

Q3 2019 Payment Limit Report for Urology

CMS has released the Q3 2019 drug pricing files for both average sales price (ASP) and not otherwise classified (NOC) drugs. These changes are effective **July 1, 2019** and will remain in effect until either a correction or the next scheduled update is made by CMS.

The data used for the Q3 2019 reimbursement files is based on the Q1 2019 sales data submitted to CMS by drug manufacturers. We encourage you to review the revised drug payment limit files, including reimbursement allowables on NOC drugs, on the [CMS Website](#).

2% Sequestration Cut to Medicare Reimbursements

Due to sequestration, a 2% cut to Medicare payments has been applied to providers with services dates on or after April 1, 2013. As a result, the effective rate for office-administered drugs will be ASP+4.3%. However, the underlying allowable will remain at ASP+6%, which may be a basis for private payer reimbursement rates. We encourage you to check with your private payers to understand their allowable rates for physician fee schedule Part B drugs.

| Drug | HCPCS Code | Billing Unit | Q2 2019 ASP+6% | Q3 2019 ASP+6% | % Change |
|---|------------|---|----------------|----------------|----------|
| Bcg live intravesical vac (TICE® BCG) | J9031 | 1 UNIT | \$141.98 | Not Available | |
| Burosumab-twza 1m (CRYSIVTA) | J0584 | 1 mg | \$ - | \$353.06 | |
| Collagenase, clostridium histolyticum (XIAFLEX®) | J0775 | 1 MG | \$46.96 | \$47.09 | 0.29% |
| Degarelix (FIRMAGON®) | J9155 | 0.01 MG | \$3.82 | \$3.90 | 2.07% |
| Denosumab (XGEVA®, PROLIA®) | J0897 | 3.75 MG | \$18.69 | \$19.10 | 2.22% |
| Goserelin acetate implant (ZOLADEX®) | J9202 | 1 EA | \$488.28 | \$500.25 | 2.46% |
| Interferon alfa-2b (INTRON® A) | J9214 | 1 MG | \$33.59 | \$33.99 | 1.21% |
| Leuprolide acetate suspension (LUPRON®, ELIGARD®) | J9217 | 3.6 MG | \$224.30 | \$229.52 | 2.33% |
| Mitomycin | J9280 | 7.5 MG | \$115.92 | \$100.38 | -13.41% |
| OnabotulinumtoxinA (BOTOX®) | J0585 | 50 MG | \$6.12 | \$6.12 | 0.09% |
| Phentolaine mesylate inj (PHENTOLAMINE) | J2760 | 5 MG | \$ - | \$392.15 | |
| Radium Ra 223 dichloride (XOFIGO®) | A9606 | Per infusion (minimum 50 million cells) | Not Available | Not Available | |
| Sipuleucel-T auto CD54+ (PROVENGE®) | Q2043 | Per infusion (minimum | \$45,027.55 | \$44,024.60 | -2.23% |

| Drug | HCPCS Code | Billing Unit | Q2 2019 ASP+6% | Q3 2019 ASP+6% | % Change |
|---------------------------------|------------|---|----------------|----------------|----------|
| | | 50 million cells) | | | |
| Triptorelin pamoate (TRELSTAR®) | J3315 | Per infusion (minimum 50 million cells) | \$240.68 | \$248.39 | 3.21% |
| Valrubicin (VALSTAR®) | J9357 | Per infusion (minimum 50 million cells) | \$1,380.06 | \$1,384.14 | 0.30% |
| Vantas implant (VANTAS®) | J9225 | Per infusion (minimum 50 million cells) | \$3,868.15 | \$3,897.40 | 0.76% |
| Zoledronic acid | J3489 | Per infusion (minimum 50 million cells) | \$10.55 | \$11.60 | 9.92% |