

UPDATES SINCE December 1, 2025 Notice – see Provider Handbook for Details:

1. **Added Exception to Skin Substitutes/Bioengineered Skin** – NDC is not required on code description(s) that indicate add-on list separately in addition to primary procedure OR list separately to primary procedure.
2. **Added to “The Requirement Does Not Apply to”** – Services where Medicare is the primary carrier.

Reminder:

The reporting of a National Drug Code (NDC) along with the Unit of Measure (UoM) and quantity in addition to the applicable Current Procedural Terminology (CPT®) or Health Care Procedure Coding System (HCPCS) is required for professional, and outpatient facility places of service for specific drugs. This has been in place since September 1, 2016.

Upcoming Dates Related to NDC and Unit of Measure and Quantity Billing:

- **January 1, 2026** – NDC billing requirements for professional claims (billed on a CMS 1500) is enforced. Professional claim service lines that require and do not report a NDC are denied. Members cannot be held liable (even with a signed waiver), and a corrected claim can be submitted for consideration of benefits.
- **First Quarter 2026** (date to be determined but advanced notice will be provided) - NDC billing requirements for facility claims (billed on a UB 04) are enforced. Facility claims service lines that require and do not report an NDC are denied. Members cannot be held liable (even with a signed waiver), and a corrected claim can be submitted for consideration of benefits.
- **Second Quarter 2026** (target date: July 1, 2026) – UoM and quantity must be reported on all service lines that report an NDC, for both professional and facility claims. Services lines that require a 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 (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 (other than pharmacy)*”.

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

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

NOTES:

The billing of NDC codes is not applicable to:

- Durable Medical Equipment
- COVID-19 vaccine however, will be accepted if submitted. The NDC must be a valid, active code and reporting must be per our NDC guidelines.
- Flu vaccine, however, will be accepted if submitted. The NDC must be a valid, active code and reporting must be per our NDC guidelines.
- Services where Medicare is the primary carrier.