

CY 2016 Outlier Services

Oral and Other Equivalent Forms of Injectable Drugs¹

NDC²	Drug Product	Mean Unit Cost
30698014301 30698014323	Rocaltrol (calcitriol) 0.25 mcg capsules	\$ 0.71
30698014401	Rocaltrol (calcitriol) 0.5 mcg capsules	\$ 2.29
30698091115	Rocaltrol (calcitriol) 1 mcg/mL oral solution (15ml/bottle)	\$ 12.63
00054000725 00054000713 00093065701 43353063381 00440721599 63304023901 63304023930 23155011801 23155011803 43353003481 43353003409 43353063309 43353099809 60429013301 60429013330 64380072304 64380072306	Calcitriol 0.25 mcg capsules	\$ 0.53
00093065801 63304024001 23155011901 60429013401 64380072406	Calcitriol 0.5 mcg capsules	\$ 0.90
00054312041 63304024159	Calcitriol 1 mcg/mL oral solution (15ml/bottle)	\$ 7.20
00074431730	Zemplar (paricalcitol) 1 mcg capsule	\$ 13.26
00074431430	Zemplar (paricalcitol) 2 mcg capsule	\$ 26.55
00093765656 10888500102 55111066330 60429007830 68382026606	Paricalcitol 1 mcg capsule	\$ 6.48
00093765756 10888500202 55111066430 60429007930 68382026706	Paricalcitol 2 mcg capsule	\$ 12.37

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00093765856 10888500302 55111066530 60429008030	Paricalcitol 4 mcg capsule	\$ 24.50
58468012001	Hectorol (doxercalciferol) 0.5 mcg capsule	\$ 14.88
58468012401	Hectorol (doxercalciferol) 1 mcg capsule	\$ 29.75
58468012101	Hectorol (doxercalciferol) 2.5 mcg capsule	\$ 34.53
00054033819 66993018550	Doxercalciferol 0.5 mcg capsule	\$ 11.12
00054038819 66993018650	Doxercalciferol 1 mcg capsule	\$ 21.61
00054033919 66993018750	Doxercalciferol 2.5 mcg capsule	\$ 24.86
54482014407	Carnitor (levocarnitine) 330 mg tablet	\$ 0.87
54482014508	Carnitor (levocarnitine) 1GM/10ML oral solution (118mL/bottle)	\$ 0.27
64980050312 50383017104	Levocarnitine 1GM/10ML oral solution (118mL/bottle)	\$ 0.19
64980013009 50383017290	Levocarnitine 330 mg tablet	\$ 0.57

¹ Outlier services imputed payment amounts. Oral or other equivalent forms of Part B injectable drugs included in the ESRD PPS bundle (notwithstanding the delayed implementation of ESRD-related oral-only drugs effective 1/1/2025).

² The mean dispensing fee of the NDCs listed above is **\$0.97**. This amount will be applied to each NDC included fee on the monthly claim. We will limit 1 dispensing per NDC per month. Providers should report the quantity in the smallest available unit. This is necessary because Medicare is using the mean per unit cost in calculating the outlier. For example, if the provider reports NDC 00054312041 Calcitriol 1 mcg/ml oral solution (15/ml/bottle) reported and uses the full 15 ml bottle, the quantity is as 15, not 1. This allows for the most accurate calculation for the outlier.

Laboratory Tests

CPT/HCPCS	Short Description
82108	Assay of aluminum
82306	Vitamin d, 25 hydroxy
82379	Assay of carnitine
82570	Assay of urine creatinine
82575	Creatinine clearance test
82607	Vitamin B-12
82652	Vit d 1, 25-dihydroxy
82668	Assay of erythropoietin
82728	Assay of ferritin

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82746	Blood folic acid serum
83540	Assay of iron
83550	Iron binding test
83970	Assay of parathormone
84134	Assay of prealbumin
84466	Assay of transferrin
84540	Assay of urine/urea-n
84545	Urea-N clearance test
85041	Automated rbc count
85044	Manual reticulocyte count
85045	Automated reticulocyte count
85046	Reticyte/hgb concentrate
85048	Automated leukocyte count
86704	Hep b core antibody, total
86705	Hep b core antibody, igm
86706	Hep b surface antibody
87040	Blood culture for bacteria
87070	Culture, bacteria, other
87071	Culture bacteri aerobic othr
87073	Culture bacteria anaerobic
87075	Cultr bacteria, except blood
87076	Culture anaerobe ident, each
87077	Culture aerobic identify
87081	Culture screen only
87340	Hepatitis b surface ag, eia

Equipment and Supplies

HCPCS	Short Description
A4657	Syringes with or with needle, each
A4913	Miscellaneous dialysis supplies, not otherwise specified