



Provider Web Portal Quick Guide – Entering NDC Information on a Claim

This guide covers how to enter National Drug Code (NDC) information on a claim. A professional claim (CMS 1500) is used for this example. NDC codes are added to each service detail line as needed.

Attention!

Please refer to [Appendix X - HCPCS and NDC Crosswalk for Billing Physician-Administered Drugs](#) for the most current list of HCPCS codes and their corresponding NDC numbers for use in billing physician-administered drugs. A code must be present in the crosswalk before it can be used in a claim on the Web Portal. If the NDC is not found in the crosswalk, claims should be submitted via batch or paper.

The NDC is a unique product identifier used in the United States for drugs intended for human use. The Drug Listing Act of 1972 requires registered drug establishments to provide the Food and Drug Administration (FDA) with a current list of all drugs manufactured, prepared, propagated, compounded, or processed by it for commercial distribution. Drug products are identified and reported using the NDC.

Step 1. Enter the information needed for the claim on the *Submit Professional Claim: Step 1* page and select Continue.

Professional Claim

Submit Professional Claim: Step 1 ?

* Indicates a required field.

Claim Type Professional ▾

Provider Information

Billing Provider ID	[REDACTED]	ID Type	NPI	Name	[REDACTED]
Taxonomy	Clinic/Center - Primary Care				
Referring Provider ID	<input type="text"/>	ID Type	<input type="text"/>	Name	<input type="text"/>
Taxonomy	<input type="text"/>				
Supervising Provider ID	<input type="text"/>	ID Type	<input type="text"/>	Name	<input type="text"/>
Taxonomy	<input type="text"/>				
Service Facility Location ID	<input type="text"/>	ID Type	<input type="text"/>	Name	<input type="text"/>
Taxonomy	<input type="text"/>				

Member Information

*Member ID	<input type="text"/>		First Name	<input type="text"/>
Last Name	<input type="text"/>		Birth Date	<input type="text"/>
Address	<input type="text"/>			
	<input type="text"/>			
City	<input type="text"/>			
State	<input type="text"/>	Zip Code	<input type="text"/>	

Claim Information

Date Type	<input type="text"/>	Date of Current	<input type="text"/>
Accident Related Reason	<input type="text"/>		
*Patient Number	<input type="text"/>		
*Transport Certification	<input type="radio"/> Yes <input type="radio"/> No		
Enter a Previous Claim ICN if filing a claim with dates of service older than 120 days. The previous claim must have been filed within the defined timely filing period.			
Previous Claim ICN	<input type="text"/>		
Note	<input type="text"/>		
*Does the provider have a signature on file?	<input type="radio"/> Yes <input type="radio"/> No		
Include Other Insurance	<input type="checkbox"/>		
			Total Charged Amount \$0.00

Continue
Cancel

Step 2. Enter the diagnosis type and diagnosis code information on the *Submit Professional Claim: Step 2* page under "Diagnosis Codes" and select Add. Select Continue to go to the next step.

Professional Claim

Submit Professional Claim: Step 2 ?

* Indicates a required field.

Claim Type Professional

Provider Information

Billing Provider ID [REDACTED] **ID Type** NPI **Name** [REDACTED]

Taxonomy Clinic/Center - Primary Care

Patient and Claim Information

Member ID [REDACTED] **Gender** [REDACTED]

Member [REDACTED] **Total Charged Amount** \$0.00

Birth Date [REDACTED]

[Expand All](#) | [Collapse All](#)

Diagnosis Codes -

Select the row number to edit the row. Click the **Remove** link to remove the entire row.
Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.

#	Diagnosis Type	Diagnosis Code	Action
<u>1</u>			
1	* Diagnosis Type ICD-10-CM v	* Diagnosis Code <input style="width: 80%;" type="text"/>	

Add
Reset

Back to Step 1
Continue
Cancel

Step 3. On the *Submit Professional Claim: Step 3* page, click the + to expand the NDC section.

Professional Claim

Submit Professional Claim: Step 3 ?

* Indicates a required field.

Claim Type Professional

Provider Information

Billing Provider ID [REDACTED] ID Type NPI Name [REDACTED]

Taxonomy Clinic/Center - Primary Care

Patient and Claim Information

Member ID [REDACTED] Gender [REDACTED]

Member [REDACTED] Total Charged Amount \$0.00

Birth Date [REDACTED]

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Diagnosis Codes

Service Details

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

Svc #	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action
1							

1 *From Date [] To Date [] *Place of Service [] EMG []

*Procedure Code [] Modifiers [] [] [] [] *Diagnosis Pointers [] [] [] []

*Charge Amount [] *Units [] *Unit Type [Unit] EPSDT Service [] Family Plan Service []

CLIA Number []

Rendering Provider ID [] ID Type []

Taxonomy []

Referring Provider ID [] ID Type []

Taxonomy []

NDCs for Svc. # 1 +

Step 4. Enter the information in the "Service Details" and "NDCs for Svc" fields. NDCs are entered per service detail as needed. Select Add when finished.

Professional Claim

Submit Professional Claim: Step 3 ?

* Indicates a required field.

Claim Type Professional

Provider Information

Billing Provider ID ID Type NPI Name

Taxonomy Clinic/Center - Primary Care

Patient and Claim Information

Member ID Member Gender

Birth Date Total Charged Amount \$0.00

[Expand All](#) | [Collapse All](#)

Diagnosis Codes +

Service Details -

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

Svc #	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action
1	*From Date 02/02/2018	To Date 02/02/2018	*Place of Service 11-Office	EMG			

*Procedure Code 80004-4 CLINI Modifiers *Diagnosis Pointers 1

*Charge Amount 100.00 *Units 1.000 *Unit Type Unit EPSDT Service Family Plan Service

CLIA Number

Rendering Provider ID ID Type

Taxonomy

Referring Provider ID ID Type

Taxonomy

NDCs for Svc. # 1 -

If applicable, only one NDC/UPN is allowed per service detail line. When adding an NDC/UPN, the Code Type, Quantity and Unit of Measure fields are required. Additionally, NDC/UPN information is required when adding or saving NDC/UPN with prescription information (Prescription Number, Prescription Type, Prescription Date).

Code Type National Drug Code in 5-4-2 Format

NDC/UPN 00555057693

Quantity 2.000 Unit of Measure Unit

Need More Help?

Please visit the [Quick Guides and Webinars](#) web page to find all the Provider Web Portal Quick Guides:

Aid Code and Benefit Plan Acronyms

Are You Billing from the Correct Account?

Copy, Adjust, or Void a Claim

Delegates

Delegate Access Definitions

Entering NDC Information

Entering Third Party Liability

Provider Maintenance

Pulling your 835 - Linking to your own TPID

Pulling your Remittance Advice (RA)

Reading your Remittance Advice (RA)

- Internal Control Number (ICN) Information Sheet
- Region Code Information Sheet

Updating your EFT/ERA Information

Validating a Trading Partner ID (TPID)

Verifying Member Eligibility

- Managed Care Assignments
- Primary Care Provider
- Medicare Coverage
- Member Co-Pay Amounts

Viewing Prior Authorizations in the Portal

Web Portal Registration

Provider Web Portal – Frequently Asked Questions (FAQs)

Please visit the [Provider FAQ Central](#) web page and look under the Billing and Web Portal headings to see Provider Web Portal FAQs.

Provider Web Portal – Recorded Webinars

Click the links below to access the recorded webinars:

[Session #1](#) Access the new Portal, Portal Registration, Log in, My Profile, Manage Accounts (including delegates)

[Session #2](#) Provider Maintenance (including updates and affiliations), EFT/ERA Enrollment, Disenrollment

[Session #3](#) Member Information and Eligibility Verification

[Session #4](#) Remittance Advice (RA), Search Payment History, Search for Accounts Receivable Records, Make a Payment

[Session #5](#) Notify Me, Alerts, Secure Correspondence

[Session #6](#) Files Exchange, Resources

[Session #7](#) Search & Submit CMS 1500, UB-04, Emergency Dental Claims, Prior Authorizations (Nursing Facility PETI PARs only)

[Bridge](#) Bridge training for Community Centered Boards (CCBs) only