# CY 2020 Outlier Services

## Oral and Other Equivalent Forms of Injectable Drugs

<table>
<thead>
<tr>
<th>NDC²</th>
<th>Drug Product</th>
<th>Mean Unit Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>30698014301 30698014323</td>
<td>Rocaltrol (calcitriol) 0.25 mcg capsules</td>
<td>$0.88</td>
</tr>
<tr>
<td>30698014401</td>
<td>Rocaltrol (calcitriol) 0.5 mcg capsules</td>
<td>$2.83</td>
</tr>
<tr>
<td>30698091115</td>
<td>Rocaltrol (calcitriol) 1 mcg/mL oral solution (15ml/bottle)</td>
<td>$15.27</td>
</tr>
<tr>
<td>00054000713 00054000725 00093735201 23155011801 23155011803 23155066201 23155066203 43353003409 43353003430 43353003481 43353013809 43353013830 43353063309 43353063330 43353063381 43353099809 51407016901 51407016930 60687034501 60687034511 63304023901 63304023930 64380072304 64380072306 69452020713 69452020720</td>
<td>Calcitriol 0.25 mcg capsules</td>
<td>$0.50</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Price</td>
</tr>
<tr>
<td>-------------------------</td>
<td>-------------------------------------------------------</td>
<td>---------</td>
</tr>
<tr>
<td>00093735301</td>
<td>Calcitriol 0.5 mcg capsules</td>
<td>$0.77</td>
</tr>
<tr>
<td>00054312041</td>
<td>Calcitriol 1 mcg/mL oral solution (15ml/bottle)</td>
<td>$7.44</td>
</tr>
<tr>
<td>00074903630</td>
<td>Zemplar (paricalcitol) 1 mcg capsule</td>
<td>$13.58</td>
</tr>
<tr>
<td>00074903730</td>
<td>Zemplar (paricalcitol) 2 mcg capsule</td>
<td>$27.54</td>
</tr>
<tr>
<td>10888500102</td>
<td>Paricalcitol 1 mcg capsule</td>
<td>$3.56</td>
</tr>
<tr>
<td>10888500202</td>
<td>Paricalcitol 2 mcg capsule</td>
<td>$7.32</td>
</tr>
<tr>
<td>10888500302</td>
<td>Paricalcitol 4 mcg capsule</td>
<td>$19.24</td>
</tr>
</tbody>
</table>
Doxercalciferol 0.5 mcg capsule  $9.13

Doxercalciferol 1 mcg capsule  $17.38

Doxercalciferol 2.5 mcg capsule  $20.38

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 $0.64. 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**

<table>
<thead>
<tr>
<th>CPT/HCPCS</th>
<th>Short Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>82108</td>
<td>Assay of aluminum</td>
</tr>
<tr>
<td>82306</td>
<td>Vitamin d, 25 hydroxy</td>
</tr>
<tr>
<td>82379</td>
<td>Assay of carnitine</td>
</tr>
<tr>
<td>82570</td>
<td>Assay of urine creatinine</td>
</tr>
<tr>
<td>82575</td>
<td>Creatinine clearance test</td>
</tr>
<tr>
<td>82607</td>
<td>Vitamin B-12</td>
</tr>
<tr>
<td>82652</td>
<td>Vit d 1, 25-dihydroxy</td>
</tr>
<tr>
<td>82668</td>
<td>Assay of erythropoietin</td>
</tr>
<tr>
<td>82728</td>
<td>Assay of ferritin</td>
</tr>
<tr>
<td>82746</td>
<td>Blood folic acid serum</td>
</tr>
<tr>
<td>83540</td>
<td>Assay of iron</td>
</tr>
<tr>
<td>83550</td>
<td>Iron binding test</td>
</tr>
<tr>
<td>83970</td>
<td>Assay of parathormone</td>
</tr>
<tr>
<td>84134</td>
<td>Assay of prealbumin</td>
</tr>
<tr>
<td>84466</td>
<td>Assay of transferrin</td>
</tr>
<tr>
<td>84540</td>
<td>Assay of urine/urea-n</td>
</tr>
<tr>
<td>84545</td>
<td>Urea-N clearance test</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
<td>--------</td>
<td>--------------------------------------</td>
</tr>
<tr>
<td>85041</td>
<td>Automated rbc count</td>
</tr>
<tr>
<td>85044</td>
<td>Manual reticulocyte count</td>
</tr>
<tr>
<td>85045</td>
<td>Automated reticulocyte count</td>
</tr>
<tr>
<td>85046</td>
<td>Reticyte/hgb concentrate</td>
</tr>
<tr>
<td>85048</td>
<td>Automated leukocyte count</td>
</tr>
<tr>
<td>86704</td>
<td>Hep b core antibody, total</td>
</tr>
<tr>
<td>86705</td>
<td>Hep b core antibody, igm</td>
</tr>
<tr>
<td>86706</td>
<td>Hep b surface antibody</td>
</tr>
<tr>
<td>87040</td>
<td>Blood culture for bacteria</td>
</tr>
<tr>
<td>87070</td>
<td>Culture, bacteria, other</td>
</tr>
<tr>
<td>87071</td>
<td>Culture bacteri aerobic othr</td>
</tr>
<tr>
<td>87073</td>
<td>Culture bacteria anaerobic</td>
</tr>
<tr>
<td>87075</td>
<td>Cultr bacteria, except blood</td>
</tr>
<tr>
<td>87076</td>
<td>Culture anaerobe ident, each</td>
</tr>
<tr>
<td>87077</td>
<td>Culture aerobic identify</td>
</tr>
<tr>
<td>87081</td>
<td>Culture screen only</td>
</tr>
<tr>
<td>87340</td>
<td>Hepatitis b surface ag, eia</td>
</tr>
<tr>
<td>87341</td>
<td>Hepatitis b surface ag, eia</td>
</tr>
<tr>
<td>G0499</td>
<td>Hepb screen high risk indiv</td>
</tr>
</tbody>
</table>

### Equipment and Supplies

<table>
<thead>
<tr>
<th>HCPCS</th>
<th>Short Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A4657</td>
<td>Syringes with or with needle, each</td>
</tr>
<tr>
<td>A4913</td>
<td>Miscellaneous dialysis supplies, not otherwise specified</td>
</tr>
</tbody>
</table>

### Injectable Drugs and Biologicals

<table>
<thead>
<tr>
<th>HCPCS</th>
<th>Short Description</th>
<th>HCPCS Code Dosage</th>
<th>Payment Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>J0131</td>
<td>Acetaminophen injection</td>
<td>10 MG</td>
<td>$0.502</td>
</tr>
<tr>
<td>J0884</td>
<td>Argatroban ESRD dialysis 1mg</td>
<td>1 MG</td>
<td>$1.307</td>
</tr>
<tr>
<td>J1443</td>
<td>Inj ferric pyrophosphate cit</td>
<td>0.1 MG of iron</td>
<td>$0.035</td>
</tr>
<tr>
<td>J1444</td>
<td>Fe pyro cit pow 0.1 mg iron</td>
<td>0.1 MG of iron</td>
<td>$0.013</td>
</tr>
<tr>
<td>J1741</td>
<td>Injection, ibuprofen</td>
<td>100 MG</td>
<td>$2.363</td>
</tr>
</tbody>
</table>

1 Effective January 1, 2018, pricing methodologies available in section 1847A of the Act, as appropriate, are used to price drugs and biological products for the outlier calculation when ASP pricing data is not available (82 FR 50745).

2 Average Sales Price (ASP) payment limits for Healthcare Common Procedure Coding System (HCPCS) codes in this chart are not published in the ASP Drug Pricing Files at [https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Part](https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Part).
ASP-based payment limits in this chart are updated quarterly based on data that is submitted to CMS by drug manufacturers. Payment limits for other renal dialysis service Part B drugs and biologicals appear in the ASP Drug Pricing Files, and with the exception of composite rate drugs and drugs reported with the AY modifier, are included in the outlier calculation.