

Payment Allowance Limits for Medicare Part B Not Otherwise Classified (NOC) Drugs

Effective April 1, 2024 through June 30, 2024

Note 1: Payment allowance limits subject to the ASP methodology are based on 4Q23 ASP data.

Note 2: Providers should contact their local Medicare contractor processing the claim for the most appropriate unlisted/unclassified HCPCS code to use in reporting these drugs to Medicare.

Note 3: The absence or presence of a HCPCS code and the payment allowance limits in this table does not indicate Medicare coverage of the drug. Similarly, the inclusion of a payment allowance limit within a specific column does not indicate Medicare coverage of the drug in that specific category. These determinations shall be made by the local Medicare contractor processing the claim.

Drug Generic Name (Trade Name)	Dosage	Payment Limit	Notes
Aminocaproic acid	250 MG	\$0.281	
Aztreonam	500 MG	\$14.544	
Diltiazem Hydrochloride	5 MG	\$0.354	
Doxycycline Hyclate	100 MG	\$16.001	
Famotidine	10 MG	\$0.391	
Flumazenil	0.1 MG	\$1.210	
Folic Acid	5 MG	\$2.833	
Furosemide (Phlow Corporation)	20 MG	\$1.579	
Glucarpidase	10 UNITS	\$399.730	
Glycopyrrolate injection (Fresenius Kabi)	0.1 MG	\$1.978	providers must check the crosswalk file to determine the correct payment allowance
Metoprolol Tartrate	1 MG	\$0.138	
Rifampin	600 MG	\$89.910	
Sodium Chloride, Hypertonic (3% - 5% infusion)	250 CC	\$1.447	
Sulfamethoxazole-Trimethoprim	400-80 MG	\$0.708	