



April 2021 Quarterly Average Sales Price (ASP) Medicare Part B Drug Pricing Files and Revisions to Prior Quarterly Pricing Files

MLN Matters Number: MM12133

Related Change Request (CR) Number: 12133

Related CR Release Date: January 20, 2021

Effective Date: April 1, 2021

Related CR Transmittal Number: R10562CP

Implementation Date: April 5, 2021

PROVIDER TYPES AFFECTED

This MLN Matters Article is for physicians, providers, and suppliers submitting claims to Medicare Administrative Contractors (MACs) for services provided to Medicare beneficiaries.

PROVIDER ACTION NEEDED

This article informs you about the Average Sales Price (ASP) methodology, which is based on quarterly data manufacturers submit to CMS. CMS gives the MACs ASP and Not Otherwise Classified (NOC) drug pricing files for Medicare Part B drugs on a quarterly basis. Payment allowance limits under the Outpatient Prospective Payment System (OPPS) are incorporated into the Outpatient Code Editor (OCE) through separate instructions in [Chapter 4, Section 50](#) of the Medicare Claims Processing Manual. Please make sure your billing staffs are aware of these updates.

BACKGROUND

This recurring update addresses these pricing files:

- File: April 2021 ASP and ASP NOC – Effective Dates of Services (DOS): April 1, 2021, through June 30, 2021;
- File: January 2021 ASP and ASP NOC – Effective DOS: January 1, 2021, through March 31, 2021;
- File: October 2020 ASP and ASP NOC – Effective DOS: October 1, 2020, through December 31, 2020;
- File: July 2020 ASP and ASP NOC – Effective DOS: July 1, 2020, through September 30, 2020; and
- File: April 2020 ASP and ASP NOC – Effective DOS: April 1, 2020, through June 30, 2020

For any drug or biological not listed in the ASP or NOC drug pricing files, MACs will determine

the payment allowance limits in accordance with policy described in [Chapter 17, Section 20.3](#) of the Medicare Claims Processing Manual.

For any drug or biological not listed in the ASP or NOC drug pricing files that is billed with the KD modifier, MACs will determine the payment allowance limits in accordance with instructions for pricing and payment changes for infusion drugs furnished through an item of Durable Medical Equipment (DME) on or after January 1, 2017, associated with passage of the [21st Century Cures Act](#).

MACs won't search and adjust claims that have already been processed unless you bring those claims to their attention.

ADDITIONAL INFORMATION

The official instruction, CR 12133, issued to your MAC regarding this change is available at <https://www.cms.gov/files/document/r10562CP.pdf>.

If you have questions, your MACs may have more information. Find their website at <http://go.cms.gov/MAC-website-list>.

DOCUMENT HISTORY

Date of Change	Description
February 23, 2021	Initial article released.

Disclaimer: Paid for by the Department of Health & Human Services. This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2020 American Medical Association. All rights reserved.

Copyright © 2013-2021, the American Hospital Association, Chicago, Illinois. Reproduced by CMS with permission. No portion of the AHA copyrighted materials contained within this publication may be copied without the express written consent of the AHA. AHA copyrighted materials including the UB-04 codes and descriptions may not be removed, copied, or utilized within any software, product, service, solution or derivative work without the written consent of the AHA. If an entity wishes to utilize any AHA materials, please contact the AHA at 312-893-6816. Making copies or utilizing the content of the UB-04 Manual, including the codes and/or descriptions, for internal purposes, resale and/or to be used in any product or publication; creating any modified or derivative work of the UB-04 Manual and/or codes and descriptions; and/or making any commercial use of UB-04 Manual or any portion thereof, including the codes and/or descriptions, is only authorized with an express license from the American Hospital Association. To license the electronic data file of UB-04 Data Specifications, contact Tim Carlson at (312) 893-6816. You may also contact us at ub04@healthforum.com

The American Hospital Association (the "AHA") has not reviewed, and is not responsible for, the completeness or accuracy of any information contained in this material, nor was the AHA or any of its affiliates, involved in the preparation of this material, or the analysis of information provided in the material. The views and/or positions presented in the material do not necessarily represent the views of the AHA. CMS and its products and services are not endorsed by the AHA or any of its affiliates.