

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2558	Date: September 28, 2012
	Change Request 8065

SUBJECT: Maintenance and Update of the Temporary Hook Created to Hold OPPS Claims that Include Certain Drug HCPCS Codes

I. SUMMARY OF CHANGES: Transmittal 875, Change Request (CR) 4371 issued on February 24, 2006, instructed FISS to “hook” and hold claims with bill types 12x, 13x, or 76x, with dates of service on or after the first day of each quarter, that include one or more drug HCPCS codes from the list that will be provided quarterly. The “hook” program should be maintained and updated each quarter based on the list of drug HCPCS found at the address provided in the Business Requirements. This process should continue until further notice. The attached recurring update applies to Pub 100-04, Chapter 4, Section 50.

EFFECTIVE DATE: January 1, 2013

IMPLEMENTATION DATE: January 7, 2013

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	

III. FUNDING:

For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs):

No additional funding will be provided by CMS; Contractors activities are to be carried out with their operating budgets

For Medicare Administrative Contractors (MACs):

The Medicare Administrative contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC statement of Work. The contractor is not obliged to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

Recurring Update Notification

**Unless otherwise specified, the effective date is the date of service.*

Attachment - Recurring Update Notification

Pub. 100-04	Transmittal: 2558	Date: September 28, 2012	Change Request: 8065
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SUBJECT: Maintenance and Update of the Temporary Hook Created to Hold OPSS Claims that Include Certain Drug HCPCS Codes

EFFECTIVE DATE: January 1, 2013
IMPLEMENTATION DATE: January 7, 2013

I. GENERAL INFORMATION

A. Background: CMS pays for all outpatient drugs using the Average Sales Price (ASP) methodology. The schedule for submission of all ASP pricing is statutory per Section 621(a) of the MMA. Drug manufacturers are required to submit drug ASPs within 30 days of the close of their fiscal quarter. Given the complexity, volume of data, and the number of drugs affected, approximately 6 weeks are required to process, validate, and issue final ASPs for a given quarter. The ASP rates for drugs furnished on or after January 1, 2013, will not be available until mid-December 2012. The ASP rates for drugs furnished on or after April 1, 2013, will not be available until mid-March 2013. The ASP rates for drugs furnished on or after July 1, 2013, will not be available until mid-June 2013 and the ASP rates for drugs furnished on or after October 1, 2013, will not be available until mid-September 2013 respectively.

The OPSS Pricer is ready for implementation on the first day of each quarter. However, certain drug HCPCS that will be updated quarterly, will not have the new drug prices included for the reasons explained above. Claims for dates of service falling under the new OPSS Pricer that include one or more drug HCPCS codes from the file, found at the address specified in the Business Requirements, are to be held by the Fiscal Intermediary (FI) or A/B MAC until a revised OPSS Pricer is installed in their production region. Refer to the OPSS Pricer schedule in the attachment A for the OPSS Pricer installation deadlines.

B. Policy: Transmittal 875, Change Request (CR) 4371 issued on February 24, 2006, instructed FISS to “hook” and hold claims with bill types 12x, 13x, or 76x, with dates of service on or after the first day of each quarter, that include one or more drug HCPCS codes from the list that will be provided quarterly. The “hook” program should be maintained and updated each quarter based on the list of drug HCPCS found at the address provided in the Business Requirements. This process should continue until further notice.

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement.

Number	Requirement	Responsibility										
		A/B MAC		DME	FI	CAR	RHI	Shared-System Maintainers				Other
		P	P					F	M	V	C	
A	B	I	S	S	S	S	F					
8065.1	FISS shall install the revised OPSS Pricer each quarter							X				

Number	Requirement	Responsibility										
		A/B MAC		D M E M A C	F I	C A R R I E R	R H I	Shared- System Maintainers				Other
		P a r t A	P a r t B					F I S S	M C S	V M S	C W F	
	on the dates specified in the OPSS Pricer schedule.											
8065.1.1	FISS shall test the revised OPSS Pricer each quarter on the dates specified in the OPSS Pricer schedule.							X				
8065.1.2	FISS shall release the revised OPSS Pricer each quarter on the dates specified in the OPSS Pricer schedule.							X				
8065.2	FISS shall continue maintaining the hook logic created in Transmittal 756, CR 4142 issued on November 10, 2005 which holds claims with bill types 12x, 13x, 76x, or 13x with condition code 41, with dates of services on or after the first day of each quarter that include one or more drug HCPCS codes from the list that will be provided quarterly.							X				
8065.2.1	FISS shall continue this process until further notice.							X				
8065.2.2	FISS shall release this logic as a part of the quarterly releases so that this logic is available to FIs and A/B MACs prior to the 1st business day of each quarter.							X				
8065.3	FISS shall use the following file name to download from the CMS data center the list of drug HCPCS codes that are to be incorporated into their hook logic: MU00.@AAA2360.ASP.HCPC.MMY with the MMY indicating the month and year of the update							X				
8065.4	FISS, FIs, and A/B MACs shall refer to the OPSS Pricer schedule for the file availability dates.	X			X			X				
8065.5	The FIs and A/B MACs shall “hook” claims which contain one or more drug HCPCS codes from the list provided quarterly by CMS with the dates of service from the first day in each quarter until the installation of the OPSS Pricer containing the updated ASP drug pricing information.	X			X							
8065.5.1	The FI and A/B MAC shall refer to the OPSS Pricer schedule for the Pricer installation deadlines.	X			X							

Number	Requirement	Responsibility												
		A/B MAC		D M E M A C	F I	C A R R I E R	R H I	Shared- System Maintainers				Other		
		P a r t A	P a r t B					F I S S	M C S	V M S	C W F			
8065.6	Quarterly, the FI and A/B MAC shall process “hooked” claims to payment after the revised OPPTS Pricer software containing the updated ASP drug pricing has become effective in production.	X			X									

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility							
		A/B MAC		D M E M A C	F I	C A R R I E R	R H I	Other	
		P a r t A	P a r t B						
	None								

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements:
Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
	CR 4142 and CR 4371.

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Marina Kushnirova, 410-786-2682 or marina.kushnirova@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR) or Contractor Manager, as applicable.

VI. FUNDING

Section A: For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs):

No additional funding will be provided by CMS; Contractors activities are to be carried out with their operating budgets

Section B: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS do not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

2013 OPPS Pricer Schedule

Update	Drug HCPCS codes available to FISS, FIs and A/B MACs	OPPS Pricer Updated/Sent to FISS	FISS Release Revised OPPS Pricer to Data Centers	Latest Test Installation Date	Latest Production Installation Date	FIs and A/B MACs Begin to Release Claims
January 1, 2013	11/19/2012	12/14/2012	12/20/2012	12/24/2012	01/03/2013	01/04/2013
April 1, 2013	02/18/2013	03/15/2013	03/21/2013	03/25/2013	04/04/2013	04/05/2013
July 1, 2013	05/06/2013	06/14/2013	06/20/2013	06/24/2013	07/04/2012	07/05/2012
October 1, 2013	08/05/2013	09/13/2013	09/19/2013	09/23/2013	10/03/2013	10/04/2013