HOME INFUSION THERAPY – COVERAGE OF INFUSION THERAPY DRUGS UNDER MEDICARE PARTS B AND D

PURPOSE:

The purpose of this Policy is to provide guidelines for Ascension At Home, LLC and its subsidiaries (the “Company”) on ensuring that when infusion therapy services are provided to a Medicare beneficiary that the Company bills the appropriate administrative contractor or plan under the Medicare program (i.e., Part B versus Part D).

POLICY:

Company personnel will use their best efforts to research the circumstances of a Medicare beneficiary receiving infusion therapy services in order to determine whether such items and services can, in fact, be billed either to a Medicare Administrative Contractor under Medicare Part B or to a Medicare Prescription Drug Plan under Medicare Part D.

PROCEDURE:

Overview of Medicare Part B

- Generally, Medicare Part B covers drugs that are not usually self-administered and are furnished and administered as part of a physician service. In these circumstances, pharmacies and other providers do not bill Medicare Part B for the drugs dispensed; the only way these drugs can be billed to Medicare is if the physician purchases the drugs from the pharmacy. In such an event, the drugs are being administered “incident to” a physician’s service and pharmacies may not bill Medicare Part B under the “incident to” provision.

- Medicare Part B covers selected drugs, such as:
  1. Drugs requiring administration via a piece of covered durable medical equipment (DME), such as a nebulizer or infusion pump in the home;
  2. Immunosuppressive drugs for people who had a Medicare covered transplant;
  3. Hemophilia clotting factors;
  4. Antigens;
  5. Intravenous immune globulin provided in the home;
  6. Certain oral anti-cancer and oral anti-emetic drugs;
  7. Erythropoietin for people with end stage renal disease;
  8. Certain vaccines; and
9. Parenteral nutrition for people with a permanent dysfunction of their digestive tract.

- **Note:** Regional differences in Part B drug coverage policies can occur in the absence of a national coverage determination. Therefore, Company personnel must research whether there are any local coverage determinations applicable to a particular drug regimen.

**Overview of Medicare Part D**

- Medicare Part D will cover most prescription drugs, except those drugs for which, as prescribed and dispensed or administered to an individual, payments would be available under Medicare Parts A or B of Medicare for that beneficiary.

- There are a few categories of drugs that are specifically excluded from Part D coverage, which include, but are not limited to:
  1. Barbiturates
  2. Benzodiazepines
  3. Nonprescription Drugs
  4. Drugs used to promote fertility
  5. Drugs used for cosmetic purposes or hair growth
  6. Prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations

- In order to determine whether a drug is covered under Medicare Parts A, B or D, it may be necessary for the Company to obtain information on the patient’s diagnosis (e.g., to determine if the prescription is related to a Medicare covered transplant) or the location of administration (e.g., to determine if the prescription is being dispensed for a beneficiary in a nursing home).

**Billing the Medicare Part B versus Part D Program**

- Company personnel will maintain a list of drugs that are covered under both Medicare Parts B and D, with such list being updated on a regular basis (but not less frequently than once per year).

- On an as needed basis, the Company will communicate with the applicable Medicare Administrative Contractor(s) and/or Medicare Part D plan(s) with which
the Company has contracted in order to determine the applicable program that should be charged for a particular Medicare beneficiary’s prescription drugs.

- Any further questions about whether a particular drug that is furnished to a Medicare beneficiary is to be covered under Medicare Part B or D should be directed to the billing department.