NDC REQUIREMENTS

File Name: ndc
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 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.

Blue Cross North Carolina (Blue Cross NC) requires specific 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 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
J****	*All J codes EXCEPT for J3530

Q0138	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-ESRD use)
Q2041	Axicabtagene ciloleucel, up to 200 million autologous anti-CD19 CAR positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose
Q2042	Tisagenlecleucel, up to 600 million CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose
Q2043	Sipuleucel-T, minimum of 50 million autologous CD54+ cells activated with PAP-GM-CSF, including leukapheresis and all other preparatory procedures, per infusion
Q2053	Brexucabtagene autoleucel, up to 200 million autologous anti-CD19 CAR positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose
Q2054	Lisocabtagene maraleucel, up to 110 million autologous anti-CD19 CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose
Q2055	Idecabtagene vicleucel, up to 460 million autologous B-cell maturation antigen (BCMA) directed CAR-positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose
Q4074	Iloprost, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, up to 20 mcg
Q4081	Injection, epoetin alfa, 100 units (for ESRD on dialysis)
Q5101	Injection, filgrastim-sndz, biosimilar, (Zarxio), 1 mcg
Q5103	Injection, infliximab-dyyb, biosimilar, (Inflectra), 10 mg
Q5104	Injection, infliximab-abda, biosimilar, (Renflexis), 10 mg
Q5105	Injection, epoetin alfa-epbx, biosimilar, (Retacrit) (for ESRD on dialysis), 100 units
Q5106	Injection, epoetin alfa-epbx, biosimilar, (Retacrit) (for non-ESRD use), 1000 units
Q5107	Injection, bevacizumab-awwb, biosimilar, (Mvasi), 10 mg
Q5108	Injection, pegfilgrastim-jmdb, biosimilar, (Fulphila), 0.5 mg
Q5110	Injection, filgrastim-aafi, biosimilar, (Nivestym), 1 mcg
Q5111	Injection, pegfilgrastim-cbqv, biosimilar, (Udenyca), 0.5 mg
Q5112	Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg
Q5113	Injection, trastuzumab-pkrb, biosimilar, (Herzuma), 10 mg
Q5114	Injection, Trastuzumab-dkst, biosimilar, (Ogivri), 10 mg
Q5115	Injection, rituximab-abbs, biosimilar, (Truxima), 10 mg
Q5116	Injection, trastuzumab-qyyp, biosimilar, (Trazimera), 10 mg
Q5117	Injection, trastuzumab-anns, biosimilar, (Kanjinti), 10 mg
Q5118	Injection, bevacizumab-bvzr, biosimilar, (Zirabev), 10 mg
Q5119	Injection, rituximab-pvvr, biosimilar, (RUXIENCE), 10 mg
Q5120	Injection, pegfilgrastim-bmez, biosimilar, (ZIEXTENZO), 0.5 mg
Q5121	Injection, infliximab-axxq, biosimilar, (AVSOLA), 10 mg
Q5122	Injection, pegfilgrastim-apgf, biosimilar, (Nyvepria), 0.5 mg
Q5123	Injection, rituximab-arrx, biosimilar, (Riabni), 10 mg

Q9991	Injection, buprenorphine extended release (Sublocade), less than or equal to 100 mg
Q9992	Injection, buprenorphine extended release (Sublocade), greater than 100 mg

Related policy

Drug and Biological Wastage

References

The Blue Book Provider Manual

21 USC CHAPTER 9, SUBCHAPTER V: DRUGS AND DEVICES

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. (ckb)

Application

These reimbursement requirements apply to all commercial, Administrative Services Only (ASO), and Blue Card Inter-Plan Program Host members (other Plans members who seek care from the NC service area). This policy does not apply to Blue Cross NC members who seek care in other states.

This policy relates only to the services or supplies described herein. Please refer to the Member's Benefit Booklet 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

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.