

NDC Unit of Measure (For Nevada Medicaid and Nevada Check Up Claims)

The National Drug Code (NDC) Billing Unit Standard designates four units of measure to describe all drugs: “UN” (unit), “ML” (milliliter), “GR” (gram) and “F2” (international unit). Each drug’s container label displays the appropriate unit of measure for that drug.

The drug’s unit of measure should not be included on your claim, but it is used to help calculate NDC quantity. To facilitate the process of calculating the correct NDC quantity, SXC Health Solutions offers two tools to providers to determine the NDC unit of measure.

Tool 1

The National Drug Code (NDC) Billing Reference contains complete billing requirements along with a list of commonly administered drugs and the corresponding NDC unit of measure (at <http://medicaid.nv.gov> select “NDC” from the “Providers” menu, then select “Billing Reference”).

Tool 2

Providers who continue to have problems determining the unit of measure may submit a list of their top NDCs to SXC Health Solutions. In return they will receive the corresponding unit of measure for each NDC submitted. To take advantage of this second tool, send an email to Nevada.Medicaid@sxc.com and attach to the email your list of NDCs in an Excel® spreadsheet format. Please note “NDC Unit of Measure” in the subject line of the email.

Please limit your request to 150 drugs. On your spreadsheet, please provide the 11-digit NDC as you would on the claim, i.e., **without any dashes, hyphens or other punctuation**. For instructions on entering leading zeros, please refer to the claim form instructions specified in Field 24A of CMS-1500 and Field 43 of UB-04.

The following table shows a sample of the information that will be returned via email:

Billing NDC	Drug Name and Description	NDC Unit of Measure
00009752901	CAMPTOSAR 20MG/ML VIAL	ML
00009752902	CAMPTOSAR 20MG/ML VIAL	ML
55390015501	CARBOPLATIN 10MG/ML VIAL	ML
55390015301	CARBOPLATIN 10MG/ML VIAL	ML
10019068703	CEFTRIAXONE 1G VIAL	UN
00409744401	CIMETIDINE 150MG/ML VIAL	ML
55390011299	CISPLATIN 1MG/ML VIAL	ML
55390009901	CISPLATIN 1MG/ML VIAL	ML
55390011250	CISPLATIN 1MG/ML VIAL	ML
55390012401	CLADRIBINE 1MG/ML VIAL	ML
67386081155	COSMEGEN 0.5MG VIAL	UN
63323004401	CYANOCOBALAMIN 1000MCG/ML VIAL	ML
10019095701	CYCLOPHOSPHAMIDE 2G VIAL	UN

Questions?

If you do not have access to Excel format or have further questions regarding NDC, please email your questions to SXC Health Solutions at Nevada.Medicaid@sxc.com. Please note “NDC Inquiry” in the subject line of the email.