

**CY 2020 Outlier Services**

**Oral and Other Equivalent Forms of Injectable Drugs<sup>1</sup>**

NDC <sup>2</sup>	Drug Product	Mean Unit Cost
30698014301 30698014323	Rocaltrol (calcitriol) 0.25 mcg capsules	\$0.88
30698014401	Rocaltrol (calcitriol) 0.5 mcg capsules	\$2.83
30698091115	Rocaltrol (calcitriol) 1 mcg/mL oral solution (15ml/bottle)	\$15.27
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	Calcitriol 0.25 mcg capsules	\$0.50

00093735301 23155011901 23155066301 51407017001 63304024001 64380072406 69452020820	Calcitriol 0.5 mcg capsules	\$0.77
00054312041 63304024159	Calcitriol 1 mcg/mL oral solution (15ml/bottle)	\$7.44
00074903630	Zemplar (paricalcitol) 1 mcg capsule	\$13.58
00074903730	Zemplar (paricalcitol) 2 mcg capsule	\$27.54
10888500102 49483068703 55111066330 60429048130 60429083630 64980022503 65862093630 68382033006 69387010330 69452014513	Paricalcitol 1 mcg capsule	\$3.56
10888500202 49483068803 55111066430 60429048230 60429083730 64980022603 65862093730 68382033106 69387010430 69452014613	Paricalcitol 2 mcg capsule	\$7.32
10888500302 49483068903 55111066530 60429048330 60429083830 65862093830 69452014713	Paricalcitol 4 mcg capsule	\$19.24

00054033819 00955172050 68084087225 68084087295	Doxercalciferol 0.5 mcg capsule	\$9.13
00054038819 00955172150	Doxercalciferol 1 mcg capsule	\$17.38
00054033919 00955172250	Doxercalciferol 2.5 mcg capsule	\$20.38

<sup>1</sup>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).

<sup>2</sup>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

CPT/HCPCS	Short Description
82108	Assay of aluminum
82306	Vitamin d, 25 hydroxy
82379	Assay of carnitine
82570	Assay of urine creatinine
82575	Creatinine clearance test
82607	Vitamin B-12
82652	Vit d 1, 25-dihydroxy
82668	Assay of erythropoietin
82728	Assay of ferritin
82746	Blood folic acid serum
83540	Assay of iron
83550	Iron binding test
83970	Assay of parathormone
84134	Assay of prealbumin
84466	Assay of transferrin
84540	Assay of urine/urea-n
84545	Urea-N clearance test

85041	Automated rbc count
85044	Manual reticulocyte count
85045	Automated reticulocyte count
85046	Reticyte/hgb concentrate
85048	Automated leukocyte count
86704	Hep b core antibody, total
86705	Hep b core antibody, igm
86706	Hep b surface antibody
87040	Blood culture for bacteria
87070	Culture, bacteria, other
87071	Culture bacteri aerobic othr
87073	Culture bacteria anaerobic
87075	Cultr bacteria, except blood
87076	Culture anaerobe ident, each
87077	Culture aerobic identify
87081	Culture screen only
87340	Hepatitis b surface ag, eia
87341	Hepatitis b surface ag, eia
G0499	Hepb screen high risk indiv

## Equipment and Supplies

HCPCS	Short Description
A4657	Syringes with or with needle, each
A4913	Miscellaneous dialysis supplies, not otherwise specified

## Injectable Drugs and Biologicals<sup>1,2</sup>

HCPCS	Short Description	HCPCS Code Dosage	Payment Limit
J0131	Acetaminophen injection	10 MG	\$0.461
J0698	Injection, cefotaxime sodium, per gm	Per GM	\$2.332
J0884	Argatroban ESRD dialysis 1mg	1 MG	\$1.218
J1443	Inj ferric pyrophosphate cit	0.1 MG of iron	\$0.035
J1444	Fe pyro cit pow 0.1 mg iron	0.1 MG of iron	\$0.018

<sup>1</sup> 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).

<sup>2</sup> 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-B-Drugs/McrPartBDrugAvgSalesPrice/index.html>

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.