

Medicare Administrative Coverage Determination

Request Form for Part B versus D Coverage



This form is for providers to submit information Aspire Health Plan to help determine drug coverage and proper payment under Medicare "Part B versus Part D" per the Centers for Medicare and Medicaid Services (CMS).

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A request for coverage using the Request for Medicare Prescription Drug Coverage Determination form may also be submitted. All supporting clinical rationale and documentation **MUST BE** submitted for timely review. Requests can be submitted via fax, or for real-time updates, use the Provider Portal at id.phtech.com

MEMBER INFORMATION			PROVIDER INFORMATION		
Member Name:			Provider Name:		
Member ID #:			NPI#:		Specialty:
Date of Birth:			Office Phone:		
Street Address:			Office Fax:		Office Contact:
City:	State:	Zip:	Office Street Address:		
Phone:			City:	State:	Zip:

MEDICATION INFORMATION

Drug Name:	Select one of the following:	
Drug NDC:	<input type="checkbox"/> Request is for GENERIC <input type="checkbox"/> Request is for BRAND (unable to take the generic): Provide clinical rationale and supporting medical records for reason patient is unable to take generic:	
New Drug Therapy: <input type="checkbox"/> Yes <input type="checkbox"/> No; Continuation of therapy request		
Date of initial therapy:	_____	
Quantity Prescribed:	Dosage Form:	Route of Administration:

Directions for Use (including frequency and expected length of therapy):

Are there any concerns for a *drug interaction* or *potential adverse events* with the addition of the requested drug to the member's current drug regimen? Yes No (If yes, please explain the benefits despite the noted concern and the monitoring plan to ensure safety below)

Medications tried or failed (including dates and results of previous drug trials), drug allergies and/or any other pertinent information the prescribing physician deems important. Please provide all relevant clinical documentation and medical records with this completed form for review.

Medication / HCPCS Code(s)	Dose and Length of Treatment	Results of Treatment

B vs. D Primary Billing Determination

Is the drug being used for treatment of cancer? Yes No
 Yes (Bill to Medicare Part B)
 No (Complete Part D Coverage Determination Criteria below)

CLINICAL INFORMATION

Please fill in the applicable section for the specific condition for which the drug is being prescribed below.

Note: If the condition being treated with the requested drug is a symptom e.g. shortness of breath, chest pain, nausea, anorexia, weight loss, etc., provide the diagnosis causing the symptom(s) if known. This drug may only be authorized when it is used for a medically accepted indication. A medically accepted indication is a use of the drug that is either:

- Approved by the Food and Drug Administration (FDA) for the diagnosis or condition for which it is being prescribed, or
- Supported by a CMS-approved compendia (American Hospital Formulary Service-Drug Information (AHFS-DI); National Comprehensive Cancer Network (Categories 1 or 2A only); Micromedex DrugDex; Clinical Pharmacology; or Lexi-Drugs).

END STAGE RENAL DISEASE (ESRD) MEDICATION

Diagnosis and diagnosis code: _____

Does the patient have ESRD? Yes No

Is the patient currently receiving dialysis? Yes No

Is the requested medication being used for an FDA-approved or medically accepted diagnosis related to dialysis (e.g., access management, anemia management, anti-infectives, bone and mineral metabolism, and cellular management)? Yes No

Was the prescription written by any of the following: dentist, chiropractor, gynecologist, ophthalmologist, podiatrist, hospital emergency room prescriber? Yes No

Medications Covered by Part B (medical)

- To treat anemia for persons with ESRD on dialysis who are either receiving the Erythropoietin (EPO) at the dialysis center, or for patients that are self- injecting at home; and/or
- Following physician services for approved medical conditions.

Medications Covered by Part D (pharmacy)

- Indications other than the treatment of anemia due to ESRD for patients on dialysis.

HEPATITIS B VACCINE (e.g., Engerix-B or Recombivax)

- High or Intermediate Risk of contracting hepatitis B (defined as: ESRD patients, hemophiliacs receiving Factor VIII or IX, clients or staff of an institution for the developmentally disabled, HIV positive patients, persons who live in the same household as a Hepatitis B Virus (HBV) carrier, men who have sex with other men, illicit injectable drug abusers, health care professionals with frequent contact with blood or blood-derived bodily fluids during routine work).

Diagnosis code: _____

- Other (please provide diagnosis and code): _____

Medications Covered by Part B (medical)

Some of the most common vaccines that Medicare Part B covers includes:

- Influenza (flu) vaccine
- Pneumonia vaccine
- FDA-authorized COVID-19 vaccines
- Hepatitis B Vaccine: Members who are at high or intermediate risk of contracting hepatitis B, e.g., exposed to hepatitis (Note: While the hepatitis B vaccine is sometimes covered under Part B, the hepatitis A vaccine is covered under Part D.)
- For other vaccines, if it is directly related to an injury or risk level, Part B covers the vaccine (e.g., rabies or tetanus toxoid would fall under the Part B benefit when provided in conjunction with a physician's service).

Medications Covered by Part D (pharmacy)

- Most vaccines and their associated administration fees are covered under the Part D benefit, except in some cases where CMS has mandated coverage of a few vaccines under the Part B benefit.
- If the physician prescribes the vaccine for a reason other than exposure or injury, Part D covers the vaccine and its administration. For example, Shingles vaccine is covered by Part D.
- Travel-specific vaccines such as typhoid or yellow fever shots due to factors that require care to be considered "reasonable" or "medically necessary" may not be covered by Medicare. Vaccines intended for extra protection before a trip, may incur out of pocket payment.

IMMUNOSUPPRESSANTS (e.g., mycophenolate mofetil (CellCept), azathioprine (Imuran, Azasan), Cyclosporine (Systemic) (Neoral, Gengraf), sirolimus (Rapamune), tacrolimus (Prograf), Mycophenolic Acid (Myfortic) and cyclosporine (Sandimmune); methotrexate, (Trexall); basiliximab (Simulect), belatacept (Nulojix); Orthoclone OKT3 (muromomab-CD3); Atgam (lymphocyte Immune globulin)
 Diagnosis and diagnosis code: _____
All of the following questions are required for patients who underwent transplantation:
 Transplanted organ (specify organ): _____ Date of transplant: ____/____/____
 Did Medicare cover the transplant? Yes No

<u>Medications Covered by Part B (medical)</u> If the member received a Medicare covered transplant, medications are covered by Part B.	<u>Medications Covered by Part D (pharmacy)</u> If the member received a non-Medicare covered transplant or are using these medications for another reason, they would be covered by Part D.
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INHALED NEBULIZED SOLUTIONS [e.g., acetylcysteine (Mucomyst), albuterol, albuterol and ipratropium (DuoNeb), albuterol sulfate (AccuNeb, Proventil), arformoterol (Brovana), budesonide inhalation suspension (Pulmicort Respules), cromolyn (Intal), dornase alfa (Pulmozyme), formoterol fumarate (Performist), iloprost (Ventavis), ipratropium bromide, levalbuterol hydrochloride (Xopenex), metaproterenol sulfate (Alupent), pentamidine isethionate (NebuPent), revefenacin (Yupelri), treprostinil (Tyvaso), tobramycin inhalation solution (TOBI, Bethkis)]
 Specify diagnosis and diagnosis code: _____
 Is the drug administered using a nebulizer? Yes No
 Is this drug being delivered via DME (via nebulizer in the home – Note: LTC is not considered “home”)? Yes No
 Is the patient currently in a Skilled Nursing Facility or hospital? Yes NoIf YES, has the patient exhausted all Medicare Part A benefits? Yes No

<u>Medications Covered by Part B (medical)</u> Medications are covered by Part B when used with a nebulizer in the home.	<u>Medications Covered by Part D (pharmacy)</u> Medications are covered by Part D when used with a nebulizer in a skilled nursing facility or as an inpatient in the hospital and the member’s stay is not covered by Part A.
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INSULIN ADMINISTERED VIA AN INSULIN PUMP (Insulin pumps and the insulin used in the pumps)
 Diagnosis and diagnosis code: _____
 Is the drug administered at home? Yes No
 Is the patient in a long term care facility? Yes No
 Is the insulin administered using an insulin pump? Yes No

<u>Medications Covered by Part B (medical)</u> 1. Blood glucose self-testing equipment and supplies (whether or not the member uses insulin): <ul style="list-style-type: none"> • Blood glucose monitors • Blood glucose test strips • Lancet devices and lancets • Glucose control solutions for checking the accuracy of testing equipment and test strips 2. Insulin pumps and the insulin used in the pumps.	<u>Medications Covered by Part D (pharmacy)</u> 1. Injectable insulin not associated with the use of an insulin infusion pump. 2. Certain diabetic supplies: <ul style="list-style-type: none"> • Syringes • Needles • Alcohol swabs • Gauze • Inhaled insulin devices
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<input type="checkbox"/> INTRAVENOUS IMMUNE GLOBULIN (IVIG) <input type="checkbox"/> Primary immune deficiency, diagnosis code: _____ <input type="checkbox"/> Other, specify diagnosis and diagnosis code: _____	
<u>Medications Covered by Part B (medical)</u> Part B coverage – If administered at home for primary immunodeficiency	<u>Medications Covered by Part D (pharmacy)</u> Part D coverage – If provided in the home for all other indications Note: Primary immunodeficiencies not included in Attachment F may be reviewed for coverage through applicable Part D benefits.

<input type="checkbox"/> ORAL CHEMOTHERAPY AGENTS (e.g., cyclophosphamide, methotrexate, Trexall) Drugs with Intravenous (IV) Equivalent: e.g., melphalan (Alkeran); methotrexate, (Trexall); etoposide (VePesid); and capecitabine (Xeloda); topotecan (Hycamtin); temozolomide (Temodar); Busulfan (Myleran); Cyclophosphamide (Cytoxan) Diagnosis and diagnosis code: _____	
<input type="checkbox"/> Does the requested medication contain the same active ingredient(s) as the non-self-administrable anti-cancer intravenous chemotherapeutic drug? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Please note: The oral anticancer drug and the non-self-administrable drug must have the same chemical/generic name as indicated by the FDA's Approved Drug Products (Orange Book), Physician's Desk Reference (PDR), or an authoritative drug compendium.</i> Is the requested medication used for the same anti-cancer chemotherapeutic FDA approved indications, including unlabeled or "off-label" uses, as the non-self-administrable form of the drug? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the requested medication prescribed by a practitioner licensed under state law to prescribe such drugs as anti-cancer chemotherapeutics? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Reference: Medicare Benefit Policy Manual; Chapter 15 – Covered Medical and Other Health Services (Rev. 12497; Issued: 02-08-24)</i>	
<u>Medications Covered by Part B (medical)</u> Part B coverage: Oral chemotherapy agents used in cancer treatment that contain the same active ingredient (or pro-drug) as injectable dosage form that would be covered as: 1) not usually self-administered and 2) provided incident to* a physician's service. * In order to meet all of the general requirements for coverage under the incident-to provision, an FDA-approved drug or biologic must be all of the following: <ul style="list-style-type: none"> • A formulation that is not usually self-administered • Furnished by a physician • Administered by the physician or by auxiliary personnel employed by the physician and under the physician's personal supervision The charge, if any, for the drug or biologic must be included in the physician's bill, and the cost of the drug or biologic must represent an expense to the physician. If the MA organization supplies the drug to the provider, the MA organization will account for the drug under its A/B benefits. If a network pharmacy supplies the drug directly to the beneficiary, the drug will be accounted for under its Part D benefits. 	<u>Medications Covered by Part D (pharmacy)</u> Part D coverage: All other oral agents covered.

ORAL / RECTAL ANTI-EMETICS (e.g., dolasetron mesylate (Anzemet), granisetron hydrochloride (Kytril), ondansetron hydrochloride (Zofran), oral NK-1 Antagonists**

Diagnosis and diagnosis code: _____

Has the drug been ordered by the treating practitioner as part of a cancer chemotherapy regimen? Yes No

If YES, please answer the following questions:

- a. List the names of all oral chemotherapeutic medications the patient will receive:

- b. Is the drug used as a full therapeutic replacement for an IV antiemetic drug that would otherwise have been administered at the time of the chemotherapy treatment? Yes No
- c. Will this oral antiemetic drug be initiated within two hours of the administration of the chemotherapeutic agent and continued for a period not to exceed 48 hours from that time? Yes No

****ORAL NK-1 ANTAGONISTS** (e.g., aprepitant [Emend], rolapitant [Varubi], netupitant and palonosetron [Akynzeo]) Oral antiemetic drugs aprepitant (Emend) and rolapitant (Varubi) are approved under Part B when used in combination with a 5-HT3 antagonist and dexamethasone, as a replacement for IV anti-emetic administration. Netupitant and palonosetron (Akynzeo) is approved under Part B when used in combination with dexamethasone, as a replacement for IV anti-emetic administration; a separate 5-HT3 antagonist is not needed.

Medications Covered by Part B (medical)

- If oral anti-emetic is related to IV cancer treatment and is full replacement for IV administration within 2 hours of cancer treatment and continued for up to 48 hours OR
If oral or rectal anti-emetic is related to oral cancer treatment administered within 2 hours before oral anticancer drug

Medications Covered by Part D (pharmacy)

Part D coverage: If IV cancer treatment is administered in the home setting, the oral anti-emetic is covered under Part D, since type / dosage of chemotherapy does not require IV antiemetic drugs
OR
If it doesn't meet Part B rules above, covered under Part D

Total Parenteral Nutrition (TPN) / Intradialytic Parenteral Nutrition (IDPN) / Intraperitoneal Nutrition (IPN)

Parenteral Nutrition—Amino Acid & Lipids: amino acid solutions, amino acid with electrolyte and/or calcium solutions, IV lipid emulsion

- Diagnosis and diagnosis code: _____
- Does the member have a functioning digestive tract? Note: A permanent dysfunction of the digestive tract may be defined as non-function for longer than a duration of 90 days.
- Yes (Refer to Part D Coverage Determination section below)
- No (Refer to Part B below)
- IDPN / IPN
- Is the pharmacy compounding the IDPN / IPN by adding amino acids to the dialysate solution? Yes No
- ***IDPN** is considered a Part D compound because dialysate is not included. There is Part D coverage for amino acids, dextrose, and lipids that meet the definition of Part D drugs.
- ***IPN** is covered under the ESRD Prospective Payment System (PPS), drug must be supplied by dialysis facility. Although the dialysate is not separately billable, it is still considered a Part B drug.

INGREDIENT DETAILS (Required for TPN and IDPN requests only):

DRUG / INGREDIENT NAME	STRENGTH	DOSE	INDICATION

NOTE: There is no Medicare coverage (under Part B or Part D) for ingredients such as sterile water since non-covered drugs and other ingredients must be treated as general pharmacy overhead.

<p><u>Medications Covered by Part B (medical)</u></p> <ul style="list-style-type: none"> • Chapter 6, Appendix C of the Medicare Prescription Drug Benefit Manual states that Part B coverage for parenteral nutrition is limited to individuals with a non-functioning digestive tract. • Dialysate is considered to be a supply relative to the ESRD facility which falls under the ESRD PPS payment and is not separately billable under Part B. Although the dialysate is not separately billable, it is still considered a Part B drug. In the case that a pharmacy extemporaneously compounds IPN by adding amino acids to a dialysate, IPN is a Part B compound, and coverage for the entire compound, including ingredients that would independently meet the definition of a Part D drug, would not be available under Medicare Part D 	<p><u>Medications Covered by Part D (pharmacy)</u></p> <ul style="list-style-type: none"> • Part D coverage – All other indications, including dialysis • For ESRD patients, IDPN or IPN coverage may be available under Medicare Part D. Medicare Part D coverage of these products is limited to the drug ingredients that meet the definition of a Part D drug, along with dispensing fee, and subject to the requirements in 42 CFR 423.120(d) pertaining to compounded drug products. • IDPN is considered a Part D compound because dialysate is not included. There is Part D coverage for amino acids, dextrose, and lipids that meet the definition of Part D drugs. • Reimbursement under Part D may include a dispensing fee to cover certain labor costs and pharmacy overhead as permitted by CMS.
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<p><input type="checkbox"/> ALL OTHER INTRAVENOUS (IV) MEDICATIONS</p> <p>Is the drug given intravenously by infusion? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is the drug being administered in a long term care facility? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is the drug being given in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is the drug being administered via an external infusion pump? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p><u>Medications Covered by Part B (medical)</u></p> <ul style="list-style-type: none"> • Medications that are administered at home that require the use of an infusion pump (as specified by the local DME provider) are covered by Part B. • When injectable or intravenous medications are provided and administered by a physician, and considered by a Part B carrier as “not usually self-administered,” they are covered by Part B. 	<p><u>Medications Covered by Part D (pharmacy)</u></p> <ul style="list-style-type: none"> • Medications that do not require the use of a pump (as specified by the local DME provider) or for settings that are not considered a patient’s home (such as a long-term care home with skilled nursing onsite) are covered by Part D. • If injectable or intravenous medications are dispensed by a pharmacy, and there are no safety concerns with the member using the medication at home, depending on the patient’s condition, medications are covered by Part D.