



Medicare Part B Discarded Drug Error Report Worksheet

Manufacturers play an active role in the Discarded Drug Refund Calculation process. This worksheet is designed for manufacturers to address errors identified in the Medicare Part B Discarded Drug Program Report issued by CMS per [42 CFR § 414.940\(f\)](#).

To submit an error report, manufacturers may complete this worksheet and email it as a PDF (.pdf) file or provide all the requested information in an email to DiscardedDrugs@cms.hhs.gov. All error reports must be reported individually within 30 days of the refund report's publication date.

Manufacturers must provide all required information below and follow all specified guidelines to ensure the dispute is reviewed. Enter required information in the form fields. All error reports must provide the relevant drug information. Mathematical error reports must provide the information requested in Sections 1 and 2. All other error reports must include the information requested in Sections 1 and 3. Please be sure to attach any supporting documentation.

Section 1. Enter all drug and manufacturer information.			
Brand and Generic Drug Name:		NDC 9:	
HCPCS Code:		HCPCS Long Description:	
FDA Application Number:		Manufacturer Address:	
Manufacturer Name:		Manufacturer City/State/ZIP:	
Manufacturer Representative Name:		Manufacturer Representative Email Address:	
P Number:		Labeler Code:	
Refund Period - Quarter:		Refund Period - Year:	

Section 2. For mathematical calculation errors, submit data from the report in question.	
CMS Reported Discarded Units:	
CMS Reported Refund Amount Due:	
Specify the error:	
Provide correction for calculation and supporting details:	
Manufacturer suggested discarded drug units:	
Manufacturer suggested refund amount due:	



Medicare Part B Discarded Drug Error Report Worksheet

Section 3. For all other errors, submit data from the report in question.
1. Describe the nature of the error and its impact on the report.
2. Explain why you believe the error occurred.
3. Propose a correction and justify why CMS should adopt it.

Be sure to submit any error reports within 30 days of publication of the Discarded Drug Refund Report. Incomplete error reports will not be considered.

Note: To submit this worksheet as a PDF file, save the document as:

PNumber-ManufacturerName-DrugName-RefundPeriodQuarter-RefundPeriodYear.pdf

Remember to attach any necessary supporting documentation.