CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2797	**Date: October 18, 2013**
	Change Request 8466

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

I. SUMMARY OF CHANGES: Transmittal 875, Change Request (CR) 4371 issued on February 24, 2006, instructed 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 Business Requirement 8466.3. This process should continue until further notice. The attached Recurring Update Notification applies to chapter 4, section 50.

EFFECTIVE DATE: January 1, 2014
IMPLEMENTATION DATE: January 6, 2014

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

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	

III. FUNDING:

For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:
Not Applicable.

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: 2797	Date: October 18, 2013	Change Request: 8466

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

EFFECTIVE DATE: January 1, 2014
IMPLEMENTATION DATE: January 6, 2014

I. GENERAL INFORMATION

A. Background: The Centers for Medicare and 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 (MMA). 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, 2014, will not be available until mid-December 2013. The ASP rates for drugs furnished on or after April 1, 2014, will not be available until mid-March 2014. The ASP rates for drugs furnished on or after July 1, 2014, will not be available until mid-June 2014 and the ASP rates for drugs furnished on or after October 1, 2014, will not be available until mid-September 2014 respectively.

The OPPS Pricer is ready for implementation on the first day of each quarter. However, certain drug HCPCS 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 Business Requirement 8466.3, are to be held by the A/B MAC until a revised OPPS Pricer is installed in their production region. Refer to the OPPS Pricer schedule in the Attachment A for the OPPS Pricer installation deadlines.

B. Policy: Transmittal 875, Change Request (CR) 4371 issued on February 24, 2006, instructed 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 Business Requirement 8466.3. 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 MAC			DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				Other
		A	B	HHH					FISS	MCS	VMS	CWF	
8466.1	FISS shall test the revised OPPS Pricer each quarter on the dates specified in the OPPS Pricer schedule.								X				

Number	Requirement	Responsibility											
		A/B MAC			DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				Other
		A	B	HHH					FISS	MCS	VMS	CWF	
8466.1.1	FISS shall release the revised OPPS Pricer each quarter on the dates specified in the OPPS Pricer schedule.								X				
8466.2	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				
8466.2.1	FISS shall continue this process until further notice.								X				
8466.2.2	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 1st business day of each quarter.								X				
8466.3	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				
8466.4	FISS and A/B MACs shall refer to the OPPS Pricer schedule for the file availability dates.	X							X				
8466.5	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											
8466.5.1	A/B MACs shall refer to the OPPS Pricer schedule for the Pricer installation deadlines.	X											
8466.6	Quarterly, the A/B MAC shall process “hooked”	X											

Number	Requirement	Responsibility											
		A/B MAC			DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				Other
		A	B	HHH					FISS	MCS	VMS	CWF	
	claims to payment after the revised OPPS Pricer software containing the updated ASP drug pricing has become effective in production.												

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility							
		A/B MAC			DME MAC	FI	CARRIER	RHHI	Other
		A	B	HHH					
	None								

IV. 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:
	None

Section B: All other recommendations and supporting information: CR 4142 and CR 4371

V. CONTACTS

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

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR) or Contractor Manager, as applicable.

VI. FUNDING

Section A: For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs), and/or Carriers:
Not Applicable.

Section B: For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS do 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.

Attachment

Attachment A

2014 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, 2014	11/18/2013	12/13/2013	12/19/2013	12/23/2013	01/06/2014	01/07/2014
April 1, 2014	02/17/2014	03/14/2014	03/20/2014	03/24/2014	04/07/2014	04/08/2014
July 1, 2014	05/05/2014	06/13/2014	06/19/2014	06/23/2014	07/07/2014	07/08/2014
October 1, 2014	08/04/2014	09/12/2014	09/18/2014	09/22/2014	10/06/2014	10/07/2014