Quick Reference Guide

National Injectable & Immunization Fee Schedule

The **National Injectable & Immunization Fee Schedule (NIIFS)** is used to reimburse professional and facility providers for payment of injectable drugs and immunizations.

Professional Providers: The NIIFS is a step-down fee schedule to reimburse for injectable drugs and immunizations provided at the provider's office under the customer's medical benefit. Multiple fee schedule variations are available in addition to standard NIIFS pricing. A negotiated percentage of NIIFS pricing is not an option for professional providers. One of the standard variations must be used (see table below).

Facility providers (hospitals): The NIIFS is utilized as the base for hospital reimbursement as a negotiated percentage of NIIFS pricing. As an alternative, an Average Sales Price (ASP) fee schedule may be used as a base for hospital reimbursement as a negotiated percentage of ASP pricing. Refer to the section on pricing methodologies for more information.

All schedules are published quarterly, in a single NIIFS file, one month in arrears of the calendar quarter. They are available internally (National Injectable Immunization Schedules).

Note: The presence of Healthcare Common Procedure Coding System (HCPCS) and rates on the NIIFS does not indicate whether the drug is covered, and is not a guarantee of payment. All providers are contractually obligated to follow Cigna Administrative Guidelines, including Coverage and Reimbursement Policies.

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Pricing methodologies

Pricing on the NIIFS is based on the following methodologies:

Average Sales Price (ASP) is the weighted average of non-federal drug sales to wholesalers. The pricing reflects what the wholesaler paid for drugs and not what the wholesaler charges, generally based on volume. *Codes found on the Centers for Medicare & Medicaid Centers (CMS) ASP Fee Schedule are priced using ASP,* pricing varies based on the fee schedule.

Wholesale Acquisition Cost (WAC) is the list price paid by a wholesaler, distributor, or other direct accounts for drugs purchased from the wholesaler's supplier. *Vaccines and immunizations are priced at WAC +12%*; *this pricing is standard regardless of fee schedule*.

Average Wholesale Price (**AWP**) is the average price at which wholesalers sell drugs to physicians, pharmacies, and other customers. AWP is derived from self-reported manufacturers' data for both branded and generic drugs, and is representative of the current wholesale price. AWP is also available from and reconciled with major data sources, such as the RED BOOK®, Gold Standard Drug Database, MediSpan, and First Databank.

The majority of codes pay at AWP-15%. When ASP is not available and the drug is not a vaccine or immunization, AWP -15% applies.

The Cigna preferred fee schedule is NIIFS standard pricing. Below are the various fee schedules and applied methodologies. The fee schedules listed under "NIIFS alternatives" in the table below are used for professional groups.

Fee Schedule	Codes with ASP Pricing	Vacc and Imm Pricing	Other Drug Pricing
NIIFS standard pricing	ASP + 6%	WAC + 12%	AWP-15%
AWP Only pricing*	100% AWP	100% AWP	100% AWP
NIIFS alternatives:			
National 110	ASP + 10%	WAC + 12%	AWP-15%
National 115	ASP + 15%	WAC + 12%	AWP-15%
National 120	ASP + 20%	WAC + 12%	AWP-15%
National 125	ASP + 25%	WAC + 12%	AWP-15%
National 130	ASP + 30%	WAC + 12%	AWP-15%
National 135	ASP + 35%	WAC + 12%	AWP-15%
National 140	ASP + 40%	WAC + 12%	AWP-15%
National 150	ASP + 50%	WAC + 12%	AWP-15%
ASP Only pricing*	100% ASP	NA	100% ASP**

** some A and J codes do not have AWP pricing, many drugs do not have an ASP pricing*

***CMS published reimbursement is at 106% of ASP for most codes. This column will not equal CMS published pricing.*

Current Procedural Terminology (CPT®) codes and National Drug Codes

1. **What is the National Drug Code?**

The National Drug Code (NDC) is a unique 10-digit, three-segment numeric identifier assigned to each medication listed.

2. **Why do some drugs have Unclassified CPT codes?**
   New drugs may not yet have a distinct HCPCS J code assigned, and may be billed using an Unclassified Code until a specific J code (codes beginning with a J) is assigned. An NDC is required to identify the drug for pricing.

3. **How are codes handled when they have multiple NDCs?**
   Some codes have multiple NDCs reflecting unique doses and pricing, in which case the NDC is required for pricing.

4. **Why is it required?**
   When a provider bills with a CPT code on our schedule that pends for NDC, this indicates that it is either an Unclassified Code or that this CPT code has multiple NDC numbers tied to it with unique payment.

5. **What happens when an Unclassified Code paid at AWP is assigned an ASP price?** The methodology will be switched to ASP +X%, except for immunizations which are always WAC +12%. Conversion of particular drug from AWP to ASP based pricing when available will not be considered a material change.

Pricing notes

Codes with an ASP and no AWP pricing may be listed with $0 allowable:

- If the provider is a professional provider, the claim will pend and require an NDC for the code. The provider will need to submit additional information if not already provided. The AWP Team uses RXNova™ and/or ReimbursementCodes.com to look up the NDC and return the NDC pricing (AWP) for the amount of drug administered. We then look to see what NIIFS the provider is tied to, and will either pay at 100 percent or 85 percent (AWP -15%).

- If the provider is a facility, the code will price at the contracted injectable discount.

Codes with an ASP, and no AWP pricing, *and* no pricing at NDC level will be priced based on ASP.

- Note: The AWP schedule is listed with Not Available (*N/A) on these codes to prevent pending for NDC*, and reimbursement (e.g., HCPCS code Q4151). *N/A* pricing will reimburse at the default discount for professional providers and the contracted injectable discount for a facility.

Codes with *no available ASP*, no AWP, and no pricing at the NDC level, are priced at 85 percent of Optum GAP fee schedule on the NIIFS and National Schedules. This is the same pricing methodology as the Non-Injectable Non-Immunization (NINI). These are typically HCPCS beginning with an A or J.

- The AWP and ASP schedules for these codes are listed with Not Available (N/A). *N/A* pricing will reimburse at the default discount for professional providers and the contracted injectable discount for a facility.

Frequently asked questions

1. **When are NIIFS rates effective?**
   Schedules are updated on a quarterly basis, one month in arrears of the calendar quarter.
   - Q1 Effective date: February 1
   - Q2 Effective date: May 1
   - Q3 Effective date: August 1
   - Q4 Effective date: November 1

2. **When will monthly rate increases be effective?**
   Current pricing will remain in effect until the next quarterly update.

3. **Where are the schedules located, and how can fee schedules be shared with providers?** The NIIFS can be downloaded internally and modified to share with providers (National Injectable Immunization Schedules).

4. **What is the source of the pricing?**
   We receive pricing files from RJ Health, which provides industry standard benchmarks such as ASP, WAC, and AWP. They use many sources to derive and reconcile pricing, including the CMS, manufacturers' data, and major data sources such as RED BOOK®, Gold Standard, MediSpan, and First Databank. *Please note that we would not name RJ Health specifically in any contract*.

   - **WAC** is sourced from manufacturers.
   - **ASP** is the volume-weighted average sales price calculated by CMS using Average Sales Price (ASP) data submitted by manufacturers to CMS. **ASP** is converted from published CMS rates. *CMS published rates are equal to ASP +6%.**
   - Intermediaries such as RJ Health provide ASP amounts (without the CMS six percent markup). This is industry standard. When the NIIFS file is produced, the last column is the ASP.

** *https://www.cms.gov/medicare/medicare-part-b-drug-average-sales-price/2020-asp-drug-pricing-files*
"….payment amounts in the quarterly ASP files are 106 percent of the Average Sales Price (ASP) calculated from data submitted by drug manufacturers. The quarter to quarter price changes are generally the result of updated data from the manufacturers of these drugs."

- **AWP:** RJ Health uses a number of sources for our AWP. First, they obtain information from manufacturers on their WAC pricing. They then add 20 percent to get an AWP. They also have access to all four major data sources, RED BOOK®, Gold Standard, Medispan, Bluebook/First Databank and validate the price through these sources. Sometimes one or more source will not update a rate or they will show different rates. In these cases, RJ Health researches rates using wholesalers and manufacturers as sources.

Note: The following language has been approved to respond to providers about how we derive our injectable fee schedules. Please also reach out to your Regional Director.

The Cigna National Injectable and Immunization Fee Schedule (NIIFS) reimbursement varies from drug to drug, vaccine to vaccine, and injectable to injectable, and is based on, but not limited to, methodologies using Average Sales Price (ASP), Wholesale Acquisition Cost (WAC), and Average Wholesale Price (AWP), which will change from time to time, to ensure reimbursement for such services is fair and appropriate for all providers. We provided the Hospital with Cigna's current NIIFS prior to the effective date of this Exhibit. As such cost methodology is complex and changes from time to time, Cigna further attests that such methodology for determining NIIFS rates shall remain consistent throughout the term of this Exhibit. Cigna will update the NIIFS on a quarterly basis and provide updates to the Hospital upon request.

5. **How are the HCPCS A codes (A95 series radiopharmaceuticals and injectables) on the NIIFS priced?**
   1. Use ASP based prices where available.
   2. AWP-15% for other codes.
   3. If no NDC and No Rate, Optum file and NINI Pricing Methodology is applied.
   4. If no pricing data is available, the code is not included on the fee schedule.

6. **How is HCPCS A9500 priced?**
   The A codes were moved from the NINI to the NIIFS in 2020. A9500 doesn't have an AWP price, and as of May 1, 2020, it is priced using the NINI Methodology and Optum Rates.

7. **How are Unclassified Codes, such as HCPCS J3490, priced?**
   NDCs are required for Unclassified Codes, these codes will be reimbursed at AWP-15%

8. **Why is HCPCS J1726 priced at $0?**
   HCPCS code J1726 has a generic that is preferred. Therefore, Cigna sets pricing to $0 so the system will request the NDC.

9. **Why is Botox® (HCPCS J0585) priced differently than other ASP codes?**
   Most ASP codes are ASP +6%, except Botox, which is priced at ASP +2% because of the high amount of fraudulent medical use and two low utilization codes for lower cost alternatives, which are intended as incentives over high cost drugs.

   Current pricing options: Hard code the Botox code at a set rate every year to cover their cost and some margin, or migrate to an exception schedule (i.e., ASP +10%). This is less preferred because it will increase reimbursement across the board for all injectables.

10. **What is the step-down process for professional providers?**

    = Base fee schedule > NINI > NIIFS > Default Discount

    1. If the provider has a provider specific schedule, that pricing is applied.
    2. If the code is not on the provider specific schedule, the code will default to the NINI pricing.
    3. If the code is not on the NINI, then the code defaults to NIIFS pricing.
    4. If the code is not on NIIFS, then the code reimburses at the default discount (POC).

       - If there is no ASP, and the code is an Unclassified Code or a CPT code with multiple NDC numbers, and no NDC is submitted, a request will be made during claim processing for the NDC. The drug will then pay at AWP-15%, and not fall to default discount.

11. **What is the reimbursement for facility providers when a code is not on the NIIFS?**
    1. If there is a drug specific revenue code discount, the code will be priced per that discount.
    2. If there is no drug specific revenue code discount, and all services on the claim are diagnostic services, the all other OP discount will be applied.
    3. If there are non-diagnostic services on the claim, we will not reimburse the drug separately. Payment will be included as part of the procedure reimbursement.

There will be no change to COVID vaccine reimbursement for Q2 NIIFs because there is no commercial supply available. We will reassess the availability of commercial supply as we get closer to Q3 NIIFs and align with Enterprise Policy.

NIIFS Revision History

Revision date	Nature of update	Approved by	Completed by
Q2 2024	1. 38 new codes added – per guidelines/clinical approval	Governance Committee	National Analytics
Q1 2024	1. 42 new codes added – per guidelines/clinical approval	Governance Committee	National Analytics
Q4 2023	1. 34 new codes added – per guidelines/clinical approval 2. Natl 150 changed to 85% AWP instead of 100% AWP 3. 2 codes removed due to becoming inactive 4. 15 COVID Codes removed that were falling off in testing (had been at $0.01 prior) 5. Updated the 8% biosimilar formula to account for RJ Health's change in calculation (17 codes affected)	1-3 Governance Committee	National Analytics
Midcycle Q3 2023	1. Added 4 new RSV codes and 6 new COVID codes as they became active	Clinical Team	National Analytics
Q3 2023	1. 55 new codes added - per guidelines/clinical approval 2. 31 inactive, discontinued codes removed 3. 75 codes with no current ASP migrated to AWP-15% 4. 6 add'l codes will now pend for NDC level pricing	1- 4 Governance Committee	National Analytics
Q2 2023	1. The following codes were added: A2019 A2021 A9601 C9145 C9146 C9147 C9148 C9149 J0173 J0208 J0218 J0612 J0613 J1411 J1449 J1747 J2403 J9196 J9294 J9296 J9297 Q4265 Q4266 Q4267 Q4268 Q5127 Q5128 Q5129 Q5130 2. As of 10/2022 Code J1050 has no ASP. Q4 2022 and Q1 NIIFs will reflect the last published ASP of .57. The code will remain at the last known ASP until further notice. 3. The following codes were removed as "inactive" by CMS: J0610 J0611	1-2 Governance Committee 3 National Contracting and National Analytics	National Analytics

Q1 2023	1. As of 10/2022 Code J1050 has no ASP. Q4 2022 and Q1 NIIFs will reflect the last published ASP of .57. The code should revert to AWP methodology in Q2 2023. 2. Vaccine Codes inadvertently removed from the Q3 2022 NIIFs have been added back so claims can be reprocessed. (90625, 90626, 90627, 90690, 90691, 90717, 90738, 90581, 90585, 90675, 90676) 3. Any professional groups inquiring about biosim or oncology pricing, please contact Shelley Silver or Pam McManus. 4. 51 new codes were added to NIIFs Q1 2023 5. The increased rates for biosimilar codes on the NIIFS standard pricing schedule from ASP + 6% to ASP + 8% (in accordance with CMS guidelines under section 11403 of the Inflation Reduction Act*) remains in effect.	1-3 National Contracting and National Analytics 4-5 Governance Committee	National Analytics
Q4 2022	1. Cigna has temporarily increased the rates for 15 biosimilar codes on the NIIFS standard pricing schedule from ASP + 6% to ASP + 8% in accordance with CMS guidelines under section 11403 of the Inflation Reduction Act.* 2. CPT codes for monkey/small pox vaccines (90611/90622) are added at $0.01. These codes are provided for free by CMS. 3. Non-covered codes are not actively managed – these codes may or may not appear on NIIFS. A disclaimer was added to this document as a reminder that inclusion of a code and rate on a fee schedule does not guarantee payment. Providers are expected to follow Cigna coverage and reimbursement policies. 4. HCPCS codes A6011 and A7015 have been removed. These codes were added to NIIFS in error in Q4 2022. They are on the NINI. 5. HCPCS code J7799 has been removed. This is an NOC Code with no pricing and no aligned NDCs. 6. The rate for HCPCS code Q4151 has been updated on the National Exception to price based on ASP.	1 – 3 Governance Committee 4 – 6 National Contracting and National Analytics	National Analytics

***Temporary increase in payment for certain biosimilar biological products (Inflation Reduction Act)**

Under section 11403 of the Inflation Reduction Act, Medicare payment for certain biosimilar biological products is required to be the average sales price (ASP) plus eight percent (rather than six percent) of the ASP of the reference biological for a five-year period defined in the statute. For existing qualifying biosimilar biological products for which payment was made using ASP as of September 30, 2022, the applicable five-year period begins on October 1, 2022. For new qualifying biosimilar biological products for which payment is first made using ASP between October 1, 2022 through December 31, 2027, the applicable five-year period begins the first day of the calendar quarter of such payment. A qualifying biosimilar biological product is defined as a biosimilar with an ASP that is not more than the ASP of the reference biological. In accordance with these provisions, the ASP Drug Pricing File reflects the temporary increased amount for qualifying biosimilar biological products for a period of five years beginning with the October 2022 file.

Count	Reimb Code	Drug Name	Date Added	5 Yr Expiration	Reference Product
1	Q5101	Injection, filgrastim-sndz, biosimilar, (Zarxio), 1 microgram	11/1/2022	10/31/2027	NEUPOGEN
2	Q5103	Injection, infliximab-dyyb, biosimilar, (Inflectra), 10 mg	11/1/2022	10/31/2027	REMICADE
3	Q5104	Injection, infliximab-abda, biosimilar, (Renflexis), 10 mg	11/1/2023	10/31/2028	REMICADE
4	Q5105	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for esrd on dialysis), 100 units	11/1/2022	10/31/2027	PROCRIT
5	Q5106	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for non-esrd use), 1000 units	11/1/2022	10/31/2027	EPOGEN / PROCRIT
6	Q5107	Injection, bevacizumab-awwb, biosimilar, (mvasi), 10 mg	11/1/2022	10/31/2027	AVASTIN
7	Q5110	Injection, filgrastim-aafi, biosimilar, (Nivestym), 1 microgram	11/1/2022	10/31/2027	NEUPOGEN
8	Q5112	Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg	11/1/2022	10/31/2027	HERCEPTIN
9	Q5113	Injection, trastuzumab-pkrb, biosimilar, (Herzuma), 10 mg	11/1/2022	10/31/2027	HERCEPTIN
10	Q5114	Injection, Trastuzumab-dkst, biosimilar, (Ogivri), 10 mg	11/1/2022	10/31/2027	HERCEPTIN
11	Q5115	Injection, rituximab-abbs, biosimilar, (Truxima), 10 mg	11/1/2022	10/31/2027	RITUXAN
12	Q5116	Injection, trastuzumab-qyyp, biosimilar, (trazimera), 10 mg	11/1/2022	10/31/2027	HERCEPTIN
13	Q5117	Injection, trastuzumab-anns, biosimilar, (kanjinti), 10 mg	11/1/2022	10/31/2027	HERCEPTIN
14	Q5118	Injection, bevacizumab-bvzr, biosimilar, (Zirabev), 10 mg	11/1/2022	10/31/2027	AVASTIN
15	Q5119	Injection, rituximab-pvvr, biosimilar, (ruxience), 10 mg	11/1/2022	10/31/2027	RITUXAN
16	Q5121	Injection, infliximab-axxq, biosimilar, (avsola), 10 mg	2/1/2023	1/31/2028	REMICADE
17	Q5122	Injection, pegfilgrastim-apgf (nyvepria), biosimilar, 0.5 mg	5/1/2024	3/30/2029	NEULASTA
18	Q5123	Injection, rituximab-arrx, biosimilar, (riabni), 10 mg	11/1/2022	10/31/2027	RITUXAN
19	Q5124	Injection, ranibizumab-nuna, biosimilar, (byooviz), 0.1 mg	5/1/2023	4/30/2028	LUCENTIS
20	Q5125	Injection, filgrastim-ayow, biosimilar, (releuko), 1 microgram	8/1/2023	7/31/2028	NEUPOGEN
21	Q5126	Injection, bevacizumab-maly, biosimilar, (alymsys), 10 mg	2/1/2024	1/31/2029	AVASTIN
22	Q5129	Injection, bevacizumab-adcd (vegzelma), biosimilar, 10 mg	2/1/2024	1/31/2029	AVASTIN