

Since November 1, 2025, our eNewsletters, have been providing information and details related to enforcement of the billing requirements for National Drug Codes (NDC).

The next enforce is claims with a process date of **July 3, 2026**. 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.

Claims with a processing date of July 3, 2026, and forward, MUST contain an NDC, Unit of Measure (UoM) and Quantity, in addition to the applicable HCPCS code and unit amount.

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.

Our billing requirements for Drugs Dispensed or Administered by a Provider in an office, outpatient, ambulatory surgical center or home infusion setting (other than pharmacy) is in Section 6.7 Claim Specific Guidelines of our on-line Provider Handbook under *“Drugs Dispensed or Administer by a Provider in an office, outpatient, ambulatory surgical center or home infusion setting (other than pharmacy)”*.

Provider Handbook: www.bluecrossvt.org/documents/provider-handbook

The payments for professional, outpatient facility and ambulatory surgical center service(s) containing an NDC will continue to be based on the CPT® or HCPCS code submitted.