| | CROSSWALK DISCLAIMER |
|---|---|
| 1 | This crosswalk is a reference document for unit billing assistance to lessen drug rebate billing disputes for not otherwise classified (NOC) codes. |
| 2 | The information provided does not guarantee coverage or payment. Provider must reference provider manuals for specific coverage information or program limitations and verify if the service is covered for their provider type and specialty and the member eligibility. |
| 3 | Rebate status and NDC terminations can result in a change and is not tracked on this crosswalk. |
| 4 | The CMS Unit of Measure may be an estimate at the time of positing if not available prior to publication. The crosswalk will be updated when the information from CMS is available (once a calendar quarter). |
| 5 | This crosswalk does not consider if a prior authorization or manual review is required for the drug. |
| 6 | This crosswalk is scheduled to be updated once a quarter. Updates may be considered on an 'as needed' basis. |

# Crosswalk Header Definitions

| CROSSWALK HEADER | DEFINITION | ADDITIONAL INFORMATION |
|---|---|---|
| **NDC-11** | 11-digit National Drug Code (NDC) | |
| **NDC Name** | Trade name for the NDC | |
| **Generic Name** | Generic name for the NDC | |
| **CMS Unit** | Centers for Medicare & Medicaid Services (CMS) unit of measure (UOM) value. This value is specific to each NDC and is the basis for drug rebate invoicing and reporting. | AHF = Injectable Anti-Hemophilic Factor<br>CAP = Capsule<br>SUP = Suppository<br>GM = Gram<br>ML = Milliliter<br>TAB = Tablet<br>TPD = Transdermal Patch<br>EA = Each |
| **Basis of Measurement Qualifier** | Industry standard basis of measurement values used to define the total NDC Drug Quantity reported for the HCPCS detail.<br>- CMS 1500 = Field 24<br>- UB-04 = Field 43<br>- 837P = 2410 CTP05<br>- 837I = 2410 CTP05 | F2 = International Unit<br>GR = Gram<br>ME = Milligram<br>ML = Milliliter<br>UN = Unit |
| **Drug Quantity - Total for Basis of Measurement Qualifier** | Industry standard numeric value for NDC detail total units administered based on the Basis of Measurement qualifier.<br>- CMS 1500 = Field 24<br>- UB-04 = Field 43<br>- 837P = 2410 CTP04<br>- 837I = 2410 CTP04 | |
| **NDC to NOC End Date** | Last date of service the NDC can be crosswalked to a Not Otherwise Classified (NOC) drug HCPCS. | |
| **NDC to Pure Code Relationship Start Date** | First date of service the NDC is crosswalked to a pure HCPCS code. | |
| **Pure Code** | The pure drug HCPCS code defines the administration method, ingredient(s), and dose per HCPCS. Sometimes, the pure code is specific to a brand drug. | |

**NOTE: When reporting supplemental NDC information for drug HCPCS on the CMS-1500 (Paper-Professional), UB-04 (Paper-Institutional), 837P (Electronic-Professional), or 837I (Electronic-Institutional), follow all applicable billing instructions.**

Not Otherwise Classified (NOC) NDC Loop UOM and Units Recommendations

| NDC-11 | NDC Name | Generic Name | CMS Unit | Basis of Measurement Qualifier | Drug Quantity - Total for Basis of Measurement Qualifier | NDC to NOC End Date | NDC to Pure Code Relationship Start Date | Pure Code |
|---|---|---|---|---|---|---|---|---|
| 10122062001 | KENGREAL | cangrelor tetrasodium INTRAVEN 50 MG VIAL | EA | UN | Provide the total vials administered; use decimals for partial vials. | | | |
| 10122062010 | KENGREAL | cangrelor tetrasodium INTRAVEN 50 MG VIAL | EA | UN | Provide the total vials administered; use decimals for partial vials. | | | |
| 10122061001 | CLEVIPREX | clevidipine butyrate INTRAVEN 25 MG/50ML VIAL | ML | ML | Provide number of MLs administered. | | | |
| 10122061010 | CLEVIPREX | clevidipine butyrate INTRAVEN 25 MG/50ML VIAL | ML | ML | Provide number of MLs administered. | | | |
| 10122061101 | CLEVIPREX | clevidipine butyrate INTRAVEN 50MG/100ML VIAL | ML | ML | Provide number of MLs administered. | | | |
| 10122061110 | CLEVIPREX | clevidipine butyrate INTRAVEN 50MG/100ML VIAL | ML | ML | Provide number of MLs administered. | | | |
| 66220016010 | VAPRISOL-5% DEXTROSE | conivaptan HCl in 5 % dextrose INTRAVEN 20MG/100ML PLAST. BAG | ML | ML | Provide number of MLs administered. | | | |
| 70842010203 | BAXDELA | delafloxacin meglumine INTRAVEN 300 MG VIAL | EA | UN | Provide the total vials administered; use decimals for partial vials. | | | |
| 63833038702 | KCENTRA | hum prothrombin cplx(PCC)4fact INTRAVEN 1000 UNIT VIAL | AHF | UN | Provide the number of AHFs administered. | | | |
| 63833038602 | KCENTRA | hum prothrombin cplx(PCC)4fact INTRAVEN 500 UNIT VIAL | AHF | UN | Provide the number of AHFs administered. | | | |
| 00131181067 | VIMPAT | lacosamide INTRAVEN 200MG/20ML VIAL | ML | ML | Provide number of MLs administered. | | | |
| 10885000201 | SYNERA | lidocaine/tetracaine TOPICAL 70 MG-70MG M.HT PATCH | TDP | UN | Provide number of patches administered. | | | |
| 10885000210 | SYNERA | lidocaine/tetracaine TOPICAL 70 MG-70MG M.HT PATCH | TDP | UN | Provide number of patches administered. | | | |
| 42747076101 | POTELIGEO | mogamulizumab-kpkc | ML | ML | Provide number of MLs administered. | | | |
| 00008092351 | PROTONIX IV | pantoprazole sodium INTRAVEN 40 MG VIAL | EA | UN | Provide the total vials administered; use decimals for partial vials. | | | |
| 00008092355 | PROTONIX IV | pantoprazole sodium INTRAVEN 40 MG VIAL | EA | UN | Provide the total vials administered; use decimals for partial vials. | | | |
| 00008092360 | PROTONIX IV | pantoprazole sodium INTRAVEN 40 MG VIAL | EA | UN | Provide the total vials administered; use decimals for partial vials. | | | |
| 00008094102 | PROTONIX IV | pantoprazole sodium INTRAVEN 40 MG VIAL | EA | UN | Provide the total vials administered; use decimals for partial vials. | | | |
| 00008200101 | PROTONIX IV | pantoprazole sodium INTRAVEN 40 MG VIAL | EA | UN | Provide the total vials administered; use decimals for partial vials. | | | |
| 00008200110 | PROTONIX IV | pantoprazole sodium INTRAVEN 40 MG VIAL | EA | UN | Provide the total vials administered; use decimals for partial vials. | | | |
| 00008200125 | PROTONIX IV | pantoprazole sodium INTRAVEN 40 MG VIAL | EA | UN | Provide the total vials administered; use decimals for partial vials. | | | |
| 00008400101 | PROTONIX IV | pantoprazole sodium INTRAVEN 40 MG VIAL | EA | UN | Provide the total vials administered; use decimals for partial vials. | | | |
| 00008400110 | PROTONIX IV | pantoprazole sodium INTRAVEN 40 MG VIAL | EA | UN | Provide the total vials administered; use decimals for partial vials. | | | |
| 00008400125 | PROTONIX IV | pantoprazole sodium INTRAVEN 40 MG VIAL | EA | UN | Provide the total vials administered; use decimals for partial vials. | | | |
| 00143928401 | PANTOPRAZOLE SODIUM | pantoprazole sodium INTRAVEN 40 MG VIAL | ML | ML | Per package insert, reconstitute with 10 ML; provide number of MLs administered. | | | |
| 00143928410 | PANTOPRAZOLE SODIUM | pantoprazole sodium INTRAVEN 40 MG VIAL | ML | ML | Per package insert, reconstitute with 10 ML; provide number of MLs administered. | | | |
| 00143930001 | PANTOPRAZOLE SODIUM | pantoprazole sodium INTRAVEN 40 MG VIAL | ML | ML | Per package insert, reconstitute with 10 ML; provide number of MLs administered. | | | |
| 00143930010 | PANTOPRAZOLE SODIUM | pantoprazole sodium INTRAVEN 40 MG VIAL | ML | ML | Per package insert, reconstitute with 10 ML; provide number of MLs administered. | | | |

Not Otherwise Classified (NOC) NDC Loop UOM and Units Recommendations

| NDC-11 | NDC Name | Generic Name | CMS Unit | Basis of Measurement Qualifier | Drug Quantity - Total for Basis of Measurement Qualifier | NDC to NOC End Date | NDC to Pure Code Relationship Start Date | Pure Code |
|---|---|---|---|---|---|---|---|---|
| 71894013006 | ZOLGENSMA | Onasemnogene Abeparvovec-XIOI 2X10E13/ML Kit | EA | UN | Provide the number of kits administered. | | | |
| 71894013106 | ZOLGENSMA | Onasemnogene Abeparvovec-XIOI 2X10E13/ML Kit | EA | UN | Provide the number of kits administered. | | | |
| 71894013206 | ZOLGENSMA | Onasemnogene Abeparvovec-XIOI 2X10E13/ML Kit | EA | UN | Provide the number of kits administered. | | | |
| 71894013307 | ZOLGENSMA | Onasemnogene Abeparvovec-XIOI 2X10E13/ML Kit | EA | UN | Provide the number of kits administered. | | | |
| 71894013407 | ZOLGENSMA | Onasemnogene Abeparvovec-XIOI 2X10E13/ML Kit | EA | UN | Provide the number of kits administered. | | | |
| 71894013507 | ZOLGENSMA | Onasemnogene Abeparvovec-XIOI 2X10E13/ML Kit | EA | UN | Provide the number of kits administered. | | | |
| 71894013608 | ZOLGENSMA | Onasemnogene Abeparvovec-XIOI 2X10E13/ML Kit | EA | UN | Provide the number of kits administered. | | | |
| 71894013708 | ZOLGENSMA | Onasemnogene Abeparvovec-XIOI 2X10E13/ML Kit | EA | UN | Provide the number of kits administered. | | | |
| 71894013808 | ZOLGENSMA | Onasemnogene Abeparvovec-XIOI 2X10E13/ML Kit | EA | UN | Provide the number of kits administered. | | | |
| 71894014009 | ZOLGENSMA | Onasemnogene Abeparvovec-XIOI 2X10E13/ML Kit | EA | UN | Provide the number of kits administered. | | | |
| 71894014109 | ZOLGENSMA | Onasemnogene Abeparvovec-XIOI 2X10E13/ML Kit | EA | UN | Provide the number of kits administered. | | | |