

MLN Matters®

Information for Medicare Fee-For-Service Health Care Professionals

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

Note: This article was updated on October 1, 2012, to reflect current Web addresses. All other information remains unchanged.

Provider Types Affected

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

Impact on Providers

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 which may qualify as Part B drugs and those which may qualify as Part D drugs.

Important Points to Remember

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"

Note: See the website listed at the end of this document for more information regarding the definition of a home.

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Certain Infusion and Injectable Drugs

Medicare Part B covers injectible 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 below under certain circumstances. This does not represent an exhaustive list of Part B covered drugs. It is possible for the list of drugs covered by Part B to change over time.

The following are immunosuppressive drugs for transplants paid for by Medicare:

Cyclophosphamide – Oral	Cyclosporine – Oral
Cyclosporine – Parenteral	Daclizumab – Parenteral
Lymphocyte Immune Globulin, Antithymocyte Globulin – Parenteral	Methotrexate – Oral
Methylprednisolone – Oral	Methylprednisolone Sodium Succinate – Injection
Muromonab-Cd3 – Parenteral	Mycophenolate Acid – Oral
Mycophenolate Mofetil – Oral	Oral Azathioprine
Parenteral Azathioprine	Prednisolone – Oral
Prednisone – Oral	Sirolimus – Oral
Tacrolimus – Oral	Tacrolimus – Parenteral

The following are the oral anti-cancer drugs paid for by Medicare Part B:

Busulfan Capecitabine	Cyclophosphamide
Etoposide	Melphalan
Methotrexate	Temozolomide

The following are oral anti-emetics paid for by Medicare when prescribed for use within 48 hours of chemotherapy except as noted below:

3 Oral Drug Combination of: (1) Aprepitant; (2) A 5-HT3 Antagonist (Q0166, Q0179, Q0180); and (3) Dexamethasone	Chlorpromazine Hydrochloride
Diphenhydramine Hydrochloride	Dolasetron Mesylate (Q0180) (Within 24 Hours)
Dronabinol	Granisetron Hydrochloride (Q0166) (Within 24 Hours)
Hydroxyzine Pamoate	Ondansetron Hydrochloride (Q0179)
Perphenazine	Prochlorperazine Maleate – Oral
Promethazine Hydrochloride	Thiethylperazine Maleate
Trimethobenzamide Hydrochloride	

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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.

Note: This Special Edition information does not supersede any existing guidance concerning documentation for Part B prescriptions.

Additional Information

For more detailed information on Part B versus Part D coverage, see <http://www.cms.gov/Outreach-and-Education/Outreach/Partnerships/Downloads/determine.pdf> on the CMS website.

A comprehensive list of links to agency-wide Part D resources for physicians is available at <http://www.cms.gov/Center/Provider-Type/All-Fee-For-Service-Providers-Center.html/center/provider.asp>, scroll to “Part D Tools for Health Care Professionals”.

As always, 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.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn/index.html> on the CMS website.

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