional UB-04 claim form, the NDC is reported in the following:

Box 43 (Description Field) – “N4” Qualifier and 11-digit National Drug Code (NDC)

- First two positions include the Product ID Qualifier of ‘N4’ followed by the 11-digit NDC (no hyphens).
- Directly following the last digit of the NDC (no delimiter), enter the two-digit Unit of Measurement Qualifier as noted below followed by the nine-digit quantity. The nine digits consist of six digits for the whole number, followed by the three-digit decimal portion of the number.

42 REV ID	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES
	N412345678901UN000030000				

A callout box labeled "Nine Digit Quantity" has an arrow pointing to the last nine digits of the NDC field (000030000).

Example: In this example, the ‘N4’ is used as the Product ID Qualifier with an NDC code of ‘12345678901’. Code ‘UN’ is used to identify the unit quantity of 30 reported as ‘000030000’ (Nine-digit quantity).

Box 44 – Using the HCPCS/RATE/HIPPS Code field, enter the five-character HCPCS code.

Box 46 – Using the ‘Serv Units’ field, enter the corresponding service units for the HCPCS reported



HIPPA-COMPLIANT 837 EDI NDC CLAIM BILLING REQUIREMENTS

837 NDC BILLING REQUIREMENT			
Loop	Segment	Field name	Requirement
2400	SV101-1	Product/Service ID Qualifier	A value of 'HC' is expected for HCPCS code
2400	SV101-2	Product/Service ID	Enter appropriate HCPCS code
2410	LIN02	Product/Service ID Qualifier	A value of 'N4' is expected to identify the National Drug Code (NDC)
2410	LIN03	Product/Service ID	Enter the 11-digit NDC number
2410	CTP04		Enter the national drug unit count for the NDC billed in LIN03.
2410	CTP05		Enter one of the following qualifiers to identify the unit or basis for measurement code for the NDC billed: F2 = International Unit GR = Gram ME = Milligram ML = Milliliter UN = Unit

Example of the NDC requirements billed on an EDI 837 transmission:

LIN**N4*12345678901~



CTP****2*UN~

UPN EDI BILLING REQUIREMENTS

UPN BILLING REQUIREMENTS

When billing for claims involving medical supplies, providers are required to include the Universal Product Number (UPN) in both the CMS-1500/UB04 claim forms and/or EDI 837 transaction. In addition, you will need to provide the appropriate Product or Service ID Qualifier (see table below) along with the correct HCPCS code. Failure to remit the accurate qualifier code will result in delayed claim reimbursement and/or the denial of your claim.

The following qualifiers may be used when regulations mandate the use of the Universal Product Number (UPN) for reporting medical supplies

EN	EAN/UCC - 13
EO	EAN/UCC - 8
HI	HIBC (Health Care Industry Bar Code)
ON	Customer Order Number
UK	GTIN 14 digit Data Structure
UP	UCC - 12

UPN CMS-1500 PAPER CLAIM BILLING REQUIREMENTS

UPN product qualifier code be entered in front of the UPN in the shaded area of box 24A of the CMS-1500 claim form. All other claims specific details should be entered on the same service line.

Box 24A (Shaded Area) – Valid UPN Qualifier and appropriate Universal Product Number. (UPN) This area will have a combination of two values entered:

- Characters 1 and 2 will include the Product ID Qualifier (EN, EO, HI, ON, UK, or UP can be used).
- Characters 3 – 21 will consist of the appropriate Universal Product Number (UPN).



24	A	DATE(S) OF SERVICE						B	C	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER		E	F.	G	H	I	J	PHYSICIAN OR SUPPLIER INFORMATION
		From	To	MM	DD	YY	MM											
1	UK	12	34	56	78	90	12	34										
2																		
3																		
4																		
5																		
6																		

Example: In this example, the 'UK' is used as the Product ID Qualifier with an UPN code of '12345678901234'



HIPPA-COMPLIANT 837 EDI UPN CLAIM BILLING REQUIREMENT

837 UPN BILLING REQUIREMENTS			
LOOP	SEGMENT	FIELD NAME	REQUIREMENT
2400	SV101 - 1	Product/Service ID Qualifier	A value of 'HC' is expected for HCPCS code
2400	SV101 - 2	Product/Service ID	Enter appropriate HCPCS code
2410	LIN02	Product/Service ID Qualifier	A value of EN, EO, HI, ON, UK, or UP is expected to identify the Universal Product Number (UPN)
2410	LIN03	Product/Service ID	Enter the Universal Product Number
2410	CTP04	Quantity (National Drug Unit Count)	Enter the unit count for the UPN item billed in LIN03.
2410	CPT05	Unit or Basis for Measurement Code	Enter one of the following qualifiers to identify the unit or basis for measurement code for the NDC billed: F2 = International Unit GR = Gram ME = Milligram ML = Milliliter UN = Unit

Example of the UPN requirements billed on an EDI 837 transmission:

LIN**UP*12345678901~

CTP***2*UN~