Medicare Parts B/D Coverage Issues

For discussion purposes only – subject to change

This table provides a reference guide for the most frequent B/D coverage determination scenarios facing Part D plans and Part D pharmacy providers. It does not address all potential situations. For more extensive discussion, please refer to the Medicare Part B vs. Part D Coverage Issues document available at: http://www.cms.hhs.gov/PrescriptionDrugCovGenIn/Downloads/PartBandPartDdoc_07.27.05.pdf

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
Durable Medical Equipment (DME) Supply Drugs **NOTE: Only available for beneficiaries residing in their "home"**[1]	Drugs that require administration via covered DME (e.g. nebulizer drugs, drugs "requiring" a pump for infusion, and insulin via infusion pump)[2]	**Part B**	**Part D** Because most LTC facilities are not considered a beneficiary's "home"[3]		**Part B**: "*To be administered in the home setting with DME (i.e.,. nebulizer or infusion pump)*" **Part D**: "*To be administered in a LTC facility*"[4]

[1] In addition to a hospital, a SNF or a distinct part SNF, the following facility or distinct parts of facilities cannot be considered a home for purposes of receiving the Medicare Part B DME benefit:

- A nursing home that is dually-certified as both a Medicare SNF and a Medicaid nursing facility (NF)
- A Medicaid-only NF that primarily furnishes skilled care;
- A non-participating nursing home (i.e. neither Medicare nor Medicaid) that provides primarily skilled care; and
- A distinct part of a facility that primarily furnishes skilled care.

[2] The DMERCs do a medically necessity determination with regard to whether a nebulizer or infusion pump is medically necessary for a specific drug/condition.

[3] If a facility does not meet the criteria in footnote 1, it would be considered a home, and Part B could cover the drugs.

[4] Prescriptions for inhalation drugs to be used with a non-covered nebulizer or a hand held insufflator would also be covered under Part D.

Medicare Parts B/D Coverage Issues

For discussion purposes only – subject to change

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
Drugs furnished "incident to" a physician service	Injectable/ Intravenous drugs 1) administered "incident to" a physician service and 2) considered by Part B carrier as "not usually self-administered".	**Part D** Because by definition a pharmacy cannot provide a drug "incident to" a physician's service (Only a physician office, or where applicable a CAP vendor, would bill Part B for "incident to" drugs).	**Part D** Because by definition a pharmacy cannot provide a drug "incident to" a physician's service (Only a physician office, or where applicable a CAP vendor, would bill Part B for "incident to" drugs).[5]	Part D plans should not implement pharmacy edits to determine B vs. D coverage for injectable/IV drugs only covered under Part B when furnished "incident to" a physician service.	
Immunosuppressant 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 or D:** **Part B** for Medicare Covered Transplant **Part D** for all other situations	**B or D:** **Part B** for Medicare Covered Transplant **Part D** for all other situations	Participating Part B pharmacies must bill the DMERC in their region when these drugs are covered under Part B.	**Part B**: "*For Medicare-covered transplant*" **Part D**: "*For rheumatoid arthritis* (or other non-transplant use)" or "*Not for Medicare-covered transplant*"

[5] For a LTC resident, if a physician furnishes the drug from the physician'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

Medicare Parts B/D Coverage Issues

For discussion purposes only – subject to change

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
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 or D:** **Part B** for cancer treatment **Part D** for all other indications	**B or D:** **Part B** for cancer treatment **Part D** for all other indications	Participating Part B pharmacies must bill the DMERC in their region when these drugs are covered under Part B.	**Part B**: "*For the treatment of _____ cancer*" **Part D**: "*For rheumatoid arthritis* (or other non-cancer use)" or "*Not for the treatment of cancer*"
Oral Anti-emetic Drugs	Oral anti-emetic drugs used as full therapeutic replacement for IV anti-emetic drugs within 48 hrs of chemo	**B or D:** **Part B** within 48 hrs of chemo **Part D** all other situations	**B or D:** **Part B** within 48 hrs of chemo **Part D** all other situations	Participating Part B pharmacies must bill the DMERC in their region when these drugs are covered under Part B.	**Part B**: "*To be used within 48 hours of chemotherapy*"[6] **Part D**: "*To be used beyond 48 hours of chemotherapy*" or "*For _____* (any non-chemotherapy-associated use)"[7]

[6] "*To be used within 24 hours of chemotherapy*" for granisetron and dolasetron.

[7] Consider separate prescriptions for chemotherapy-related anti-emetics if administration will exceed Part B coverage limits

Medicare Parts B/D Coverage Issues

For discussion purposes only – subject to change

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	**Part D**	**Part D**	For Part B coverage of EPO for ESRD patients undergoing dialysis, the claim must be submitted by the ESRD facility and we would thus not anticipate prescriptions in the retail setting for this covered use	**Part D**: "*For the treatment of* _____ "
Prophylactic Vaccines (Influenza, pneumococcal, and hepatitis B)	Influenza, Pneumococcal, and hepatitis B (for intermediate to high risk beneficiaries).	**B or D:** **Part B** for Influenza, pneumococcal, & hepatitis B (for intermediate to high risk) **Part D** for all other hepatitis B vaccinations	**B or D:** **Part B** for influenza, pneumococcal, & hepatitis B (for intermediate to high risk) **Part D** for all other hepatitis B vaccinations		**Part B** (hepatitis B): "*For high or intermediate risk*" **Part D** (hepatitis B): "*For lower risk*" Note: Influenza and pneumococcal vaccines are not covered under Part D

Medicare Parts B/D Coverage Issues

For discussion purposes only – subject to change

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		**Part D,** except as described in the comments	**Part D,** 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 individuals with "permanent" dysfunction of the digestive tract. If medical record, including the judgment or the attending physician, indicates that the impairment will be long and indefinite duration, the test of permanence is met.	**B or D:** **Part B** if "permanent" dysfunction of digestive tract **Part D** for all other situations	**B or D:** **Part B** if "permanent" dysfunction of digestive tract **Part D** 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.	**Part B**: "*For permanent dysfunction of digestive tract*" **Part D**: "*For* _____ (other uses)"

Appendix A.

Examples of Drugs that may Require an External Infusion Pump for Administration

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