

The additional enforcements for NDC did not go live on July 3, 2026. We continue to work on this and will provide you with a new go live date. As a reminder, these billing requirements have been in place since September 1, 2016, the change is to enforce the billing of the NDC, Unit of Measure and Quantity.

Visit our website located here: <https://www.bluecrossvt.org/providers/provider-forms-resources> under National Drug Code (NDC) Information and Resource for resources and details.

We recently posted a Frequently Asked Question to this area that you may find useful.

On a date to be determined we will require (in addition to Current Procedural Terminology (CPT®) or Health Care Procedure Coding System (HCPCS) codes(s) and units) the following:

- **Professional claims** (electronic 837P, or paper CMS 1500) in addition to the reporting of the NDC (we started to enforce on January 1, 2026) we will also enforce the requirement of billing the Unit of Measure and Quantity.
- **Outpatient*, Ambulatory Surgical Center or Home Infusion Setting**** (electronic 837I or paper UB 04) the reporting of the NDC, Unit of Measure and Quantity.

*Outpatient includes the following settings – hospital, psychiatric day care facility, specialized treatment center, comprehensive outpatient rehabilitation center, independent kidney disease treatment center, community mental health center and substance abuse facility.

**Home Infusion Setting has always required the reporting of NDC, Unit of Measure and Quantity, the enforcement of these requirements is not a change.

Services lines that require an NDC, UoM and Quantity and do not report one are denied. Members cannot be held liable (even with a signed waiver), and a corrected claim can be submitted for consideration of benefits.

We encourage you to review your claim submissions for these services and make sure they are correct and compliant **now**. Doing so will ensure you will not be impacted by denials going forward.