

Prospective editing updates

In support of correct coding and payment accuracy, we are providing the information below to keep you informed about forthcoming payment policy updates, new policies and coding reminders.

Information is organized by line of business. To view previous editions, refer to *Prospective editing updates* in the [For Providers: Help Center](#) on bcbsm.com.

This month's updates:

Blue Cross Blue Shield of Michigan commercial, Blue Care Network commercial

Gestation diagnosis codes

Claims submitted with diagnosis codes indicating complications to multiple gestation, maternal care or labor and delivery must also include an appropriate multiple gestation diagnosis.

Claims may be denied when a complication specific multiple gestation diagnosis code is reported without a corresponding multiple gestation diagnosis code on the claim.

This applies to professional and facility claims.

Medicare Plus BlueSM

NDCs required for professional, facility outpatient claims

To improve billing accuracy, enhance drug identification and ensure appropriate reimbursement for services rendered, Medicare Plus Blue will enhance its claim editing process for National Drug Code, or NDC, reporting.

Effective April 2026, providers must include the NDC number, quantity, the unit of measure and HCPCS or CPT code when billing for Part B physician-administered drugs in the office, clinic or outpatient facility settings. Claims submitted without the appropriate industry standard NDC data may be denied.

The NDC is a universal number that identifies a drug and is found on prescription drug label of the drug container (vial, bottle or tube). The NDC consists of 11 digits in a 5-4-2 format.

NDC	Bill with leading zeros
XXXX-XXXX-XX	0XXXX-XXXX-XX
XXXXX-XXX-XX	XXXXX-0XXX-XX
XXXXX-XXXX-X	XXXXX-XXXX-0x

CMS-1500 paper claims (professional services)

Where to report:

- Line 24A (shaded area): Enter the NDC information.
- Line 24D: Enter the HCPCS code for the drug-related service.

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Format example — N412345678901 UN1:

- N4 is the NDC qualifier.
- 12345678901 (11 digits) is the NDC without hyphens.
- UN is the unit-of-measure code.
- 1 is the quantity administered.

UB-04 paper claims (institutional services)

Where to report:

- Form Locator 43 (*Revenue Description* field)

Format example — N412345678901UN1:

- Run the NDC, unit of measure and quantity together, no spaces

Electronic claims, ANSI X12 5010 format

837P (professional):

- Loop 2410 — LIN segment:
 - LIN02: N4 (qualifier)
 - LIN03: 12345678901 (11-digit NDC)
- CTP segment:
 - CTP04: quantity
 - CTP05-1: unit (UN, ML, etc.)

837I (institutional):

- Loop 2400 — service line
- Nested loop 2410 — drug identification:
 - Same as 837P LIN and CTP segment structure

Acceptable units of measure

NDC units are based on the numeric quantities administered to the patient and the unit of measure, or UOM. The UOM codes are:

- F2 — international unit
- GR — gram
- ME — milligram

- ML — milliliter
- UN — unit

Multiple NDCs

When reporting more than one NDC, such as reporting multiple drug strengths, submit each applicable NDC on its own claim line.

None of the information included in this article is intended to be legal advice and, as such, it remains the provider's responsibility to ensure that all coding and documentation are done in accordance with all applicable state and federal laws and regulations.

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