



<b>Policy Title</b>	Unpriced Drugs Reimbursement Policy
<b>Policy Department</b>	Payment Strategy and Operations
<b>Effective Date</b>	4/1/2022
<b>Revision Date(s)</b>	
<b>Next Review Date</b>	

**Disclaimer:**

Clover Health applies CMS criteria and guidelines, National Coverage Determinations (NCD), Local Coverage Determinations (LCD), Clover Policies, and MCG for determining medical necessity. Clover Policies are intended to provide a standard guideline but are not used to preempt providers' judgment in rendering services. Providers are expected to provide care based on best practices and use their medical judgment for appropriate care.

**Description:** The Unpriced Drugs policy addresses reimbursement guidelines on drugs that do not have pricing on the CMS ASP fee schedule or have pricing available via WAC pricing. Services described in this policy may be subject to additional Clover Health reimbursement policies including, but not limited to, the Maximum Frequency Per Day Policy and CCI Editing Policy.

- Definitions:**
- CMS - Centers for Medicare and Medicaid
  - ASP - Average Sale Price
  - WAC - Wholesale Acquisition Cost

**Policy:**

Clover Health's Medicare Advantage plan covers Medicare Part B drugs that are not self administered. Medicare Part B drugs cover certain doctors' services, outpatient care, medical supplies, and preventive services.

If Medicare lacks ASP data for a product, Clover will generally pay based on the wholesale acquisition cost (WAC); WAC +6 percent. In situations where a covered Medicare Part B drug does not have ASP pricing or WAC Pricing. Clover will reserve the right for additional information to support billed charges.

**References**

<https://aspe.hhs.gov/sites/default/files/private/pdf/264416/Part-B-Drugs-Trends-Issue-Brief.pdf>