

NDC Attachment Form Instructions

The NDC Attachment form is a supplemental paper form that will be used to accommodate the billing of NDC numbers on the UB-04 and CMS-1500 claim forms when multiple NDCs will be reported per HCPCS detail on the claim.

Populate the:

- Provider Name
- Provider ID
- Provider Taxonomy
- Patients Name
- Insured's ID Number
- From Date of Service
- Page #

Populate columns a-e as follows:

- DTL LINE** – fill in the corresponding detail number (line number) from the CMS-1500 or the UB-04
- NDC** – fill in the NDC number used
- RPT UNIT** – select the corresponding two digit identifier to report the proper units
Reporting Unit Measurement **GR** – Gram, **ML** – Milliliter, **UN** – Unit, **F2** – International Unit
- # OF UNITS** – fill in the actual quantity (units) administered to the patient
- UNIT PRICE** – fill in the unit price (if known)