




State of Louisiana
Department of Health and Hospitals
Bureau of Health Services Financing

MEMORANDUM

DATE: July 14, 2015
TO: Louisiana Medicaid Providers
FROM: 
J. Ruth Kennedy, Medicaid Director
SUBJECT: Medicare Parts B/D Coverage Criteria for Fee For Service Pharmacy Claims

The purpose of this memo is to provide information for Medicare Part B versus Medicare Part D coverage issues. The table included with this memo provides a quick reference guide, but it does not address all possible scenarios. Medicare Part B covers Durable Medical Equipment (DME) and a limited number of outpatient prescription drugs. Most prescription drugs are covered under the Part D plans, but some drugs can be covered under either Part B or Part D based on the drug's indication and where or how it is administered.

If a pharmacy claim is submitted to Legacy Medicaid for a recipient who is also Medicare eligible, the claim may deny at Point of Sale (POS) with:

NCPDP rejection code 41 (Submit Bill to Other Processor or Primary Payer) mapped to one of the EOB codes listed below:
346—Bill Medicare Part B/D (Bill Medicare B for qualified service otherwise bill Part D)
536—Bill Medicare Part B
535—Bill Medicare Part D

Override provisions are not allowed for this edit. The claim must be resubmitted to the correct Medicare plan. Please contact Molina Medicaid Solutions Point of Sale (POS) Help Desk at 1-800-648-0790 or 1-225-216-6381 for assistance in reprocessing the claim. Your continued cooperation and support of the Louisiana Medicaid Pharmacy Program efforts to coordinate care and improve health are greatly appreciated.

MCJ/MBW/SHB

c: Bill Perkins
Mary TC Johnson
Melwyn Wendt
Molina

Medicare Parts B/D Coverage Guide for Dual Eligible Recipients

Drug or Drug Category	Examples	Route(s)	Criteria for Part B	Criteria for Part D	EOB	Comments
ORAL ANTI-NAUSEA (ANTI-EMETICS) RELATED AGENTS USED AS ANTI-EMETICS	ONDANSETRON PROMETHAZINE	ORAL	Used as full therapeutic replacement for IV anti-emetic drugs at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	Used after 48 hours of chemotherapy and/or any condition other than cancer	346	
	CHLORPROMAZINE DIPHENHENDRAMINE PERPHENAZINE HYDROXYZINE					
ORAL CHEMOTHERAPY	ETOPOSIDE BUSULFAN CAPECITABINE LEUCOVORIN	ORAL	Used for treatment of cancer that contains same active ingredient as injectable dosage form that is covered by Medicare	Used for all other indications	346	
ESRD AGENTS : Erythropoietin	DARBEPOETIN ALFA EPOETIN ALFA METHOXY PEG-EPOETIN BETA	INJECTABLE	Used to treat anemia in end-stage renal disease (ESRD), administered in a dialysis unit or home	Purchased at the pharmacy for condition(s) other than ESRD	346	
	DOXERCALCIFEROL VANCOMYCIN CALCITROL ZEMPLAR/HECTOROL	INJECTABLE	Used to treat secondary conditions related to ESRD/dialysis	Used for all other indications	346	
IMMUNE GLOBULINS	IMMUNE GLOBULIN GAMMA(IGG)	INJECTABLE	Used to treat immune deficiency disease and it is used in the home	Used for all other indications	346	
IMMUNOSUPPRESSANTS	AZATHIOPRINE CYCLOSPORINE MYCOPHENOLATE TACROLIMUS	ANY	Used for a "Medicare-Covered" transplant and self-administered	Used for all other indications	346	"Medicare Covered Transplant" means patient received transplant from Medicare-approved facility and entitled to Part A at the time of transplant

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INHALATION SOLUTIONS	ACETYLCYSTEINE ALBUTEROL SULFATE DORNASE ALFA BUDESONIDE LEVALBUTEROL	INHALATION	Used with a nebulizer in the home	Used in a skilled nursing facility or used "without a nebulizer"	346	Metered-dose inhalers, dry powder inhalers or nasal spray inhalers are used "without a nebulizer"
HEMOPHILIA CLOTTING FACTORS	ANTIHEMOPHILIC FACTORS COAGULATION FACTORS	ALL	Hemophilia diagnosis and medication is self-administered	Not Covered	536	
DIABETES SELF-TESTING EQUIPMENT AND SUPPLIES	BLOOD SUGAR MONITORS, TEST STRIPS, LANCET DEVICES, LANCETS, GLUCOSE CONTROL SOLUTIONS	N/A	Covered as durable medical equipment for a diagnosis of diabetes	Not Covered	536	Pharmacy must be enrolled in Medicare and accepts Medicare assignment
ANTIGENS	MOLD EXTRACTS HOUSE DUST POLLEN EXTRACTS	INTRADERMAL	Self-administered or given in the doctor's office	Not covered	536	

EOB is the Explanation of Benefits that may be returned on a POS claim for Dual Eligible Medicaid Recipients

EOB of 346 = BILL MEDICARE PART B/D (Bill Medicare Part B for qualified service otherwise bill Medicare Part D)

EOB of 536 = BILL MEDICARE PART B (Medicare Part B covered service; and Medicare is the primary payer)

EOB of 535=BILL MEDICARE PART D (Drug covered by Medicare Part D)

This table is a tool for quick reference and not intended to be a complete guide. For a more extensive list, 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