

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2568	Date: October 26, 2012
	Change Request 8116

SUBJECT: January 2013 Quarterly Average Sales Price (ASP) Medicare Part B Drug Pricing Files and Revisions to Prior Quarterly Pricing Files

I. SUMMARY OF CHANGES: The ASP methodology is based on quarterly data submitted to CMS by manufacturers. CMS will supply contractors with the ASP and not otherwise classified (NOC) drug pricing files for Medicare Part B drugs on a quarterly basis. Payment allowance limits under the OPPTS are incorporated into the Outpatient Code Editor (OCE) through separate instructions that can be located in Chapter 4, section 50 of Pub. 100-04.

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: 2568	Date: October 26, 2012	Change Request: 8116
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SUBJECT: January 2013 Quarterly Average Sales Price (ASP) Medicare Part B Drug Pricing Files and Revisions to Prior Quarterly Pricing Files

EFFECTIVE DATE: January 1, 2013

IMPLEMENTATION DATE: January 7, 2013

I. GENERAL INFORMATION

A. Background: The ASP methodology is based on quarterly data submitted to CMS by manufacturers. CMS will supply contractors with the ASP and not otherwise classified (NOC) drug pricing files for Medicare Part B drugs on a quarterly basis. Payment allowance limits under the OPPS are incorporated into the Outpatient Code Editor (OCE) through separate instructions that can be located in Chapter 4, section 50 of Pub. 100-04.

B. Policy: Quarterly Payment Files

This Recurring Update addresses the following pricing files:

Files

Effective for Dates of Service

January 2013 ASP and ASP NOC

January 1, 2013, through March 31, 2013

October 2012 ASP and ASP NOC

October 1, 2012, through December 31, 2012

July 2012 ASP and ASP NOC

July 1, 2012, through September 30, 2012

April 2012 ASP and ASP NOC

April 1, 2012, through June 30, 2012

January 2012 ASP and ASP NOC

January 1, 2012, through March 31, 2012

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement.

Number	Requirement	Responsibility											
		A/B MAC		D M E M A C	F I R I E R	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		
8116.1	The January 2013 and, if released, the revised October 2012, July 2012, April 2012, and January 2012, ASP drug pricing files for Medicare Part B drugs will be available via the CMS Data Center (CDC).	X	X	X	X	X	X						
8116.1.1	Contractors shall download the January 2013 ASP drug pricing file through the CDC on or after December 17, 2012. Final File: MU00.@BF12390.ASP.R2.CY13.JAN.V.V1217.	X	X	X	X	X	X						
8116.1.1.1	Contractors shall retrieve the January 2013 ASP NOC pricing file from the CMS ASP webpage on or after December 17, 2012.	X	X	X		X	X						
8116.1.1.2	Contractors shall use the January 2013 ASP and NOC drug pricing files to determine the payment limit for claims for separately payable Medicare Part B drugs processed or reprocessed on or after January 7, 2013 with dates of service January 1, 2013, through March 31, 2013.	X	X	X		X	X						
8116.1.1.3	Contractors shall use the January 2013 ASP drug pricing file to update the drug payment limits for claims for infusion drugs furnished through a covered item of DME processed or reprocessed on or after January 7, 2013, with dates of service on or after January 1, 2013.	X	X	X		X							
8116.1.2	If released by CMS, contractors shall download the revised October 2012 ASP drug pricing file through the CDC on or after December 17, 2012. Final File: MU00.@BF12390.ASP.R2.CY12.OCT.V.V1217.	X	X	X	X	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	
8116.1.2.1	If released by CMS, contractors shall overlay or manually update the previous October 2012 file with the new October 2012 ASP drug pricing file.	X	X	X	X	X	X					
8116.1.2.2	If released by CMS, contractors shall use the revised October 2012 ASP drug pricing file to determine the payment limit for claims for separately payable Medicare Part B drugs processed or reprocessed on or after January 7, 2013 with dates of service October 1, 2012, through December 31, 2012.	X	X	X	X	X	X					
8116.1.2.3	If released by CMS, contractors shall retrieve the revised October 2012 ASP NOC pricing file from the CMS ASP webpage on or after December 17, 2012.	X	X	X		X	X					
8116.1.2.4	If released by CMS, contractors shall use the revised October 2012 ASP NOC pricing file to determine the payment limit for claims for separately payable Medicare Part B drugs processed or reprocessed on or after January 7, 2013 with dates of service October 1, 2012, through December 31, 2012.	X	X	X		X	X					
8116.1.3	If released by CMS, contractors shall download the revised July 2012 ASP drug pricing file through the CDC on or after December 17, 2012. Final File: MU00.@BF12390.ASP.R2.CY12.JUL.V.V1217.	X	X	X	X	X	X					
8116.1.3.1	If released by CMS, contractors shall overlay or manually update the previous July 2012 file with the new July 2012 ASP drug pricing file.	X	X	X	X	X	X					
8116.1.3.2	If released by CMS, contractors shall use the revised July 2012 ASP drug pricing file to determine the payment limit for claims for separately payable Medicare Part B drugs	X	X	X	X	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	
	processed or reprocessed on or after January 7, 2013 with dates of service July 1, 2012, through September 30, 2012.											
8116.1.3.3	If released by CMS, contractors shall retrieve the revised July 2012 ASP NOC pricing file from the CMS ASP webpage on or after December 17, 2012.	X	X	X		X	X					
8116.1.3.4	If released by CMS, contractors shall use the revised July 2012 ASP NOC pricing file to determine the payment limit for claims for separately payable Medicare Part B drugs processed or reprocessed on or after January 7, 2013 with dates of service July 1, 2012, through September 30, 2012.	X	X	X		X	X					
8116.1.4	If released by CMS, contractors shall download the revised April 2012 ASP drug pricing file through the CDC on or after December 17, 2012. Final File: MU00.@BF12390.ASP.R2.CY12.APR.V.V1217	X	X	X	X	X	X					
8116.1.4.1	If released by CMS, contractors shall overlay or manually update the previous April 2012 file with the new April 2012 ASP drug pricing file.	X	X	X	X	X	X					
8116.1.4.2	If released by CMS, contractors shall use the revised April 2012 ASP drug pricing file to determine the payment limit for claims for separately payable Medicare Part B drugs processed or reprocessed on or after January 7, 2013 with dates of service April 1, 2012, through June 30, 2012.	X	X	X	X	X	X					
8116.1.4.3	If released by CMS, contractors shall retrieve the revised April 2012 ASP NOC pricing file from the CMS ASP webpage on or after December 17, 2012.	X	X	X		X	X					
8116.1.4.4	If released by CMS, contractors shall use the revised April 2012 ASP NOC pricing file to	X	X	X		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		
	determine the payment limit for claims for separately payable Medicare Part B drugs processed or reprocessed on or after January 7, 2013 with dates of service April 1, 2012, through June 30, 2012.												
8116.1.5	If released by CMS, contractors shall download the revised January 2012 ASP drug pricing file through the CDC on or after December 17, 2012. Final File: MU00.@BF12390.ASP.R2.CY12.JAN.V.V1217	X	X	X	X	X	X						
8116.1.5.1	If released by CMS, contractors shall overlay or manually update the previous January 2012 file with the new January 2012 ASP drug pricing file.	X	X	X	X	X	X						
8116.1.5.2	If released by CMS, contractors shall use the revised January 2012 ASP drug pricing file to determine the payment limit for claims for separately payable Medicare Part B drugs processed or reprocessed on or after January 7, 2013 with dates of service January 1, 2012, through March 31, 2012.	X	X	X	X	X	X						
8116.1.5.3	If released by CMS, contractors shall retrieve the revised January 2012 ASP NOC pricing file from the CMS ASP webpage on or after December 17, 2012.	X	X	X		X	X						
8116.1.5.4	If released by CMS, contractors shall use the revised January 2012 ASP NOC pricing file to determine the payment limit for claims for separately payable Medicare Part B drugs processed or reprocessed on or after January 7, 2013 with dates of service January 1, 2012, through March 31, 2012.	X	X	X		X	X						
8116.2	Contractors shall not search and adjust claims that have already been processed unless brought to their attention.	X	X	X	X	X	X						

Number	Requirement	Responsibility											
		A/B MAC		D M E M A C	F I R I E R	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		
8116.3	Notification of successful receipt shall be sent via e-mail to price_file_receipt@cms.hhs.gov stating the name of the file received and the entity for which it was received (e.g., carrier/DME MAC/fiscal intermediary name and number).	X	X	X	X	X	X						
8116.4	The ASP and NOC drug pricing files will contain the applicable payment allowance limits (i.e., 106% ASP, 106% WAC, or 95% AWP); therefore, Medicare contractors shall not make any additional payment calculations.	X	X	X	X	X	X						
8116.5	For any drug or biological not listed in the ASP or NOC drug pricing files, contractors shall determine the payment allowance limits in accordance with the policy described in the Medicare Claims Processing Manual, Chapter 17, Section 20.1.3, and JSM-06391.	X	X	X	X	X	X						
8116.5.1	FIs shall seek payment allowances not on the ASP file from their local carrier for drugs and biologicals.	X			X		X						
8116.6	Contractors shall use the most current version available of the Medicare Contractor Reporting Template for Part B drugs to report information on Medicare Part B drugs not paid on a cost or prospective payment basis when payment limits are not listed in the quarterly drug pricing ASP and NOC files, or in the OPSS Pricer.	X	X	X	X	X	X						
8116.6.1	Contractors shall use the template to report pricing information for the NOC drugs not included on the Medicare Part B NOC pricing file, any HCPCS drug codes not on the ASP file, and OPSS drugs not in the OPSS Pricer.	X	X	X	X	X	X						
8116.6.2	Contractors shall list all drugs that were priced since the last submitted report.	X	X	X	X	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	
8116.6.3	Contractors shall list each drug priced on the report only once.	X	X	X	X	X	X					
8116.6.4	For compounded drugs, contractors shall report the name of each drug in the compounded product.	X	X	X	X	X	X					
8116.6.5	Contractors shall prepare and submit the reports so that each report covers approximately 30 days of pricing activity.	X	X	X	X	X	X					
8116.6.6	Contractors shall report drugs omitted from previous reports in the next report.	X	X	X	X	X	X					
8116.6.7	Contractors shall complete the report in its entirety.	X	X	X	X	X	X					
8116.6.8	Contractors do not need to report radiopharmaceuticals.		X			X						
8116.6.9	FIs shall report pricing information for drugs, biologicals, and radiopharmaceuticals that are billed using C9399.	X			X		X					
8116.6.10	Contractors shall download the most current version available of the template from the CMS Web site at http://www.cms.gov/McrPartBDrugAvgSalesPrice/ .	X	X	X	X	X	X					
8116.6.11	Contractors shall complete the template on a monthly basis.	X	X	X	X	X	X					
8116.6.12	The template shall be in MS Excel format.	X	X	X	X	X	X					
8116.6.13	Contractors shall send the completed template to sec303aspdata@cms.hhs.gov on the first business day of the month.	X	X	X	X	X	X					
8116.6.14	If the contractor has not priced any drugs since the last submitted report, in lieu of using the template, the contractor shall send an email to Sec303aspdata@cms.hhs.gov stating that the	X	X	X	X	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	
	contractor has no drug pricing to report.											

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					
8116.7	MLN Article : A provider education article related to this instruction will be available at http://www.cms.hhs.gov/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web sites and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in the contractor's next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X	X	X	X	X	X	

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:

X-Ref Requirement Number	Recommendations or other supporting information:
	CMS guidance requires physicians and other providers to bill using the appropriate HCPCS or CPT code and to accurately report the units of service. Physicians and other providers should ensure that the units billed do not exceed the maximum number of units per day based on the code descriptor, reporting instructions associated with the code, and/or other CMS local or national policy.

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

V. CONTACTS

Pre-Implementation Contact(s): Glenn McGuirk, Glenn.McGuirk@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.