Special Bulletin

March 2008

Highmark Modifies Copay Guidelines for Certain Medicare Part B Medications for FreedomBlue℠ PPO and FreedomBlue PFFS Members

Effective immediately, Highmark is modifying the copayment guidelines it applies to certain Medicare Part B medications administered to Medicare Advantage members – FreedomBlue PPO and FreedomBlue PFFS (Private Fee for Service). The copayment for certain Part B medications **will now be administered as $2 per drug per date of service**.

Within the next several weeks, Highmark will begin reprocessing claims already submitted for drugs in these categories provided to Highmark Medicare Advantage members since Jan. 1, 2008. Any applicable adjustments will be issued to providers. Providers who have already collected copayments from members for dates of service on or after Jan. 1, 2008, should make arrangements to reimburse members for copayments that exceed $2 per drug per date of service, if appropriate. As explained later in this bulletin, copayment amounts can vary. Please see "Use NaviNet® to Verify if Copayment Applies for Medicare Advantage Members" section on Page 2.

Attention HIT and DME Providers: The copayment for Part B drugs, including IVIG, associated with home infusion therapy (HIT) services, and inhalation drugs requiring a nebulizer or IV drugs requiring an infusion pump from a durable medical equipment (DME) provider will remain at $25 up to a 34-day supply. The copayment should be collected at the first dose or refill during the 34-day period.

Attention Oncologists: The copayment for certain oral anti-cancer drugs will remain at $25 up to a 34-day supply. (These drugs may be covered under Part D when used for any other clinical indication. In those situations, the member's Part D copayment may apply.)

Guidelines for Collection of Part B Copayment for Medicare Advantage Members

Providers are reminded that copayments are due at the time of service. The Part B copayment for Medicare Advantage members is $2 per drug in the circumstances described below. When members are receiving Part B drug(s) as part of a multi-session course of treatment, the $2 copayment should be collected for each Medicare Part B drug administered during the session. For example, if a patient receives three Part B drugs during a treatment session, providers should collect a total of $6 in copayments ($2 for each drug administered). **As always, if the allowable amount of the Medicare Part B drug is less than the copayment amount, the member is only responsible for the lesser amount**.

Over, please

HIGHMARK® BLUE SHIELD
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Camp Hill, PA 17089

Drugs to Which $2 Copayment Applies

The $2 per drug per date of service copayment applies to physician/health care professional-administered drugs in the following categories:

- Drugs that include substances that are naturally present in the body, including blood clotting factors and insulin
- Clotting factors if patient has hemophilia
- Immunosuppressive drugs if patient has had an organ transplant covered by Medicare (These drugs may be covered under Part D when used for any other clinical indication. In those situations, the member's Part D copayment may apply.)
- Injectable osteoporosis drugs, if patient is homebound, has a bone fracture that a physician certifies was related to post-menopausal osteoporosis
- Chemotherapy

For your convenience, a complete list*of Medicare Part B drugs, codes, dosing and copayment information for 2008 is enclosed. The current list is available on the Provider Resource Center via NaviNet or at **www.highmarkblueshield.com**. To view this list, Hover on *Administrative Reference Materials* and select *2008 Medicare Part B Drug List* from the drop-down menu.

* All Part B drugs listed, including those excluded from the Part B copayment, are taken from the 2008 CMS Average Sales Price listing of Part B drugs.

> **Note Regarding Drugs Used in Conjunction with Anesthesia and Radiology Services:** Highmark has made every effort to exclude from the copayment requirement drugs that are used in conjunction with anesthesia and radiology services. However, since some drugs have multiple uses, there is no guarantee that all such drugs have in fact been excluded from the copayment requirement.

Use NaviNet to Verify if Copayment Applies for Medicare Advantage Members

When verifying member eligibility, you should also confirm the appropriate copayment amount for the service. We are soon adding NaviNet functionality that will allow you to confirm the copayment amount for Medicare Advantage members with individual coverage with a single NaviNet session. Watch the Plan Central page of NaviNet as well as the Today's Message box on the Provider Resource Center, where we will notify you when this functionality is available. Once this functionality is in place, you can simply click on *Eligibility & Benefits* and select the *Other Services* link. You can confirm the member's Part B drug copayment amount there. **As always, if the allowed amount of the Medicare Part B drug is less than the copayment amount, the member will be responsible for the lesser amount.** Please remember that some members who are covered by group-sponsored retiree plans may have different copayment amounts. We are also working to add to NaviNet the ability to confirm the copayment amount for members with group-sponsored coverage. We will notify you when this functionality is in place as well.

> **Note:** NaviNet is the preferred source for routine eligibility, claims status and general inquiries and authorization requests and to verify if an authorization has been issued. NaviNet-enabled providers who call the Provider Service Center for routine inquiries will be directed to NaviNet for the requested information.

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Medications Furnished As Part of Physician Service

Medicare Part B covers a limited set of drugs – injectable and infusible drugs that are not usually self-administered and that are furnished and administered as part of a physician service. If the injection is usually self-administered (e.g., Enbrel) or is not furnished and administered as part of a physician service, it may not be covered by Part B. Medicare Part B also covers a limited number of other types of drugs. These are shown in the enclosed chart titled "Medicare Part B Drugs Quick Reference Guide," which you can post in your office for future reference.

Certain categories of Medicare Part B drugs have been excluded, including Medicare Part B Exclusion Drugs. In addition to the excluded Medicare Part B drugs identified in Highmark Medicare Advantage Medical Policy I-6, the following drugs are also excluded from the Part B copayment:

- Vaccines and Toxoids (CPT 90371 through 90747)
- Miscellaneous Drugs and Solutions (HCPCS J7030 through J7130, J7308 through J7349)
- Miscellaneous Pathology and Laboratory (HCPCS P9041 through P9048)
- Contrast Materials (HCPCS A9576 through A9579, Q9953-Q9954, Q9956 through Q9958, and Q9960 through Q9967)

Thank you for your continued support of Highmark products. If you have specific questions regarding the collection of copayments for Part B medications for Medicare Advantage members, please contact Provider Service at 1-866-731-8080, Option 6.