



Updating Fiscal Intermediary Shared System (FISS) for Pricing Drugs at Different Rates Depending on Provider Type

MLN Matters Number: MM11199

Related Change Request (CR) Number: 11199

Related CR Release Date: May 3, 2019

Effective Date: October 1, 2019

Related CR Transmittal Number: R2296OTN

Implementation Date: October 7, 2019

PROVIDER TYPES AFFECTED

This MLN Matters Article is for physicians, providers, and suppliers billing Medicare Administrative Contractors (MACs) for prescription drug and End-Stage Renal Disease (ESRD) services provided to Medicare beneficiaries.

PROVIDER ACTION NEEDED

CR11199 implements system changes necessary to the Fiscal Intermediary Shared Services (FISS) to make different payment rates for the same drug or biological to Outpatient Prospective Payment System (OPPS) providers and ESRD providers. Make sure your billing staffs are aware of these changes.

BACKGROUND

The Centers for Medicare & Medicaid Services (CMS) applies rates based on the Average Sales Price (ASP) methodology, when available, for all outpatient drugs. Under Medicare Part B, certain payment systems are increasingly using different methods when ASP data is not available. This includes instances such as the Wholesale Acquisition Cost (WAC) or 95 percent of the Average Wholesale Price (AWP+3 or AWP+6). FISS will apply the rates in accordance with the appropriate payment system.

ADDITIONAL INFORMATION

The official instruction, CR11199, issued to your MAC regarding this change is available at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2019Downloads/R2296OTN.pdf>.

If you have questions, your MACs may have more information. Find their website at <http://go.cms.gov/MAC-website-list>.

DOCUMENT HISTORY

Date of Change	Description
May 3, 2019	Initial article released.

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