

Inpatient stays: High-cost drug administration protocol

Update to the “Requirements for Complete Claims and Encounter Data Submission”

Effective July 1, 2026, UnitedHealthcare hereby requires inclusion of the Healthcare Common Procedure Coding System (HCPCS) and the National Drug Code (NDC) codes on all UnitedHealthcare commercial plan claims with an inpatient place of service when one of the following specialty drugs is administered inpatient:

Drug name	Description	HCPCS
Elevidys®	Injection, delandistrogene moxeparvovec-rokl	J1413
Gamifant®	Injection, emapalumab-lzsg	J9210
Hemgenix®	Injection, etranacogene dezaparvovec-drlb	J1411
Itvisma®	Injection, onasemnogene abeparvovec-brve	J3405
Luxturna®	Injection, voretigene neparvovec-rzyl	J3398
Spinraza®	Injection, nusinersen	J2326
Vyjuvek®	Injection, beremagene geperpavec-svdt for topical administration	J3401
Zolgensma®	Injection, onasemnogene abeparvovec-xioi	J3399

This is an update to the [Unique billing scenarios and requirements](#) section found on page 138 in the existing [Requirements for complete claims and encounter data submission](#) protocol found on page 137 in the UnitedHealthcare Provider Administrative Guide.

What you need to know:

Inclusion of both the HCPCS and NDC codes on the claim is necessary for UnitedHealthcare to identify the drug administered and determine whether the claim is eligible for payment, including confirming compliance with prior authorization or advance notification requirements and the outcome of any related medical necessity review.

As part of this update, claims that are missing the required HCPCS and NDC information may be denied or may be pended while UnitedHealthcare requests additional documentation, such as an itemized bill, to determine payment eligibility.

How to submit this information:

✓ On the HCFA 1500 Claim Form:

HCPCS: HCPCS/CPT® codes is Box 24D – “Procedures, Services, or Supplies.”

NDC: Enter the NDC in the shaded area of the service lines in field 24.

- Submit the NDC code in the red-shaded portion of the detail line item in positions 01 through position 13.
- The NDC is to be preceded with the qualifier N4, and followed immediately by the 11-digit NDC code (e.g., N499999999999).
- Report the NDC quantity in positions 17 through 24 of the same red-shaded portion.
- The quantity is to be preceded by the appropriate qualifier:
 - Units (UN)
 - International units (F2)
 - Gram (GM) or milliliter (ML)
- There are 6 bytes available for quantity.
- If the quantity is less than 6 bytes, left justify and space-fill the remaining positions (e.g., UN2 or F2999999).

✓ On the UB-04 Claim Form:

- Field 42: Revenue code
- Field 43: NDC 11digit number, unit of measure, qualifier and unit of quantity
- Field 44: HCPCS code

✓ On the 837 Electronic Claim Form:

HCPCS: The HCPCS/CPT code is reported at the service line level in Loop 2400, Segment SV1.

More specifically:

- SV101 1 = Product/Service ID Qualifier – this is set to “HC”, which indicates a HCPCS/CPT code. [eclaims.com]
- SV101 2 = Procedure Code – this is where the actual CPT or HCPCS code is placed. [eclaims.com]

The field commonly referred to as “HCPCS/CPT” on the 837 is located in Loop 2400 → SV1 segment → SV101-1 (qualifier) and SV101-2 (procedure code). NDC:

- Loop is 2410
- NDC qualifier N4 and NDC code are sent in the LIN segment.
- Quantity and unit of measure are sent in the CTP segment.
- Prescription number or link sequence number (to report components for compound drug)

Which plans are impacted by this change?

This change will apply to UnitedHealthcare commercial plans and affiliate plans, including UnitedHealthcare of the Mid-Atlantic, UnitedHealthcare Oxford, Neighborhood Health Partnership, UnitedHealthcare of the River Valley, UnitedHealthcare Freedom Insurance Company and Surest.



Questions? We're here to help.

Connect with us through chat 24/7 in the [UnitedHealthcare Provider Portal](#).

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