

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

**Effective July 1, 2024 through September 30, 2024**

Note 1: Payment allowance limits subject to the ASP methodology are based on 1Q24 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	\$0.303	
Aztreonam	500 MG	\$2.128	
Benzylpenicillin Benzathine (Extencilline)	100,000 UNITS	\$16.308	Added July 2024
Diltiazem Hydrochloride	5 MG	\$0.374	
Doxycycline Hyclate	100 MG	\$13.505	
Famotidine	10 MG	\$0.300	
Flumazenil	0.1 MG	\$1.123	
Folic Acid	5 MG	\$2.808	
Furosemide (Phlow Corporation)	20 MG	\$1.579	
Glucarpidase	10 UNITS	\$399.730	
Glycopyrrolate injection (Fresenius Kabi)	0.1 MG	\$2.698	providers must check the crosswalk file to determine the correct payment allowance
Metoprolol Tartrate	1 MG	\$0.136	
Rifampin	600 MG	\$49.595	
Sodium Chloride, Hypertonic (3% - 5% infusion)	250 CC	\$1.432	
Sulfamethoxazole-Trimethoprim	400-80 MG	\$0.572	