CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2514	Date: August 3, 2012
	Change Request 7885

SUBJECT: October 2012 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 OPPS are incorporated into the Outpatient Code Editor (OCE) through separate instructions that can be located in Chapter 4, section 50 of the IOM.

EFFECTIVE DATE: October 1, 2012 IMPLEMENTATION DATE: October 1, 2012

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; contractor 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: 2514	Date: August 3, 2012	Change Request 7885

SUBJECT: October 2012 Quarterly Average Sales Price (ASP) Medicare Part B Drug Pricing Files and Revisions to Prior Quarterly Pricing Files

Effective Date: October 1, 2012 Implementation Date: October 1, 2012

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 the IOM.

B. Policy:

Quarterly Payment Files

This Recurring Update addresses the following pricing files:

Files	Effective for Dates of Service
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
October 2011 ASP and ASP NOC	October 1, 2011, through December 31, 2011

II. BUSINESS REQUIREMENTS TABLE Use "Shall" to denote a mandatory requirement

Number	Requirement			Responsibility (place an "X" in e applicable column)							
		A / B	D M E	F	C A R	R H H		Syst	red- tem aine		OTH ER
		M A C	M A C		R I E R	Ι	F I S S	M C S		C W F	
7885.1	The October 2012 and, if released, the revised July 2012, April 2012, January 2012, and October 2011, ASP drug pricing files for Medicare Part B drugs will be available via the CMS Data Center (CDC).	X	Х	X	X	X					
7885.1.1	Contractors shall download the October 2012 ASP drug pricing file through the CDC on or after September 19, 2012. Final File: <u>MU00.@BF12390.ASP.R2.CY12.OCT.U.V0</u> <u>919</u> .	X	X	X	X	X					
7885.1.1.1	Contractors shall retrieve the October 2012 ASP NOC pricing file from the CMS ASP webpage on or after September 20, 2012.	X	Х		X	X					
7885.1.1.2	Contractors shall use the October 2012 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 October 1, 2012 with dates of service October 1, 2012, through December 31, 2012.	X	X		X	X					
7885.1.1.3	Contractors shall use the October 2012 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 October 1, 2012 with dates of service on or after October 1, 2012.	X	X		X						
7885.1.2	If released by CMS, contractors shall download the revised July 2012 ASP drug pricing file through the CDC on or after September 19, 2012. Final File: <u>MU00.@BF12390.ASP.R2.CY12.JUL.U.V09</u> <u>19</u> .	X	X	X	X	X					

Number	Requirement				bilit e co			e an	• "X	(" ir	n each
		A / B	D M E	F I	C A R	R H H		Sha Syst aint	tem		OTH ER
		M A C	M A C		R I E R	Ι	F I S S	M C S	V M S	C W F	
7885.1.2.1	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					
7885.1.2.2	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 processed or reprocessed on or after October 1, 2012 with dates of service July 1, 2012, through September 30, 2012.	X	X	X	X	X					
7885.1.2.3	If released by CMS, contractors shall retrieve the revised July 2012 ASP NOC pricing file from the CMS ASP webpage on or after September 19, 2012.	X	Х		X	X					
7885.1.2.4	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 October 1, 2012 with dates of service July 1, 2012, through September 30, 2012.	X	X		X	X					
7885.1.3	If released by CMS, contractors shall download the revised April 2012 ASP drug pricing file through the CDC on or after September 19, 2012. Final File: <u>MU00.@BF12390.ASP.R2.CY12.APR.U.V0</u> 919.	X	X	X	X	X					
7885.1.3.1	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	Х	X	X					
7885.1.3.2	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	X	X	X	X	X					

Number	Requirement				bilit le co			e an	ъ "Х	[" ir	n each
		A / B	D M E	F I	C A R	Η		Sha Syst aint	tem aine		OTH ER
		M A C	M A C		R I E R	Ι	F I S S	M C S	V M S	C W F	
	processed or reprocessed on or after October 1, 2012 with dates of service April 1, 2012, through June 30, 2012.										
7885.1.3.3	If released by CMS, contractors shall retrieve the revised April 2012 ASP NOC pricing file from the CMS ASP webpage on or after September 19, 2012.	X	X		X	X					
7885.1.3.4	If released by CMS, contractors shall use the revised April 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 October 1, 2012 with dates of service April 1, 2012, through June 30, 2012.	X	X		X	X					
7885.1.4	If released by CMS, contractors shall download the revised January 2012 ASP drug pricing file through the CDC on or after September 19, 2012. Final File: <u>MU00.@BF12390.ASP.R2.CY12.JAN.U.V0</u> 919	X	X	X	X	X					
7885.1.4.1	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					
7885.1.4.2	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 October 1, 2012 with dates of service January 1, 2012, through March 31, 2012.	X	X	X	X	X					
7885.1.4.3	If released by CMS, contractors shall retrieve the revised January 2012 ASP NOC pricing file from the CMS ASP webpage on or after September 19, 2012.	X	X		X	X					
7885.1.4.4	If released by CMS, contractors shall use the	X	Χ		Х	Х					

Number	Requirement				bilit e co			e an	ъ "Х	(" in	n each
		A / B	D M E	F I	C A R	Η	М	Sha Syst aint	tem aine	ers	OTH ER
		M A C	M A C		R I E R	Ι	F I S S	M C S	V M S	C W F	
	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 October 1, 2012 with dates of service January 1, 2012, through March 31, 2012.										
7885.1.5	If released by CMS, contractors shall download the revised October 2011 ASP drug pricing file through the CDC on or after September 19, 2012. Final File: <u>MU00.@BF12390.ASP.R2.CY11.OCT.U.V0</u> 919	X	X	X	X	X					
7885.1.5.1	If released by CMS, contractors shall overlay or manually update the previous October 2011 file with the new October 2011 ASP drug pricing file.	X	X	X	X	X					
7885.1.5.2	If released by CMS, contractors shall use the revised October 2011 ASP drug pricing file to determine the payment limit for claims for separately payable Medicare Part B drugs processed or reprocessed on or after October 1, 2012 with dates of service October 1, 2011, through December 31, 2011.	X	X	X	X	X					
7885.1.5.3	If released by CMS, contractors shall retrieve the revised October 2011 ASP NOC pricing file from the CMS ASP webpage on or after September 19, 2012.	X	X		X	X					
7885.1.5.4	If released by CMS, contractors shall use the revised October 2011 ASP NOC pricing file to determine the payment limit for claims for separately payable Medicare Part B drugs processed or reprocessed on or after October 1, 2012 with dates of service October 1, 2011, through December 31, 2011.	X	X		X	X					
7885.2	Contractors shall not search and adjust claims that have already been processed unless	X	X	X	X	X					

Number	Requirement				bilit le co			e an	ı "X	(" ir	n each
		A /	D M	F I	C A	R H		Sha Sys			OTH ER
		В	Е		R R	H I	M F	aint M		ers C	
		M A C	M A C		I E R		I S S	C S	M S		
	brought to their attention.						5				
7885.3	Notification of successful receipt shall be sent via e-email to	X	X	X	X	X					
	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).										
7885.4	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					
7885.5	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					
7885.5.1	FIs shall seek payment allowances not on the ASP file from their local carrier for drugs and biologicals.	X		X		X					
7885.6	Contractors shall use the most current versionavailable of the Medicare ContractorReporting Template for Part B drugs to reportinformation on Medicare Part B drugs notpaid on a cost or prospective payment basiswhen payment limits are not listed in thequarterly drug pricing ASP and NOC files, orin the OPPS Pricer.	X	X	X	X	X					
7885.6.1	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 OPPS drugs not in the OPPS Pricer.	X									
7885.6.2	Contractors shall list all drugs that were priced since the last submitted report.	X	Х	X	X	X					

Number	Requirement							e an	• "X	(" ir	n each
		ap	plio	cabl	e co	olun	nn)				
		A	D	F	C	R		Sha	red-		OTH
		/	Μ	Ι	Α	Η		Sys	tem		ER
		В	Е		R	Η	Μ	aint	aine	ers	
					R	Ι	F	Μ	V	С	
		Μ	Μ		Ι		Ι	С	Μ	W	
		A	А		Ε		S	S	S	F	
		C	С		R		S				
7885.6.3	Contractors shall list each drug priced on the report only once.	X	Х	X	X	X					
7885.6.4	For compounded drugs, contractors shall	X	Х	X	Х	Х					
	report the name of each drug in the										
	compounded product.										
7885.6.5	Contractors shall prepare and submit the	X	Х	Х	X	Χ					
	reports so that each report covers										
	approximately 30 days of pricing activity.										
7885.6.6	Contractors shall report drugs omitted from	X	Х	Х	Х	Х					
	previous reports in the next report.										
7885.6.7	Contractors shall complete the report in its	X	Х	Х	Х	Х					
	entirety.										
7885.6.8	Contractors do not need to report	X			Х						
	radiopharmaceuticals.										
7885.6.9	FIs shall report pricing information for drugs,	X		Х		Х					
	biologicals, and radiopharmaceuticals that are										
	billed using C9399.										
7885.6.10	Contractors shall download the most current	X	Х	Х	Х	Х					
	version available of the template from the										
	CMS Web site at										
	http://www.cms.gov/McrPartBDrugAvgSales										
	Price/.										
7885.6.11	Contractors shall complete the template on a	X	Х	Х	Х	Х					
	monthly basis.										
7885.6.12	The template shall be in MS Excel format.	X	Х			Χ					
7885.6.13	Contractors shall send the completed template	X	Х	Х	Х	Х					
	to sec303aspdata@cms.hhs.gov on the first										
	business day of the month.										
7885.6.14	If the contractor has not priced any drugs	X	Х	Х	Х	Χ					
	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 contractor has no drug pricing to										
	report.										

III. PROVIDER EDUCATION TABLE

Number	Requirement		-		bilit e co	• •		e ar	ъ "Х	?" ir	n each
		A /	D M	F I	C A	R H		Sha Sys			OTH ER
		В	Е		R		Μ	aint	aine	ers	
		M A C	M A C		R I E R	Ι	F I S S	M C S	V M S		
7885.7	 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 site 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 your 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	2				

IV. SUPPORTING INFORMATION

A. For any recommendations and supporting information associated with listed requirements, use the box below: N/A

Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
	None

B. For all other recommendations and supporting information, use this space: 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

A: For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs):

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

B. For Medicare Administrative Contractors (MAC):

The Medicare Administrative Contractor (MAC) is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as changes to the MAC Statement of Work (SOW). The contractor is not obligated to incur costs in excess of the amounts specified 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.