PRODUCT REIMBURSEMENT IN THE OUTPATIENT SETTING

General Reimbursement Information for REBYOTA®

Medicare

Drugs: Medicare Part B, which covers outpatient physician services, pays for physician-administered drugs. The payment methodology for REBYOTA is expected to be based on its average sales price (ASP) plus 6% during sequestration. Note that Medicare's drug and product payment rates change on a quarterly basis. Consult the Centers for Medicare & Medicaid Services (CMS) website for the latest Medicare information at https://www.cms.gov/medicare/payment/all-fee-service-providers/medicare-part-b-drug-average-sales-price/asp-pricing-files.[1]

Procedures: The Medicare Physician Fee Schedule (MPFS) is a master list of reimbursement rates and is the primary guideline for payment for enrolled healthcare professionals. The MPFS is updated on a quarterly basis to reflect the most recent changes to reimbursement rates. A Physician Fee Schedule Guide can be found at https://www.cms.gov/files/document/physician-fee-schedule-guide.pdf.

Medicaid

Drugs: State Medicaid programs have different payment rates depending on site of administration. Medicaid payment may be based on state-specific fee schedules. In the outpatient or physician office setting, REBYOTA may be reimbursed based on methodologies such as a percentage of ASP, wholesale acquisition cost (WAC), or invoice price. Medicaid may require providers to submit product invoices for reimbursement. Drug reimbursement is updated quarterly, by state, and is available at Medicaid.gov.[2]

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Please see table of suggested codes in the REBYOTA billing and coding brochure.

REBYOTA®
(fecal microbiota, live-jslm) suspension, for rectal use

Revised October 1, 2023

Medicaid (cont'd)

Procedures: States may offer Medicaid benefits on a fee-for-service (FFS) basis, through managed care plans, or both. Under the FFS model, the state pays providers directly for each covered service received by a Medicaid beneficiary. Under managed care, the state pays a fee to a managed care plan for each person enrolled in the plan. In turn, the plan pays providers for all of the Medicaid services a beneficiary may require that are included in the plan's contract with the state.[3]

Private payers (commercial insurance)

Drugs and procedures: Private payers vary in payment rates. Often, they are based on payer/institution contracted rates. For each patient, cost-sharing requirements, such as coinsurance and annual deductible amounts, will vary by individual insurance plan. Consult the patient's plan for details by running a benefits verification.

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References

1. Medicare Claims Processing Manual. Chapter 17—Drugs and Biologicals. Accessed July 14, 2022. https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c17.pdf.
2. Medicaid Covered Outpatient Prescription Drug Reimbursement Information by State. Accessed July 14, 2022. https://www.medicaid.gov/medicaid/prescription-drugs/state-prescription-drug-resources/medicaid-covered-outpatient-prescription-drug-reimbursement-information-state/index.html.
3. Provider payment and delivery systems. Medicaid 101. Accessed November 30, 2022. https://www.macpac.gov/medicaid-101/provider-payment-and-delivery-systems.

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Microbiome Therapeutics Development