

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-04 Medicare Claims Processing</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 13831</b>	<b>Date: June 30, 2026</b>
	<b>Change Request 14521</b>

**SUBJECT: October 2026 Quarterly Average Sales Price (ASP) Medicare Part B Drug Pricing Files and Revisions to Prior Quarterly Pricing Files**

**I. SUMMARY OF CHANGES:** The purpose of this Change Request (CR) is to supply the contractors with the ASP and Not Otherwise Classified (NOC) drug pricing files for Medicare Part B drugs on a quarterly basis. The ASP payment limits are calculated quarterly based on quarterly data submitted to CMS by manufacturers.

**EFFECTIVE DATE: October 1, 2026**

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

**IMPLEMENTATION DATE: October 5, 2026**

*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.

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
N/A	N/A

**III. FUNDING:**

**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 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.

**IV. ATTACHMENTS:**

**Recurring Update Notification**

# Attachment - Recurring Update Notification

Pub. 100-04	Transmittal: 13831	Date: June 30, 2026	Change Request: 14521
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## **II. GENERAL INFORMATION**

**A. Background:** The purpose of this CR is to supply the contractors with the ASP and NOC drug pricing files for Medicare Part B drugs on a quarterly basis. The ASP methodology is based on quarterly data submitted to the CMS by manufacturers. CMS will supply the contractors with the ASP and NOC drug pricing files for Medicare Part B drugs on a quarterly basis. Payment allowance limits under the Outpatient Prospective Payment System (OPPS) are incorporated into the Outpatient Code Editor (OCE) through separate instructions that can be located in chapter 4, section 50 of the Internet-only Manual.

**B. Policy:** The ASP and NOC drug pricing files will contain the applicable payment allowance limits (i.e., 106% ASP, 106% Wholesale Acquisition Cost (WAC), or 95% Average Wholesale Price (AWP)); therefore, Medicare contractors shall not make any additional payment calculations.

This recurring update addresses the following pricing files:

File: October 2026 ASP and ASP NOC – Effective Dates of Service: October 1, 2026, through December 31, 2026

File: July 2026 ASP and ASP NOC – Effective Dates of Service: July 1, 2026, through September 30, 2026

File: April 2026 ASP and ASP NOC – Effective Dates of Service: April 1, 2026, through June 30, 2026

File: January 2026 ASP and ASP NOC – Effective Dates of Service: January 1, 2026, through March 31, 2026

File: October 2025 ASP and ASP NOC – Effective Dates of Service: October 1, 2025, through December 31, 2025

The contractors shall use the October 2026 ASP and NOC (if released) drug pricing files and, if released, the revised July 2026, April 2026, January 2026, and October 2025 drug pricing files to determine the payment limit for claims for separately payable Medicare Part B drugs processed or reprocessed on or after October 1, 2026 with dates of service October 1, 2026, through December 31, 2026.

### III. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC			DM E  MA C	Shared-System Maintainers				Oth er
		A	B	HH H		FIS S	MC S	VM S	CW F	
14521.1	The contractors shall use the cloud fee schedule to determine the payment limit for claims for separately payable Medicare Part B drugs processed or reprocessed on or after October 1, 2026.	X	X	X	X					PCS
14521.2	The contractors shall retrieve the October 2026 ASP NOC pricing file, and revised July 2026, April 2026, January 2026, and October 2025 ASP NOC pricing files, if released, from the CMS ASP webpage on or after September 18, 2026.	X	X	X	X					PCS
14521.3	The contractors shall use the October 2026 ASP drug pricing file to update the drug payment limits for claims for infusion drugs furnished through a covered item of Durable Medical Equipment (DME) processed or reprocessed on or after October 1, 2026, with dates of service on or after October 1, 2026.	X	X	X	X					PCS
14521.4	The contractors shall not search and adjust claims that have already been processed unless brought to their attention.	X	X	X	X					PCS
14521.5	For any drug or biological not listed in the ASP or NOC drug pricing files, the 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.	X	X	X	X					PCS
14521.5.1	For any drug or biological not listed in the ASP or NOC drug pricing files that are billed with the KD modifier, the contractors shall determine the payment allowance limits in accordance with instructions for pricing and payment changes for	X	X	X	X					

Number	Requirement	Responsibility								
		A/B MAC			DM E MA C	Shared-System Maintainers				Oth er
		A	B	HH H		FIS S	MC S	VM S	CW F	
	infusion drugs furnished through an item of durable medical equipment on or after January 1, 2017, associated with the passage of the 21st Century Cures Act.									
14521.6	The contractors shall be aware of any new Current Procedural Terminology/Healthcare Common Procedure Coding System (CPT/HCPCS) codes and any deleted/terminated codes as applicable listed on the add/change/delete report to update the system as necessary.	X	X							PCS
14521.7	The 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					
14521.7.1	The contractors shall use the template to report pricing information for: <ul style="list-style-type: none"> <li>NOC drugs not included on the Medicare Part B NOC pricing file</li> <li>any HCPCS drug codes not on the ASP file, and</li> <li>OPSS drugs not in the OPSS Pricer.</li> </ul>	X	X	X	X					
14521.7.2	The contractors shall list all drugs that were priced since the last submitted report.	X	X	X	X					
14521.7.3	The contractors shall list each drug priced on the report per each date of service.	X	X	X	X					

Number	Requirement	Responsibility								
		A/B MAC			DM E MA C	Shared-System Maintainers				Oth er
		A	B	HH H		FIS S	MC S	VM S	CW F	
14521.7. 4	For compounded drugs, the contractors shall report the name and cost, if available, of each drug in the compounded product.	X	X	X	X					
14521.7. 5	The contractors shall prepare and submit the reports so that each report covers approximately 30 days of pricing activity.	X	X		X					
14521.7. 6	The contractors shall report drugs omitted from previous reports in the next report.	X	X	X	X					
14521.7. 7	The contractors shall complete the report in its entirety.	X	X	X	X					
14521.7. 8	The contractors shall not report radiopharmaceuticals.		X							
14521.7. 9	The contractors shall report pricing information for drugs, biologicals, and radiopharmaceuticals that are billed using C9399.	X		X						
14521.7. 10	The contractors shall download the most current version available of the template from the CMS website at <a href="https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Part-B-Drugs/McrPartBDrugAvgSalesPrice">https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Part-B-Drugs/McrPartBDrugAvgSalesPrice</a> .	X	X	X	X					
14521.7. 11	The contractors shall complete the template on a monthly basis.	X	X	X	X					
14521.7. 12	The contractors shall ensure that the format of the template is Microsoft Excel.	X	X	X	X					
14521.7. 13	The contractors shall send the completed template to <a href="mailto:sec303aspdata@cms.hhs.gov">sec303aspdata@cms.hhs.gov</a> on the first business day of the month.	X	X	X	X					
14521.7. 14	The contractors shall send an email to <a href="mailto:Sec303aspdata@cms.hhs.gov">Sec303aspdata@cms.hhs.gov</a> stating that the contractor has no drug pricing to report, if the contractor has not priced any drugs since the last	X	X	X	X					

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FIS	MC	VM	CW	
	submitted report, in lieu of using the template.									

**IV. PROVIDER EDUCATION**

Medicare Learning Network® (MLN): CMS will develop and release national provider education content and market it through the MLN Connects® newsletter shortly after we issue the CR. MACs shall link to relevant information on your website and follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1 for distributing the newsletter to providers. When you follow this manual section, you don't need to separately track and report MLN content releases. You may supplement with your local educational content after we release the newsletter.

**Impacted Contractors:** A/B MAC Part A, A/B MAC Part HHH, DME MAC, A/B MAC Part B

**V. SUPPORTING INFORMATION**

**Section A: Recommendations and supporting information associated with listed requirements:** N/A

*"Should" denotes a recommendation.*

X-Ref Requirement Number	Recommendations or other supporting information:

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

**VI. CONTACTS**

**Post-Implementation Contact(s):** Contact your Contracting Officer's Representative (COR).

**VII. FUNDING**

**Section A: For Medicare Administrative Contractors (MACs):**

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**ATTACHMENTS: 0**