CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 3356	Date: September 18, 2015
	Change Request 9319

SUBJECT: Maintenance and Update of the Temporary Hook Created to Hold OPPS Claims that Include Certain Drug HCPCS Codes

I. SUMMARY OF CHANGES: The Outpatient Prospective Payment System (OPPS) Pricer is ready for implementation on the first day of each quarter. However, certain drug Healthcare Common Procedure Coding System (HCPCS) codes that will be updated quarterly, will not have the new drug prices included. Claims for dates of service falling under the new OPPS Pricer that include one or more drug HCPCS codes from the file, found at the address specified in the Business Requirements, are to be held by the A/B Medicare Adminstrative Contractor (MAC) until a revised OPPS Pricer is installed in their production region. OPPS Pricer installation deadlines are included in the OPPS Pricer schedule.

EFFECTIVE DATE: January 1, 2016

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

IMPLEMENTATION DATE: January 4, 2016

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	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: 3356 Date: September 18, 2015 Change Request: 9319

SUBJECT: Maintenance and Update of the Temporary Hook Created to Hold OPPS Claims that Include Certain Drug HCPCS Codes

EFFECTIVE DATE: January 1, 2016

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

IMPLEMENTATION DATE: January 4, 2016

I. GENERAL INFORMATION

A. Background: The Centers for Medicare & Medicaid Services (CMS) pays for all outpatient drugs using the Average Sales Price (ASP) methodology. The schedule for submission of all ASP pricing is statutory per Section 621(a) of the Medicare Modernization Act. Drug manufacturers are required to submit drug ASPs within 30 days of the close of their fiscal quarter. Given the complexity, volume of data, and the number of drugs affected, approximately 6 weeks are required to process, validate, and issue final ASPs for a given quarter. The ASP rates for drugs furnished on or after January 1, 2016, will not be available until mid-December 2015. The ASP rates for drugs furnished on or after April 1, 2016, will not be available until mid-March 2016. The ASP rates for drugs furnished on or after July 1, 2016, will not be available until mid-June 2016 and the ASP rates for drugs furnished on or after October 1, 2016, will not be available until mid-September 2016 respectively.

The Outpatient Prospective Payment System (OPPS) Pricer is ready for implementation on the first day of each quarter. However, certain drug Healthcare Common Procedure Coding System (HCPCS) codes that will be updated quarterly, will not have the new drug prices included for the reasons explained above. Claims for dates of service falling under the new OPPS Pricer that include one or more drug HCPCS codes from the file, found at the address specified in the Business Requirements, are to be held by the A/B Medicare Administrative Contractor (MAC) until a revised OPPS Pricer is installed in their production region. Refer to the OPPS Pricer schedule in the attachement A for the OPPS Pricer installation deadlines.

B. Policy: Transmittal 875, Change Request (CR) 4371 issued on February 24, 2006, instructed Fiscal Intermediary Standard System (FISS) to "hook" and hold claims with bill types 12x, 13x, or 76x, with dates of service on or after the first day of each quarter, that include one or more drug HCPCS codes from the list that will be provided quarterly. The "hook" program should be maintained and updated each quarter based on the list of drug HCPCS found at the address provided in the Business Requirements. This process should continue until further notice.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility													
		A/B		A/B		A/B		A/B		A/B		Shared-			Other
		M	MAC		M	System									
				Ε	Maintainers		ers								
		A	В	Н		F M	V	C							
				Н	M	I C	M	W							
				Н	A	$S \mid S$	S	F							
					C	S									

FIGC -1-11 :1 411 ODDC D.:11						
FISS shall install the revised OPPS Pricer each quarter on the dates specified in the OPPS Pricer schedule.			X			
FISS shall test the revised OPPS Pricer each quarter on the dates specified in the OPPS Pricer schedule.			X			
FISS shall release the revised OPPS Pricer each quarter on the dates specified in the OPPS Pricer schedule.			X			
FISS shall continue maintaining the hook logic created in Transmittal 756, CR 4142 issued on November 10, 2005 which holds claims with bill types 12x, 13x, 76x, or 13x with condition code 41, with dates of services on or after the first day of each quarter that include one or more drug HCPCS codes from the list that will be provided quarterly.			X			
FISS shall continue this process until further notice.			X			
FISS shall release this logic as a part of the quarterly releases so that this logic is available to A/B MACs prior to the first business day of each quarter.			X			
FISS shall use the following file name to download from the CMS data center the list of drug HCPCS codes that are to be incorporated into their hook logic: MU00.@AAA2360.ASP.HCPC.MMYY with the MMYY indicating the month and year of the update.			X			
FISS and A/B MACs shall refer to the OPPS Pricer schedule for the file availability dates.	X		X			
The A/B MACs shall "hook" claims which contain one or more drug HCPCS codes from the list provided quarterly by CMS with the dates of service from the first day in each quarter until the installation of the OPPS Pricer containing the updated ASP drug pricing information.	X					
The A/B MAC shall refer to the OPPS Pricer schedule for the Pricer installation deadlines.	X					
	FISS shall release the revised OPPS Pricer each quarter on the dates specified in the OPPS Pricer each quarter on the dates specified in the OPPS Pricer each quarter on the dates specified in the OPPS Pricer each quarter on the dates specified in the OPPS Pricer schedule. FISS shall continue maintaining the hook logic created in Transmittal 756, CR 4142 issued on November 10, 2005 which holds claims with bill types 12x, 13x, 76x, or 13x with condition code 41, with dates of services on or after the first day of each quarter that include one or more drug HCPCS codes from the list that will be provided quarterly. FISS shall release this logic as a part of the quarterly releases so that this logic is available to A/B MACs prior to the first business day of each quarter. FISS shall use the following file name to download from the CMS data center the list of drug HCPCS codes that are to be incorporated into their hook logic: MU00.@AAA2360.ASP.HCPC.MMYY with the MMYY indicating the month and year of the update. FISS and A/B MACs shall "hook" claims which contain one or more drug HCPCS codes from the list provided quarterly by CMS with the dates of service from the first day in each quarter until the installation of the OPPS Pricer containing the updated ASP drug pricing information.	FISS shall release the revised OPPS Pricer each quarter on the dates specified in the OPPS Pricer schedule. FISS shall release the revised OPPS Pricer each quarter on the dates specified in the OPPS Pricer schedule. FISS shall continue maintaining the hook logic created in Transmittal 756, CR 4142 issued on November 10, 2005 which holds claims with bill types 12x, 13x, 76x, or 13x with condition code 41, with dates of services on or after the first day of each quarter that include one or more drug HCPCS codes from the list that will be provided quarterly. FISS shall release this logic as a part of the quarterly releases so that this logic is available to A/B MACs prior to the first business day of each quarter. FISS shall use the following file name to download from the CMS data center the list of drug HCPCS codes that are to be incorporated into their hook logic: MU00.@AAA2360.ASP.HCPC.MMYY with the MMYY indicating the month and year of the update. FISS and A/B MACs shall refer to the OPPS Pricer schedule for the file availability dates. The A/B MACs shall "hook" claims which contain one or more drug HCPCS codes from the list provided quarterly by CMS with the dates of service from the first day in each quarter until the installation of the OPPS Pricer containing the updated ASP drug pricing information.	on the dates specified in the OPPS Pricer schedule. FISS shall test the revised OPPS Pricer each quarter on the dates specified in the OPPS Pricer schedule. FISS shall release the revised OPPS Pricer each quarter on the dates specified in the OPPS Pricer schedule. FISS shall continue maintaining the hook logic created in Transmittal 756, CR 4142 issued on November 10, 2005 which holds claims with bill types 12x, 13x, 76x, or 13x with condition code 41, with dates of services on or after the first day of each quarter that include one or more drug HCPCS codes from the list that will be provided quarterly. FISS shall continue this process until further notice. FISS shall release this logic as a part of the quarterly releases so that this logic is available to A/B MACs prior to the first business day of each quarter. FISS shall use the following file name to download from the CMS data center the list of drug HCPCS codes that are to be incorporated into their hook logic: MU00.@AAA2360.ASP.HCPC.MMYY with the MMYY indicating the month and year of the update. FISS and A/B MACs shall refer to the OPPS Pricer schedule for the file availability dates. The A/B MACs shall "hook" claims which contain one or more drug HCPCS codes from the list provided quarterly by CMS with the dates of service from the first day in each quarter until the installation of the OPPS Pricer containing the updated ASP drug pricing information.	on the dates specified in the OPPS Pricer schedule. FISS shall test the revised OPPS Pricer each quarter on the dates specified in the OPPS Pricer schedule. FISS shall release the revised OPPS Pricer each quarter on the dates specified in the OPPS Pricer schedule. FISS shall continue maintaining the hook logic created in Transmittal 756, CR 4142 issued on November 10, 2005 which holds claims with bill types 12x, 13x, 76x, or 13x with condition code 41, with dates of services on or after the first day of each quarter that include one or more drug HCPCS codes from the list that will be provided quarterly. FISS shall continue this process until further notice. X FISS shall release this logic as a part of the quarterly releases so that this logic is available to A/B MACs prior to the first business day of each quarter. FISS shall use the following file name to download from the CMS data center the list of drug HCPCS codes that are to be incorporated into their hook logic: MU00.@AAA2360.ASP.HCPC.MMYY with the MMYY indicating the month and year of the update. FISS and A/B MACs shall refer to the OPPS Pricer x schedule for the file availability dates. The A/B MACs shall "hook" claims which contain one or more drug HCPCS codes from the list provided quarterly by CMS with the dates of service from the first day in each quarter until the installation of the OPPS Pricer containing the updated ASP drug pricing information.	on the dates specified in the OPPS Pricer schedule. FISS shall test the revised OPPS Pricer each quarter on the dates specified in the OPPS Pricer schedule. FISS shall release the revised OPPS Pricer each quarter on the dates specified in the OPPS Pricer schedule. FISS shall continue maintaining the hook logic created in Transmittal 756, CR 4142 issued on November 10, 2005 which holds claims with bill types 12x, 13x, 76x, or 13x with condition code 41, with dates of services on or after the first day of each quarter that include one or more drug HCPCS codes from the list that will be provided quarterly. FISS shall continue this process until further notice. X FISS shall release this logic as a part of the quarterly releases so that this logic is available to A/B MACs prior to the first business day of each quarter. FISS shall use the following file name to download from the CMS data center the list of drug HCPCS codes that are to be incorporated into their hook logic: MU00.@AAA2360.ASP.HCPC.MMYY with the MMYY indicating the month and year of the update. FISS and A/B MACs shall "hook" claims which contain one or more drug HCPCS codes from the list provided quarterly by CMS with the dates of service from the first day in each quarter until the installation of the OPPS Pricer containing the updated ASP drug pricing information. The A/B MAC shall refer to the OPPS Pricer schedule	on the dates specified in the OPPS Pricer schedule. FISS shall test the revised OPPS Pricer each quarter on the dates specified in the OPPS Pricer schedule. FISS shall release the revised OPPS Pricer each quarter on the dates specified in the OPPS Pricer schedule. FISS shall continue maintaining the hook logic created in Transmittal 756, CR 4142 issued on November 10, 2005 which holds claims with bill types 12x, 13x, 76x, or 13x with condition code 41, with dates of services on or after the first day of each quarter that include one or more drug HCPCS codes from the list that will be provided quarterly. FISS shall release this logic as a part of the quarterly releases so that this logic is available to A/B MACs prior to the first business day of each quarter. FISS shall use the following file name to download from the CMS data center the list of drug HCPCS codes that are to be incorporated into their hook logic: MUO0.@AAA2360.ASP.HCPC.MMYY with the MMYY indicating the month and year of the update. FISS and A/B MACs shall refer to the OPPS Pricer schedule for the file availability dates. The A/B MACs shall "hook" claims which contain one or more drug HCPCS codes from the list provided quarterly by CMS with the dates of service from the first day in each quarter until the installation of the OPPS Pricer containing the updated ASP drug pricing information.

9319.6	Quarterly, the A/B MAC shall process "hooked"	X				
	claims to payment after the revised OPPS Pricer					
	software containing the updated ASP drug pricing has					
	become effective in production.					
	7					

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
			A/B		D	C
		1	MAC		M	Е
					Е	D
		A	В	Н		Ι
				Н	M	
				Н	A	
					C	
	None					

IV. SUPPORTING INFORMATION

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

"Should" denotes a recommendation.

X-Ref	Recommendations or other supporting information:
Requirement	
Number	
	N/A

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

V. CONTACTS

Pre-Implementation Contact(s): Marina Kushnirova, marina.kushnirova@cms.hhs.gov

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

VI. FUNDING

Section A: 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.

ATTACHMENTS: 1

2016 OPPS Pricer Schedule

Update	Drug HCPCS codes available to FISS, FIs and A/B MACs	OPPS Pricer Updated/Sent to FISS	FISS Release Revised OPPS Pricer to Data Centers	Latest Test Installation Date	Latest Production Installation Date	FIs and A/B MACs Begin to Release Claims
January 1,						
2016	11/16/2015	12/14/2015	12/17/2015	12/21/2015	01/04/2016	01/05/2016
April 1, 2016	02/15/2016	03/14/2016	03/17/2016	03/21/2016	04/04/2016	04/05/2016
July 1, 2016	05/02/2016	06/13/2016	06/16/2016	06/20/2016	07/05/2016	07/06/2016
October 1, 2016	08/01/2016	09/12/2016	09/15/2016	09/19/2016	10/03/2016	10/04/2016