

Rhode Island Medicaid Program

NDC Detail Attachment

This form is a required attachment for any Rhode Island Medicaid paper claim billed using a drug HCPCS code on a CMS-1500 or a UB-04

Provider Name

NPI Provider Taxonomy

Patient Name

Insured ID Number

From Date of Service (mmddyyyy) Page of

a. DTL LINE	b. NDC	c. RPT UNIT	d. # OF UNITS	e. UNIT PRICE
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- Please fill in:
- a. The corresponding line number from the CMS-1500 (HCFA-1500) or the UB-04
 - b. NDC number used
 - d. The actual quantity (units) given to the patient
 - e. The unit price (if known)
- c. (Select the corresponding number to identify the proper Reporting Unit Measurement)
 GR - Gram
 ML - Milliliter
 UN - Unit
 F2 - International Unit