

High-cost drugs inpatient utilization management

Frequently asked questions

Overview

We're committed to providing members with access to high-quality medications. To continue this important work, beginning on Jan. 1, 2026, we revised some of our existing medical benefit drug policies to support medical necessity review of the use of certain specialty drugs administered in an inpatient setting during a planned admission. These changes may also help reduce out-of-pocket costs for our members.

The specialty drugs identified in these policies currently require prior authorization or advance notification in all places of service, whether administered in an inpatient or outpatient setting. All planned inpatient admissions solely for the administration of one of the specialty drugs identified in the table below will undergo a level of care assessment. When you submit a request for prior authorization or advance notification for a planned inpatient admission to administer one of the drugs in the table below, you must include documentation to support the appropriate level of care for the administration of these drugs.

In addition, effective July 1, 2026, we're updating the UnitedHealthcare Provider Administrative Guide for UnitedHealthcare commercial plans, UnitedHealthcare Individual Exchange Plans and UnitedHealthcare® Medicare Advantage; specifically the **Unique billing scenarios and requirements** found on page 138 in the existing **Requirements for complete claims and encounter data submission** protocol found on page 137, by requiring 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 code	Drug policy name
Elevidys®	Injection, delandistrogene moxeparvovec-rokl	J1413	Elevidys™ (delandistrogene moxeparvovec-rokl)
Gamifant®	Injection, emapalumab-lzsg	J9210	Gamifant® (emapalumab-lzsg)
Itvisma®	Injection, onasemnogene abeparvovec-brve	J3405	Itvisma® (onasemnogene abeparvovec-brve)

Drug name	Description	HCPCS code	Drug policy name
Hemgenix®	Injection, etranacogene dezaparvovec-drib, per therapeutic dose	J1411	Gene Therapies for Hemophilia B
Luxturna®	Injection, voretigene neparvovec-rzyl	J3398	Luxturna® (voretigene neparvovec-rzyl)
Spinraza®	Injection, nusinersen	J2326	Spinraza® (nusinersen)
Vyjuvek®	Injection, beremagene geperpavec-svdt for topical administration	J3401	Vyjuvek® (beramagene geperpavec-svdt)
Zolgensma®	Injection, onasemnogene abeparvovec-xioi	J3399	Zolgensma® (onasemnogene abeparvovec-xioi)

If you determine that one of the listed drugs is appropriate for your patient but don't obtain prior authorization or advance notification approval, we may not cover the drug. In cases where coverage is denied due to lack of prior authorization or advance notification, you may not bill the member for the cost of the drug.

What do you have to do when you submit a prior authorization or advance notification?

You should follow the standard process for a planned future inpatient admission. You'll request a prior authorization or advance notification for the review of the specific drug HCPCS code when the sole purpose of the admission is administering one of these drugs, at the same time you are requesting prior authorization or advance notification review of the planned admission.

How to submit and manage prior authorizations

- Sign in to the [UnitedHealthcare Provider Portal](#) with your One Healthcare ID
 - If you don't have a One Healthcare ID, [register now](#)
- From the left-hand tabs, select Prior Authorizations & Notifications
- In the Prior Authorization and Notification tool, select "Create a new notification or prior authorization request" and click Create New Submissions
- Enter the required information and submit

What is the impact on the member?

The member may be impacted by this policy if a prior authorization or advance notification is not obtained for the utilization of these drugs; the claim may be denied. However, the patient should not be billed if administration occurs because the provider is contractually prohibited from balance-billing the member.



What is the impact on the member? (cont.)

The patient may also be impacted if their inpatient admission is requested specifically for the administration of these drugs. If clinically appropriate, the patient will be redirected to a level of care consistent with our medical drug policy.

What happens if a provider administers the drugs to a patient without requesting a prior authorization or advance notification?

If you administer the drug without prior authorization or advance notification approval, the claim may be denied, and the provider will be unable to balance bill the member.

How and where should the information be included on the claim?

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 portions.
- 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 11-digit 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 specifically:

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

So, 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)

Is there an appeal process if prior authorization or advance notification is denied?

Members and providers may follow the standard appeals process for any prior authorization or advance notification denials.

Does this drug policy apply to both participating and non-participating providers?

No. This policy applies to only participating providers.

Where can providers submit any questions?

Providers will reach out to their provider advocate for questions regarding the drug policy and/or the level of care review.

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.

What will be the process to review these requests?

All planned inpatient admissions for the sole purpose of administering one of the specialty drugs identified in the above policies will undergo a level of care assessment. Please have the provider include documentation in their prior authorization request to support medical necessity for the administration of one of these drugs and the appropriate level of care review for the inpatient stay.

Where do I find more information?

For more information, visit UHCprovider.com > Policies and Protocols for Providers > For Commercial Plans > Medical & Drug Policies for UnitedHealthcare Commercial Plans.

View our [Protocols resources](#).



Questions? We're here to help.

For chat options and contact information, visit UHCprovider.com/contactus.