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Access to the Part D Drug Benefit in Long Term Care Settings

Key Words

SE0614, Part D, Drug, MDS, LTC, Part B, Immunosuppressive, Part A, Anti-cancer, Anti-emetics, Infusion, Injectable, SNF

Provider Types Affected

Skilled nursing facilities (SNFs) and nursing homes with Medicare residents

Key Points

- To simplify access to the Part D drug benefit in the long term care (LTC) setting, the Centers for Medicare & Medicaid Services (CMS) recommends that providers take steps to clearly differentiate those drugs that may qualify as Part B drugs and those that may qualify as Part D drugs.
- The information provided in SE0614 does not supersede any existing guidance concerning documentation for Part B prescriptions.
- CMS released the following information via the Minimum Data Set (MDS) submission system's Welcome Page on March 14, 2006:

Drugs Administered Through a Part B Covered Item of Durable Medical Equipment (DME), Such as a Nebulizer or Pump

- Medicare Part B only covers the above categories of drugs when used in conjunction with Part B covered DME in the patient's home.
- For those LTC facilities that do not qualify as a patient's home, CMS recommends for the above categories of drugs that the following be included in the written order:
 - The diagnosis and indication for the drug and
 - A statement of status such as "Nursing Home Part D."

Certain Infusion and Injectable drugs

- Medicare Part B covers injectable and infusible drugs that are not usually self-administered and that are furnished incident to a physician's service.

- If a LTC facility, rather than a physician, furnishes and administers these drugs to a patient who is not in a Medicare Part A stay, CMS recommends including a statement of status such as:

"Administered by Facility, Nursing Home Part D."

Certain Oral and Immunosuppressive Drugs

- At this time, Part B covers three categories of drugs: oral anti-cancer, oral anti-emetic, and immunosuppressive drugs listed in the tables on page 2 of SE0614 under certain circumstances.
- This does not represent an exhaustive list of Part B covered drugs, and the list of drugs covered by Part B may change over time.
- For these categories of drugs, CMS recommends including in the written prescription the diagnosis and the indication as well as the statement of status as "Part B" (for above indications) or for "Part D" (for all other indications).
- For example, Methotrexate for rheumatoid arthritis should have the diagnosis specified, and the designation "Part D" added to the prescription.
- While this guidance does not guarantee payment or coverage, following the process may help pharmacists respond more readily to additional information to support Part D or Part B coverage, and facilitate processing by the appropriate plan.

Important Links

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0614.pdf>

For more detailed information on Part B versus Part D coverage and more information on the definition of a home, see

http://www.cms.hhs.gov/PrescriptionDrugCovGenIn/Downloads/PartBandPartDdoc_07.27.05.pdf on the CMS website.

A comprehensive list of links to agency-wide Part D resources for physicians is available at

<http://www.cms.hhs.gov/center/provider.asp>, scroll to "Part D Tools for Health Care Professionals".

The source for Part D information for Fee-For-Service (FFS) providers is located on the Medicare Learning Network's drug coverage page at

http://www.cms.hhs.gov/MLNProducts/23_DrugCoverage.asp on the CMS website.