



Pricing Development and Maintenance Policy for Drugs - Outpatient Services

This Pricing Development and Maintenance Policy applies to Blue Cross and Blue Shield of North Carolina's ("Blue Cross NC's") calculations of contractual allowances ("fees") for services billed as described within the Plan Compensation Schedule/Outpatient Reimbursement portion of your contract. Fee calculations are described below, including the External Pricing Source. Quarterly source pricing rate updates will be made based on the applicable pricing source in effect for the preceding quarter.

Specialty Pharmacy Drugs Base Pricing

1. Specialty Pharmacy Drug rate methodology will be updated according to the terms of your Network Participation Agreement.
2. External source pricing will be updated on a quarterly basis, based on the rates in effect for the preceding quarter.
3. New and replacement codes will be updated on a quarterly basis. Such updates and new pricing will apply for all dates of services on or after the source pricing effective date, but only for claims received after the date of Blue Cross NC's implementation of the update/new pricing. Blue Cross NC does not make retroactive pricing adjustments for claims received prior to Blue Cross NC's implementation date.
4. Base Rate Fees for each specialty pharmacy drug listed on the Specialty Pharmacy Drug list are based on the following hierarchy:
 - a. **% of Average Sales Price (ASP):
If ASP does not contain a price for the applicable code, the Base Rate Fee will be based upon:
 - b. **% of Average Wholesale Price (AWP):
 - c. **% of your Reasonable Charge. Blue Cross NC will not allow more than **% of your Reasonable Charge for these services.
5. The Specialty Pharmacy Rates supersede any Outpatient Revenue Code Rates within the Plan Compensation Schedule
6. Any new drug that is not yet listed on the Specialty Pharmacy Drug list, considered a specialty drug as defined by Blue Cross NC, and added mid-term, shall be added to the Default Rate as applicable per hierarchy above. All new drugs may be added mid-term and updated accordingly, pursuant to this policy.
7. Drugs filed under miscellaneous or unlisted codes will be reimbursed at **% of your Reasonable Charge as indicated in your Network Participation Agreement. Once a valid CPT or HCPC code is established for the drug, the Default Rate will be implemented. Note, this change would apply to any drug that receives a valid CPT or HCPC code between the time of contract execution and effective date of the contract change.
8. Any AWP priced drug that receives an ASP source price mid-term will be moved to the ASP Default Rate. Note, this change would apply to any drug that receives an ASP price between the time of contract execution and effective date of the contract change.
9. The Default Rate is calculated using the Base Rate% (Blue Cross NC statewide rate 118% ASP / 90% AWP) and negotiated multiplier.

**The percent amount may vary by drug and is provided within your Network Participation Agreement

The Specialty Pharmacy Drug list with Drug Class (category) is available on the [BlueCross NC](https://www.bluecrossnc.com) website at the following link: [Current Office Administered Specialty Pharmacy Drugs \(bluecrossnc.com\)](https://www.bluecrossnc.com/current-office-administered-specialty-pharmacy-drugs)

Fee Determination Based on a Percentage of Your Reasonable Charge

- When application of the hierarchy and criteria for the determination of contractual allowances results in a fee for a given service based upon a percentage of your Reasonable Charge, you are obligated to ensure that:
(1) all charges billed to Blue Cross NC are reasonable; (2) all charges are consistent with your fiduciary duty to your patient and Blue Cross NC; (3) no charges are excessive in any respect; and (4) all charges are no greater than the amount regularly charged to the general public, including those persons without health insurance.

Fee Determination Based on a Miscellaneous Or Unlisted Code

- Blue Cross NC reserves the right to price Drug Services using the National Drug Code (NDC) for drugs that are filed using general or unlisted codes, or codes that may be used for multiple drugs.
- If a miscellaneous or unlisted code is filed despite the existence of a code specific to the service or procedure, Blue Cross NC will assign the fee for the more specific code to determine the fee under Blue Cross NC's applicable reimbursement policies. Please note: pursuant to your Network Participation Agreement, Blue Cross NC has the right to audit and inspect records, at no cost to us, that are related to services and/or supplies provided to our Members

Additional Fee Determinations

- Blue Cross NC reimburses the lesser of your charge or the applicable fee in accordance with your contract and this Pricing Policy.
- Nothing in this Pricing Policy will obligate Blue Cross NC to make payment on a claim for a service or supply that is not covered under the terms of the applicable benefit plan. Furthermore, the determination of a code-specific fee does not guarantee payment for the service.
- In the event any External Pricing Source reference listed below changes, references in this Pricing Policy will be deemed to refer to the superseding source.
- Fees for services represented by HCPCS codes that are introduced after the effective date of this Pricing Policy will be determined based upon the hierarchy and criteria applicable to the Outpatient Services portion of your Network Participation Agreement.

External Pricing Sources

- Average Sales Price
[reimbursementcodes.com](https://www.reimbursementcodes.com)
 - o Please contact your local Network Management office to obtain the fee for any Drug Service code, which was determined by the Average Sales Price criteria.
- Average Wholesale Price
[reimbursementcodes.com](https://www.reimbursementcodes.com)
 - o Please contact your local Network Management office to obtain the fee for any Drug Service code, which was determined by the Wholesale Acquisition Cost or Average Wholesale Price criteria.