

## MEDICARE PART B VS D COVERAGE ISSUES



Medicare drug coverage is a complex issue; not only must pharmacists understand the Medicare Part D (prescription drug) benefit, but also recognize that many drugs may be covered under either Part D or Part B (medical insurance), depending on the circumstances. For example, immunosuppressant drugs are covered under Part B for a finite period of time for beneficiaries who have had a Medicare-covered transplant; otherwise they are covered under Part D. The table on page 15 lists examples of circumstances for Part B and Part D coverage.

In order to ease the process for both the pharmacist and the Covered Person, we are making every effort to allow claims to adjudicate appropriately the first time. In some instances, this will include utilizing previously obtained diagnosis information or looking at concurrent use of other medications to help make coverage determinations. There may be some cases when a claim is appropriate for Part D, but will reject because the drug usually should be covered by Part B; the reject will include a message directing coverage to Part B. In these cases, overrides may be available, with appropriate indication or circumstances for Part D, through our Contact Center.

Medicare prescription drug coverage is a complex issue for pharmacists as well as Covered Persons; we are working diligently to make it as simple as possible. Procedures may vary for MA-PD and PDP.

Web site: [http://www.cms.hhs.gov/National Medicare Training Program/Downloads/Medicare Coverage AOB Charts\\_Desk Aid.pdf](http://www.cms.hhs.gov/National%20Medicare%20Training%20Program/Downloads/Medicare%20Coverage%20AOB%20Charts_Desk%20Aid.pdf).

<b>Drug Product</b>	<b>Part B Coverage</b>	<b>Part D Coverage (Drugs used outside of a clinic setting only)</b>
Oral anti-emetic drugs (e.g., Zofran)	Within 48 hours post chemotherapy	After 48 hours post chemotherapy
Immunosuppressant (e.g., CellCept, Neoral, Myfortic)	Three years coverage post Medicare-covered transplant	Not related to Medicare- covered transplant, and post transplant after Part B coverage is concluded
Vaccine, Hepatitis B	Intermediate- and high-risk patients	Administered outside of a physician's office to low-risk patients
IVIG (e.g., Gammagard)	For indication of primary immune deficiency	Other indications
Diabetic test meter/strips; nebulizer devices/medications; antihemophiliac products; influenza and pneumococcal vaccines	Covered under Part B only	No coverage (old page 58 states that these are covered)
Recombinant Human Erythropoietin (e.g., Epogen, Aranesp)	ESRD patients on dialysis	Other conditions, not administered in a physician's office

## ■ PART B VS PART D MEDICARE BENEFITS

Part D Benefit Sponsors are prohibited from covering drugs that are covered under Medicare Part A or B.

### **Identification of Medicare Part B and Medicare Part D Drugs**

Prime identifies drugs commonly eligible for coverage under Medicare Part B, which a Pharmacy, a Prescribing Provider, or Covered Person may attempt to submit for payment under Medicare Part D. Common classes of drugs and guidance regarding coverage under Parts B or D from CMS are listed below. The following are some examples of classes of drugs or specific drugs previously billed under Medicare Part B. Now, these examples may be billable under Medicare Part D in some circumstances: (See CMS Medicare Prescription Drug Benefit Manual, Chapter 6 for A, B and D information in Sections: 10, 20, and Appendix C)

- Drugs using Durable Medical Equipment (DME) for delivery
- Immunosuppressive Drugs
- Certain Oral Anti-Cancer Drugs
- Oral Anti-Emetic Drugs
- Parenteral Nutrition
- Intravenous Immune Globulin (IVIG)
- Erythropoietin (EPO)
- Prophylactic Vaccines: specifically Influenza, Pneumococcal and Hepatitis B

## Part B and Part D Coverage Issues

Part B Coverage Categories	Part B Coverage Description	Retail and Home Infusion Pharmacy Setting B/D Coverage	LTC Pharmacy Setting B/D Coverage	Comments	Written Prescription Indicators to Highlight B/D Coverage
Immuno-suppressant Drugs	Drugs used in immunosuppressive therapy for beneficiaries that received transplant from Medicare approved facility and were entitled to Medicare Part A at time of transplant (i.e. "Medicare Covered Transplant").	<b>B or D:</b> <b>Part B</b> for Medicare Covered Transplant  <b>Part D</b> for all other situations	<b>B or D:</b> <b>Part B</b> for Medicare Covered Transplant  <b>Part D</b> for all other situations	Participating Part B pharmacies must bill the DMERC in their region when these drugs are covered under Part B.	<b>Part B:</b> <i>For Medicare-covered transplant</i> <b>Part D:</b> <i>"For rheumatoid arthritis (or other non-transplant use)" or "Not for Medicare-covered transplant"</i>
Oral Anti-Cancer Drugs	Oral drugs used for cancer treatment that contain same active ingredient (or pro-drug as injectable dosage forms that would be covered as 1) not usually self administered and 2) provided incident to a physician's service	<b>B or D:</b> <b>Part B</b> for cancer treatment  <b>Part D</b> for all other indications	<b>B or D:</b> <b>Part B</b> for cancer treatment  <b>Part D</b> for all other indications	Participating Part B pharmacies must bill the DMERC in their region when these drugs are covered under Part B.	<b>Part B:</b> <i>"For the treatment of _____ cancer"</i> <b>Part D:</b> <i>"For rheumatoid arthritis (or other non-cancer use)" or Not for the treatment of cancer"</i>
Oral Anti-emetic Drugs	Oral anti-emetic drugs used as full therapeutic replacement for IV anti-emetic drugs within 48 hours of chemo	<b>B or D:</b> <b>Part B</b> within 48 hrs of chemo  <b>Part D</b> all other situations	<b>B or D:</b> <b>Part B</b> within 48 hrs of chemo  <b>Part D</b> all other situations	Participating Part B pharmacies must bill the DMERC in their region when these drugs are covered under Part B.	<b>Part B:</b> <i>"To be used within 48 hours of chemotherapy"</i> <sup>2</sup> <b>Part D:</b> <i>"To be used beyond 48 hours of chemotherapy" or "For _____ (any non-chemotherapy-associated use)"</i> <sup>3</sup>

<sup>1</sup> For a LTC resident, if a Prescribing Provider furnishes the drug from the Prescribing Provider's own stock, administers or directly supervises the administration of the drug, and bills for the drug, then the drug would be considered "incident to" and covered under Part B

<sup>2</sup> "To be used within 24 hours of chemotherapy" for granisetron and dolasetron.

<sup>3</sup> Consider separate prescriptions for chemotherapy-related anti-emetics if administration will exceed Part B coverage limits

Part B Coverage Categories	Part B Coverage Description	Retail and Home Infusion Pharmacy Setting B/D Coverage	LTC Pharmacy Setting B/D Coverage	Comments	Written Prescription Indicators to Highlight B/D Coverage
Erythropoietin (EPO)	Treatment of anemia for persons with chronic renal failure who are undergoing dialysis when given in the dialysis center or when given "incident to physician's service" for other approved uses	<b>Part B or D</b> (See Comments)	<b>Part B or D</b> (See Comments)	In addition to "incident to" coverage, EPO may be covered under Part B for the treatment of anemia for ESRD patients who are on dialysis when: * It is administered in the renal dialysis facility; or * It is self-administered in the home by any dialysis patient (or patient caregiver); * Both Method I and Method II home dialysis patients may self-administer EPO See Chapter 11, section 90 of the Medicare Benefit Policy manual for more information	<b>Part D:</b> "For the treatment of _____"
Prophylactic Vaccines (Influenza, Pneumococcal, and hepatitis B)	Influenza, Pneumococcal, and hepatitis B (for intermediate to high risk beneficiaries).	<b>B or D:</b> <b>Part B</b> for Influenza, Pneumococcal, and hepatitis B (for intermediate to high risk)  <b>Part D</b> for all other hepatitis B vaccinations	<b>B or D:</b> <b>Part B</b> for Influenza, Pneumococcal, and hepatitis B (for intermediate to high risk)  <b>Part D</b> for all other hepatitis B vaccinations		<b>Part B</b> (hepatitis B): <i>For high or intermediate risk</i> <b>Part D</b> (hepatitis B): <i>For lower risk</i>  Note: Influenza and Pneumococcal vaccines are not covered under Part D

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<sup>2</sup> "To be used within 24 hours of chemotherapy" for granisertron and dolasetron.

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Part B Coverage Categories	Part B Coverage Description	Retail and Home Infusion Pharmacy Setting B/D Coverage	LTC Pharmacy Setting B/D Coverage	Comments	Written Prescription Indicators to Highlight B/D Coverage
Other Prophylactic Vaccines		<b>Part D</b> , except as described in the comments	<b>Part D</b> , except as described in the comments	All other prophylactic vaccines generally would be covered under Part D.  The exception to this is vaccines given to treat an injury or as a result of direct exposure to a disease or condition. In those circumstances, the vaccine is covered under Part B when provided incident to a physician service.	N/A
Parenteral Nutrition	Prosthetic benefit for individual with “permanent” dysfunction of the digestive tract. If medical record, including the judgment of the attending physician, indicates that the impairment will be long and indefinite duration, the test of permanence is met.	<b>B or D:</b>  <b>Part B</b> if “permanent” dysfunction of digestive tract  <b>Part D</b> for all other situations	<b>B or D:</b>  <b>Part B</b> if “permanent” dysfunction of digestive tract  <b>Part D</b> for all other situations	Part D does not pay for the equipment/supplies and professional services associated with the provision of parenteral nutrition or other Part D covered infusion therapy.	<b>Part B:</b> “For permanent dysfunction of digestive tract” <b>Part D:</b> “For _____ (other uses)”

<sup>1</sup> For a LTC resident, if a Prescribing Provider furnishes the drug from the Prescribing Provider’s own stock, administers or directly supervises the administration of the drug, and bills for the drug, then the drug would be considered “incident to” and covered under Part B

<sup>2</sup> “To be used within 24 hours of chemotherapy” for granisetron and dolasetron.

<sup>3</sup> Consider separate prescriptions for chemotherapy-related anti-emetics if administration will exceed Part B coverage limits

**Examples of Drugs that May Require an External or Internal Infusion Pump for Administration**

ACYCLOVIR	DOXORUBICIN	HYDROMORPHONE
AMPHOTERICIN B	EPOPROSTENOL	INSULIN
BLEOMYCIN	FENTANYL	MEPERIDINE
CLADRIBINE	FLOXURIDINE	MILRINONE
CYTARABINE	FLUOROURACIL	TREPROSTINIL
DEFEROXAMINE MESYLATE	FOSCARNET	VINBLASTINE
DOBUTAMINE	GALLIUM NITRATE	ZICONOTIDE
DOPAMINE	GANCICLOVIR	