

Revised January 2019

MEDICARE COVERAGE OF IMMUNOSUPPRESSIVE DRUGS

Dear Clinician,

Immunosuppressive drugs are covered by Medicare Part B for beneficiaries who have had organ transplants. The DME MACs frequently receive questions regarding under what circumstances immunosuppressive drug therapy is covered. In general, coverage of immunosuppressive drugs requires that, in part:

- The patient was enrolled in Medicare Part A at the time of the transplant; and,
- The patient is enrolled in Medicare Part B at the time that the drugs are dispensed.

Immunosuppressive drugs provided to Medicare beneficiaries whose transplant occurred prior to their enrollment in Medicare Part A should not be billed to the DME MAC. For those patients, the drugs may be eligible for coverage under Medicare Part D.

To assist pharmacies dispensing immunosuppressive drugs to your patients, please ensure that you:

1. Document the date of the transplant and the facility where the transplant occurred (if known) in the patient's medical records;
2. List all immunosuppressive drugs ordered, including the dosage, strength and frequency of use, in your Plan of Care. If you order two dosage strengths of the same drug, it is helpful to indicate this, via specific instructions on the prescription and in the medical record, for how these are to be taken (e.g., in combination, alternate days, etc);
3. Include the following required elements on your immunosuppressive drug prescriptions/orders:
 - Beneficiary name
 - The name of the drug
 - Dosage or concentration
 - Frequency of administration
 - Quantity to be dispensed
 - Number of refills
 - Date of the order
 - Physician/practitioner's signature
4. Sign and date your medical records.

Note: A DWO is required before billing. Someone other than the physician/practitioner may complete the DWO of the item unless statute, manual instructions, the contractor's LCD or policy articles specify otherwise. However, the prescribing physician/practitioner must review the content and sign and date the document.

Medicare places certain limitations on prescriptions for immunosuppressive drugs. Prescriptions for immunosuppressive drugs generally should be non-refillable and limited to a 30-day supply. The 30-day guideline is necessary because dosage frequently diminishes over a period of time, and further, it is not uncommon for the clinician to change the prescription from one drug to another. Also, these drugs are expensive and the coinsurance liability on unused drugs could be a financial burden to your patient. Unless there are special circumstances (e.g., extended travel outside of the US), the DME MACs will not consider a supply of drugs in excess of 30 days to be reasonable and necessary and may deny payment.

Clinicians can view the complete local coverage determination and related policy article titled Immunosuppressive Drugs in the Medicare Coverage Database at: <https://www.cms.gov/medicare-coverage-database>

Suppliers may ask you to provide the documentation from your medical records on a routine basis in order to assure that Medicare will pay for these drugs and that your patient will not be held financially liable. Providing this documentation is in compliance with the Health Insurance Portability and Accountability Act Privacy Rule. No specific authorization is required from your patient. Also note that you may not charge the supplier or the beneficiary to provide this information. Please cooperate with the supplier so that they can provide the immunosuppressive drugs that are needed by your patient.

Sincerely,

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