



Dynamic PA Differentiates Part B From Part D Medications

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CCRx recently introduced dynamic prior authorization (PA) for medications to simplify determination of Medicare Part D versus Part B coverage at the point of sale. To resolve these claims, CCRx has instituted the dynamic PA to override the rejection if the claim should be billed to **Medicare Part D**.

The dynamic PA is required for oral forms of **azathioprine, cyclophosphamide, methotrexate, and Marinol**. When processing for these medications, you will receive a rejected claim with the following message:

Azathioprine:

- BILL PART B FOR MEDICARE COVERED TRANSPL OR CANCER TX. IF NOT PART B COVERED BILL PART D. PA TYPE 1 PA# 29100441402

Cyclophosphamide or Methotrexate:

- BILL PART B FOR MEDICARE COVERED TRANSPL OR CANCER TX. IF NOT PART B COVERED BILL PART D. PA TYPE 1 PA# 29100441405

Marinol:

- BILL PART B FOR CHEMOTHERAPY INDUCED NAUSEA/VOMITING WITHIN 48 HRS OF CHEMO. IF PART D, USE PA TYPE 1 PA#29100441401

Here is the process for using the dynamic PA:

| | Ask the patient or prescriber... | If NO, this medication is a <i>Part D</i> medication | If YES, this medication is a <i>Part B</i> medication |
|---|--|---|---|
| Azathioprine | If azathioprine is being used for a Medicare-covered organ-transplant.* | Resubmit claim with <u>PA# 29100441402</u> and PA type 1. | Do not resubmit the claim. Bill the Medicare Part B regional carrier. |
| Methotrexate or Cyclophosphamide | If these agents are being used for a Medicare-covered organ-transplant* or for cancer. | Resubmit claim with <u>PA# 29100441405</u> and PA type 1. | |
| Marinol | If Marinol is being used for chemotherapy-induced nausea and vomiting within 48 hours of chemotherapy. | Resubmit claim with <u>PA #29100441401</u> and PA type 1. | |

* The transplant is Medicare-covered if the patient received it from a Medicare-approved facility and was entitled to Medicare Part A at the time of the transplant.

Note: If the diagnosis information is unknown at the time of dispensing, the dynamic PA should not used. The pharmacist should request the necessary information from the physician or have the physician complete a prior authorization form available at www.CCRx.net. Once the dynamic prior authorization has been used, subsequent refills will process automatically without reentering the dynamic prior authorization code.

Please contact the CCRx Pharmacy Tech Center (PTC) at 866-684-5395 if you have any questions.