

PROVIDER QUICK POINTS

PROVIDER INFORMATION



January 8, 2014

2014 Hospice Pharmacy Education

The recent guidance from the Centers for Medicare & Medicaid Services (CMS) has advised Medicare Part D plan sponsors to change the way claims are adjudicated for Medicare subscribers who are in hospice care. This Quick Point describes the changes regarding such claims for Medicare beneficiaries.

Affected categories of hospice drugs

After CMS has identified a subscriber as being enrolled in hospice, participating pharmacies will receive the hospice reject codes for all claims.

Due to CMS guidelines, effective **January 1, 2014**, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will implement the following reject codes for all drugs dispensed for Blue Cross subscribers who are receiving hospice care:

- NCPDP Reject Code A3: “THIS PRODUCT MAY BE COVERED UNDER HOSPICE – MEDICARE A”
- NCPDP Reject Code 75: “PRIOR AUTH REQUIRED”
- NCPDP Reject Code 569: “NOTICE-MED D COV&RIGHTS”

Communicate changes to your pharmacies

Hospice care providers receive a per diem payment from Medicare Part A that includes a component for drug costs for the palliation and management of the terminal illness and related conditions. CMS guidance indicates that hospices are required to provide virtually all the care that is needed by terminally ill individuals. Therefore, participating pharmacies should look to the hospice care provider for payment for all such drugs. The only drugs for which there will be Medicare Part D coverage are those for treatment of a condition completely unrelated to the individual’s terminal condition. Per CMS guidance, these situations will be “extremely rare” and the hospice provider will need to substantiate the basis for coverage via the prior authorization process.

Appeal process

Prescribing providers, subscribers and participating pharmacies may appeal these rejects by submitting documentation confirming the patient was not enrolled in hospice on the date of service to Prime Therapeutics Clinical Review Department at phone number **1-800-693-6651** or fax number **1-800-693-6703**.