

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2296	Date: May 3, 2019
	Change Request 11199

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

I. SUMMARY OF CHANGES: This Change Request (CR) implements system changes necessary to the Fiscal Intermediary Shared System (FISS) to make different payment rates for the same drug or biological to Outpatient Prospective Payment System (OPPS) providers and End Stage Renal Disease (ESRD) providers.

EFFECTIVE DATE: October 1, 2019

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: October 7, 2019

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	N/A

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

One Time Notification

Attachment - One-Time Notification

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I. GENERAL INFORMATION

A. Background: For all outpatient drugs, the CMS applies rates based on the Average Sales Price (ASP) methodology, when available. However, certain payment systems under Medicare Part B, are increasingly using different methodologies when ASP data is not available, such as, Wholesale Acquisition Cost (WAC) or 95 percent of Average Wholesale Price (AWP+3 or AWP+6).

B. Policy: The Shared System will apply the rates in accordance with the appropriate payment system.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility										
		A/B MAC			D M E M A C	Shared-System Maintainers				Other		
		A	B	H H H		F I S S	M C S	V M S	C W F			
11199.1	The Shared System Maintainer shall create a new field or restructure a current field for its Medicare Part B drugs pricing files to be able to carry at least two different payment limits for each HCPCS drug code per calendar quarter: The current Non-ESRD Fee rate and the new ESRD Fee rate.					X						
11199.2	Contractors shall download the ASP drug pricing file as normal applying the new ESRD Fee rate into the new ESRD payment field. The ASP drug pricing file currently contains a Non-ESRD Fee rate amount in positions 40-48 and an ESRD Fee rate amount in positions 52-60.	X				X					VDC	
11199.3	The Shared System Maintainer shall apply the rates from the ESRD field rate from their pricing file to ESRD claims (Type of Bill (TOB) 072x), with the exception of ESRD (TOB 072x) claim lines with the "AY" modifier that bypass ESRD Consolidated Billing (CB) editing and (TOB 072x) AKI claims with condition code 84.					X						
11199.4	The Shared System Maintainer shall apply the rates from the non-ESRD field rate from their pricing file to ESRD claim lines (TOB 072x) with the "AY"					X						

Number	Requirement	Responsibility							
		A/B MAC		D M E	Shared-System Maintainers				Other
		A	B		H H H	F M V C	I C M W	S S S F	
	Modifier and (TOB 072x) AKI claims with condition code 84.								

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility					
		A/B MAC			D M E	C	I
		A	B	H H H			
11199.5	MLN Article: CMS will make available an MLN Matters provider education article that will be marketed through the MLN Connects weekly newsletter shortly after the CR is released. MACs shall follow IOM Pub. No. 100-09 Chapter 6, section 50.2.4.1, instructions for distributing MLN Connects information to providers, posting the article or a direct link to the article on your website, and including the article or a direct link to the article in your bulletin or newsletter. You may supplement MLN Matters articles with localized information benefiting your provider community in billing and administering the Medicare program correctly. Subscribe to the “MLN Matters” listserv to get article release notifications, or review them in the MLN Connects weekly newsletter.	X					

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A
"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Michelle Cruse, Michelle.Cruse@cms.hhs.gov (for ESRD policy questions), Fred Rooke, fred.rooke@cms.hhs.gov (for claims processing questions) , Yvonne Young, YVONNE.YOUNG@CMS.HHS.GOV (for claims processing questions), Shauntari Cheely, Shauntari.Cheely@cms.hhs.gov (for claims processing questions).

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

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ATTACHMENTS: 1

ASP Fee Schedule Record Layout

<u>Field Name</u>	<u>Positions</u>	<u>Length</u>	
HCPCS	1-5	5	ASP Procedures and Devices
Modifier1	6-7	2	
Modifier2	8-9	2	
Filler (Space)	10	1	
Short Description	11-38	28	Short Description of HCPCS Procedure/Device
Filler (Space)	39	1	
Non-ESRD Fee	40-48	9	
Co-insurance Percentage	49-51	3	
ESRD Fee	52-60	9	
Filler (Space)	61-63	3	
Vaccine Percentage	64-66	3	
Filler (Space)	67-70	4	
Vaccine Fee	71-79	9	
Filler (Space)	80-82	3	
DME Percentage	83-85	3	
Filler (Space)	86-89	4	
DME Fee	90-98	9	
Filler (Space)	99-101	3	
Blood Percentage	102-104	3	
Filler (Space)	105-108	4	
Blood Fee	109-117	9	
Filler (Space)	118	1	
Clotting Factor	119	1	
Filler (Space)	120	1	
Pay_Ind_Ptb	121	1	