MEDICARE PART B VERSUS PART D COVERAGE ISSUES

This document is not a statement or promise of coverage, but rather a discussion of when something *may* be covered under Parts A, B or D, if all other coverage requirements are met. For example, a Part D drug must still be medically necessary

Introduction

This document provides an overview of outpatient prescription drug coverage policies under Medicare. Beneficiaries who are inpatients of hospitals or skilled nursing facilities during covered stays may receive drugs as part of their treatment. Typically, the payment for drugs is bundled into the Medicare Part A payments made to these types of facilities.[1] Under the hospice benefit, beneficiaries receive drugs that are medically necessary for symptom control or for pain relief. In general, references are seen to five major categories of Medicare Part B drug spending: 1. drugs billed by physicians and typically provided in physicians offices (such as chemotherapy drugs); 2.drugs billed by pharmacy suppliers and administered through durable medical equipment (DME), such as respiratory drugs given through a nebulizer; 3.drugs billed by pharmacy suppliers and self-administered by the patient (such as immunosuppressive drugs and some oral anti-cancer drugs); 4. Separately billable drugs provided in Hospital Outpatient Departments; and 5. Separately billable End Stage Renal Disease (ESRD) drugs such as erythropoietin (EPO). Regional differences in Part B coverage policies for drugs can occur in the absence of a national coverage decision. A drug for which coverage is available under Part A or Part B, as it is being "prescribed and dispensed or administered" with respect to the individual, is excluded from the definition of a Part D drug and, therefore, cannot be included in Part D basic coverage.

Medicare Part A and Part B Covered Drugs

Part A/B Covered Drugs Set by Statute

Traditional Medicare (Part A/B) does not cover most outpatient prescription drugs. Medicare bundled payments made to hospitals and skilled nursing facilities generally cover all drugs provided during a stay. Medicare also makes payments to physicians for drugs or biologicals that are not usually self-administered. This means that coverage is usually limited to drugs or biologicals administered by infusion or injection. However, if the injection is generally self-administered (e.g., Imitrex), it is not covered.

[1] If these drugs are provided as part of a Medicare Part A covered inpatient hospital or skilled nursing facility stay, they are generally bundled in the Medicare Part A payment to the facility. The exception with regard to inpatient hospital services is clotting factor which is paid separately. For covered SNF stays certain high cost chemotherapy drugs are billed separately along with preventive injections (e.g. flu shots). If a beneficiary does not have Part A coverage, if Part A coverage for the stay has run out or if a stay is non-covered, hospitals and SNFs can be paid for most categories of Part B covered drugs.

Despite the general limitation on coverage for outpatient drugs under Part B, the law specifically authorizes coverage for the following:

Durable Medical Equipment (DME) Supply Drugs. These are drugs that require administration by the use of a piece of covered DME (e.g., a nebulizer, external or implantable pump). The statute does not explicitly cover DME drugs; they are covered as a supply necessary for the DME to perform its function. The largest Medicare expenditures for drugs furnished as a DME supply are for *inhalation drugs*, which are administered in the home through the use of a nebulizer (e.g., albuterol sulfate, ipratropium bromide). The other category of drugs Medicare covers as a DME supply are drugs for which administration with an *infusion pump* in the home is medically necessary (e.g. some chemotherapeutic agents).

Immunosuppressive Drugs. Drugs used in immunosuppressive therapy (such as cyclosporine) for a beneficiary who has received a Medicare covered organ transplant.

Hemophilia clotting factors. Hemophilia clotting factors for hemophilia patients competent to use such factors to control bleeding without medical supervision, and items related to the administration of such factors.

Oral Anti-Cancer Drugs. Drugs taken orally during cancer chemotherapy provided they have the same active ingredients and are used for the same indications as chemotherapy drugs that would be covered if they were not self-administered and were administered as incident to a physician's professional service.

Oral Anti-emetic Drugs. Oral anti-nausea drugs used as part of an anti-cancer chemotherapeutic regimen as a full therapeutic replacement for an intravenous anti-emetic drug within 48 hours of chemotherapy administration.

Pneumococcal vaccine. The vaccine and its administration to a beneficiary if ordered by a physician.

Hepatitis B vaccine. The vaccine and its administration to a beneficiary who is at high or intermediate risk of contracting hepatitis B.[2]

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[2] High risk groups currently identified include: individuals with ESRD; individuals with hemophilia who received Factor VIII or IX concentrates; clients of institutions for individuals for the mentally handicapped; persons who live in the same household as a hepatitis B Virus (HBV) carrier; homosexual men; illicit injectable drug abusers. Intermediate risk groups include: staff in institutions for the mentally handicapped and workers in health care professions who have frequent contact with blood or blood-derived body fluids during routine work.

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Influenza vaccine. The vaccine and its administration when furnished in compliance with any applicable state law. The beneficiary may receive the vaccine upon request without a physician's order and without physician supervision.

Antigens. These are prepared by a physician (usually an allergist) for a specific patient. The physician or physician's nurse generally administers them in the physician's office. In some cases the physician prepares antigens and furnishes them to a patient who has been taught to self-administer them at home.

Erythropoietin (EPO). EPO for the treatment of anemia for persons with chronic renal failure who are on dialysis.

Parenteral Nutrition. Parenteral nutrients are covered under the prosthetic benefit. They are available to beneficiaries who cannot absorb nutrition through their intestinal tract. Parenteral nutrition is administered intravenously and is regulated as a drug by the FDA.

Intravenous Immune Globulin Provide in the Home. The MMA created a benefit for the provision of intravenous immune globulin (IVIG) for beneficiaries with a diagnosis of primary immune deficiency disease. Coverage is provided if a physician determines that the administration of IVIG in the patient's home is medically appropriate. Payment is limited to that for the IVIG itself and does not cover items and services related to administration of the product.

Part B Covered Drugs in the Context of a Professional Service

Drugs furnished "Incident To" a Physician's Service. These are injectable or intravenous drugs that are administered predominantly by a physician or under a physician's direct supervision as "incident to" a physician's professional service. The statute limits coverage to drugs that are not usually self-administered.[3]

Separately Billable ESRD Drugs. Most drugs furnished by dialysis facilities are separately billable. The largest Medicare expenditures for such drugs are for erythropoietin (EPO) which is covered for dialysis beneficiaries when it is furnished by independent and hospital-based ESRD facilities, as well as when it is furnished by physicians.

Separately billable drugs provided in Hospital Outpatient Departments. For Calendar Year 2005, Medicare continues to pay separately for drugs, biologicals and radiopharmaceuticals whose median cost per administration exceeds $50, while packaging the

[3] If a drug is not self-administered by more than 50 percent of Medicare beneficiaries, it is considered "not usually self-administered".

cost of drugs, biologicals, and radiopharmaceuticals whose median cost per administration is less than $50 into the procedures with which they are billed.

Drugs covered as Supplies or - "Integral to a Procedure." Some drugs are covered as supplies that are an integral part of a procedure which is a diagnostic or therapeutic service, including radiopharmaceuticals (both diagnostic and therapeutic) and low osmolar contrast media. Other examples of drugs covered under the "integral to a procedure" provision include eye drops administered before cataract surgery.

Blood. Medicare does make separate payment for blood and blood products and these products are regulated as biological agents by the FDA.

Drugs furnished as a part of a service in these provider settings. 1. Drugs packaged under the Hospital Outpatient Prospective Payment System; 2. Drugs furnished by ESRD facilities and included in Medicare's ESRD composite rate; 3.osteoporosis drugs provided by home health agencies under certain conditions; 4. Drugs furnished by Critical Access Hospitals' (CAH) Outpatient Departments; 5. Drugs furnished by a Rural Health Clinic (RHC); 6. Drugs furnished by Federally Qualified Health Centers (FQHC); 7. Drugs furnished by Community Mental Health Centers (CMHC); 8. Drugs furnished by Ambulances; 9. Separately billable drugs provided in Comprehensive Outpatient Rehabilitation Facilities (CORF).

Part D Covered Drugs

Definition of a Part D Covered Drug

A Part D covered drug is available only by prescription, approved by the Food and Drug Administration (FDA) (or is a drug described under section 1927(k)(2)(A)(ii) or (iii) of the Act), used and sold in the United States, and used for a medically accepted indication (as defined in section 1927(k)(6) of the Act). A covered Part D drug includes prescription drugs, biological products, insulin as described in specified paragraphs of section 1927(k) of the Act, and vaccines licensed under section 351 of the Public Health Service Act. The definition also includes "medical supplies associated with the injection of insulin (as defined in regulations of the Secretary)." We define those medical supplies to include syringes, needles, alcohol swabs, and gauze.

Part D Excluded Drugs

The definition of a covered Part D drug excludes any drug for which as prescribed and dispensed or administered to an individual, payments would be available under Parts A or B of Medicare for that individual, even though a deductible may apply.

In addition, the definition of a covered Part D drug specifically excludes drugs or classes of drugs, or their medical uses, which may be excluded from coverage or otherwise restricted under Medicaid under section 1927(d)(2) of the Act, with the exception of smoking cessation agents. The drugs or classes of drugs that may currently be otherwise restricted under Medicaid include:

1. Agents when used for anorexia, weight loss, or weight gain.
2. Agents when used to promote fertility
3. Agents when used for cosmetic purposes or hair growth.
4. Agents when used for the symptomatic relief of cough and colds
5. Prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations
6. Nonprescription drugs
7. Outpatient drugs for which the manufacturer seeks to require that associated tests or monitoring services be purchased exclusively from the manufacturer or its designee as a condition of sale
8. Barbiturates
9. Benzodiazepines

While these drugs or uses are excluded from basic Part D coverage, drug plan sponsors can generally include them as part of supplemental benefits, provided they otherwise meet the definition of a Part D drug. Because non-prescription drugs do not otherwise meet the definition of a Part D drug, they may not be included as part of supplemental benefits; however, under certain conditions as part of a plan utilization management program (including a step-therapy program), non-prescription drugs can be provided at no cost to enrollees. The cost of these drugs to the plan would be treated as administrative costs under such programs.

Other Resources

1. Medicare Benefit Policy Manual, Chapter 15. "Covered Medical and Other Health Services. Chapter 15, Section 110
2. Medicare Claims Processing Manual, Chapter 17 Drugs & Biologicals, 80.5 Self-Administered Drugs. Chapter 20, Durable Medical Equipment, Prosthetics, Orthotics, and Supplies.
3. *Reference Guide for Medicare Physician & Supplier Billers, Helping Front Office Personnel Navigate Medicare Rules for Part B Claims Processing*. MedLearn Matters, First Edition – April 2004.
4. O'Sullivan, Jennifer, Congressional Research Service Report RL30819, *Medicare Prescription Drug Coverage for Beneficiaries: Background and Issues.*
5. Medicare Program; Changes to the Hospital Outpatient Prospective Payment System and Calendar Year 2005 Rates; Final Rule 42 CFR Part 419, Federal Register/Vol. 69, No. 219/Monday, November 15, 2004/Rules and Regulations

6. Medicare Program; Revisions to Payment Policies under the Physician Fee Schedule for Calendar year 2005; Final Rule. 42 CFR Part 403,405,410 et al. Federal Register/Vol. 69, No219/Monday, November 15, 2004/Rules and Regulations
7. U.S. General Accounting Office. *Medicare Outpatient Drugs: Program Payments Should Better Reflect Market Prices.* Testimony by Laura Dummit, before Subcommittee on Health, Senate Committee on Finance, March 14, 2002.

ATTACHMENT I

Part B Drugs and Part D Coverage Chart

Drugs are covered under Part B in a variety of settings and under a variety of payment methodologies.

- Some drugs are paid on a cost basis or are part of a prospective payment, including: drugs packaged under the outpatient prospective payment system (OPPS); drugs furnished by End-Stage Renal Disease (ESRD) facilities and included in Medicare's ESRD composite rate; osteoporosis drugs provided by home health agencies under certain conditions; and drugs furnished by: critical access hospitals' outpatient departments; rural health clinics; federally qualified health centers; community mental health centers; and ambulances.

- In addition, there are 13 categories of drugs for which separate payment is made under Part B[4], including: drugs furnished "incident to" a physician service; separately billable ESRD drugs; separately billable drugs provided in hospital outpatient departments; durable medical equipment (DME) supply drugs; drugs covered as supplies; drugs used in immunosuppressive therapy; blood clotting factors; certain vaccines; antigens; parenteral nutrition; certain oral drugs used in cancer treatment; separately billable drugs provided in comprehensive outpatient rehabilitation facilities (CORFs); and intravenous immune globulin provide in the home.[5]

The following chart groups the various categories of Part B coverage according to the extent to which they present some ambiguity for billing entities and/or Part D plans with regard to whether coverage should be under Part B or Part D. This ambiguity has different implications for Prescription Drug Plans (PDPs) and for Medicare Advantage-Prescription Drug (MA-PD) Plans (including PACE plans and Section 1876 Cost plans which are treated similarly to MA-PDs). For PDPs, the plan sponsor needs to

[4] If these drugs are provided as part of a Medicare Part A covered inpatient hospital or skilled nursing facility stay, they are generally bundled into the Medicare Part A payment to the facility. The exception with regard to inpatient hospital services is clotting factor which is paid separately. For covered SNF stays certain high cost chemotherapy drugs are billed separately along with preventive injections (e.g. flu shots). If a beneficiary does not have Part A coverage, if Part A coverage for the stay has run out or if a stay is non-covered, hospitals and SNFs can be paid for most categories of Part B covered drugs.

[5] Medicare does make separate payment for blood and blood products under Part A and Part B. Although these products are regulated as biologicals by FDA, they are not administered in a context that would not be covered under Part A or Part B. Therefore, these products are not Part D drugs. As a result, they are not included in this discussion.

determine whether it should make any payment. For MA-PDs, the MA organization needs to determine whether a payment should be assigned to its Part D spending or to its spending for Part B services.

A. Situations in which a billing entity would have to decide whether for a given drug (NDC) to bill Part B or Part D based on characteristics of beneficiary or medical use of the drug.		
Relationship between Part B and Part D Coverage	**Categories of Separately Billable Part B Drugs**	**Comments**
1. The same drug (NDC) dispensed by a **pharmacy** may be covered under Part B or Part D depending on the characteristics of the beneficiary	Drugs used in Immunosuppressive therapy for a transplant covered under Medicare.	Pharmacists would bill Part B or the individual's Part D plan based on information received from the individual or the Part D plan. Part B would be billed if the individual had a Medicare-covered transplant; otherwise, the Part D plan would be billed. (Part D plan eligibility systems could contain a marker for members who had a Medicare covered transplant. This information could come from a question included on the Part D plan's enrollment or COB survey form.) In determining whether to pay for an immunosuppressive drug under Part D, it would not be appropriate for a Part D plan to institute a general policy of requiring a Part B claim rejection, as a substitute for maintaining information on transplant status and paying claims based on that information. Such a policy would be disruptive to beneficiaries and pharmacies and would unnecessarily increase Part B contractor costs. Instead a prior authorization requirement would be appropriate.
2. The same drug (NDC) provided by an **infusion/DME supplier** may be covered under Part B or Part D depending on the characteristics of the beneficiary or method of administration	a. Parenteral nutrition (for individuals with a non-functioning digestive tract)	The supplier would need to know whether the therapy was being provided because of a non-functioning digestive tract. If so, Part B would be billed. Otherwise this would be a Part D drug. It would not be appropriate for PDPs to routinely require a rejection of a claim under Part B before processing a Part D claim. Such a policy would be disruptive to beneficiaries and pharmacies and would unnecessarily increase Part B contractor costs. However, if a PDP had evidence indicating that a

		particular claim for parenteral nutrition should be covered under Part B, it would be reasonable to require a rejection by Part B before processing in this case.
	b. Infusible DME supply drugs	In general, the supplier would bill Part B if the drug was administered using an infusion pump and bill the Part D plan for infusion using other methods (e.g. IV push). While professional services and supplies related to the administration of the infused drug are not payable under Part D, some coverage may be available under Part A or B Home Health benefits, under Medicaid, or from secondary commercial health benefits. As a rule, drugs infused using an implantable pump would be covered under Part B. Drugs infused in the home using an external pump are covered under Part B if they are included under the local coverage policy of the applicable Medicare DMERC. In the case of a beneficiary, in a hospital, or a SNF bed, (1) who does not have Part A coverage, (2) whose Part A coverage for the stay has run out or (3) whose stay is non-covered -- infusible DME supply drugs are not covered under Part B because the law limits coverage under Part B's DME benefit to those items that are furnished for use in a patient's home, and specifies that a hospital or SNF cannot be considered the beneficiary's "home" for this purpose. In this case, coverage for the drugs would be available under Part D. (see Attachment II, **INFUSION DRUGS**, Question 3 for other facilities which cannot be considered a beneficiary's "home" for DME purposes.) The fact that coverage is available for a particular drug under Part B with the use of an infusion pump does not mean that coverage under Part D using some other method of administration automatically can be denied. There is no Part B coverage in the home for infusion drugs administered without an

		infusion pump (e.g. IV push). There is also no Part B coverage in the home for infusion drugs administered with an infusion pump unless the drug is specifically covered under the local coverage policy of the applicable Medicare DMERC. Therefore, determinations about PDP payment for these other methods of administration and for drugs administered with an infusion pump but not covered by the local DMERC policy should be based on the question of whether the drug is on the plan formulary.
	c. Intravenous immune globulin (IVIG) provided in the home for individual with diagnosis of primary immune deficiency disease	The supplier would bill Part B if the diagnosis is primary immune deficiency disease. IVIG provided in the home for other diagnoses would be a Part D benefit. As discussed above, it would not be appropriate, as a general rule, for PDPs to require a rejection of a claim under Part B before processing a Part D claim. Prior authorization programs could be used to ensure medical necessity in accordance with Plan policy.
3. The same drug (NDC) dispensed by a **pharmacy** may be covered under Part B or Part D depending on how the drug is used in treatment and the medical condition for which the drug is being prescribed.	a. Certain oral chemotherapy agents used in cancer treatment for which there is an infusible version of the drug.	Pharmacists would need to determine the reason for treatment. If related to cancer treatment, Part B would be billed; otherwise, the Part D plan should be billed. Pharmacists would bill the Part D plan for all other oral chemotherapy agents. To the extent that a Part B-covered oral anti-cancer drug has no other medically accepted indication besides cancer treatment, Part D plans should not include these drugs on their formularies because of Part B coverage. For the drugs that have other medically accepted indications, prior authorization programs or other mechanisms to obtain diagnostic information could be used to ensure appropriate payment.
	b. Oral anti-emetics used in cancer treatment as a full replacement for intravenous treatment.	2. Pharmacists would need to determine the reason for treatment. If both related to cancer treatment and a full replacement for intravenous administration within 48 hours of cancer treatment, Part B would be billed; otherwise, the Part D plan should be

		billed. Note: In order to receive Part B payment, CMS currently requires that the prescribing physician indicate on the prescription that the oral anti-emetic is being used "as a full therapeutic replacement for an intravenous anti-emetic drug as part of a cancer chemotherapeutic regimen." If based on a prior authorization program or other mechanism to obtain diagnostic information, a PDP determined that a) a Part B-covered oral anti-emetic was being billed, and b) the drug was being furnished in the context of cancer treatment for use within 48 hours of cancer treatment, the PDP should deny payment. Such drugs dispensed for use after the 48-hour period, or any oral anti-emetic prescribed for conditions other than the effects of cancer treatment, would be Part D drugs.
4) The same vaccine may be covered under Part B or Part D depending on the characteristics of the beneficiary	Hepatitis B vaccine for individuals at high or intermediate risk.	Physicians would need to determine the level of risk of the individual. If the individual is at high or intermediate risk, Part B would be billed. For all other individuals,. prior authorization programs could be used to ensure medical necessity in accordance with Plan policy. Beneficiaries in PDPs would generally submit a paper claim for Part D reimbursement, since a vaccine dispensed in a physician's office would not be billable by means of routine pharmacy electronic claims systems.
B. Situation where the form of the drug determines where it is covered.		
Relationship between Part B and Part D Coverage	**Categories of Separately Billable Part B Drugs**	**Comments**
The same drug provided by a **DME supplier** or a **pharmacy** may be covered under Part B or Part D depending on its form (i.e. for use in nebulizer or in metered dose inhaler)	Inhalation DME supply drugs	Certain inhalation drugs are generally covered under Part B when used with a nebulizer in the home. These drugs would not be covered under Part D for use with a nebulizer. However, if these drugs were delivered with a metered dose inhaler or other non-nebulized administration, they would be Part D drugs.

		In the case of a beneficiary, in a hospital, or a SNF bed, (1) who does not have Part A coverage, (2) whose Part A coverage for the stay has run out or (3) whose stay is non-covered -- inhalation DME supply drugs are not covered under Part B because the law limits coverage under Part B's DME benefit to those items that are furnished for use in a patient's home, and specifies that a hospital or SNF cannot be considered the beneficiary's "home" for this purpose. In this case, coverage for the drugs would be available under Part D. (see Attachment II, **INFUSION DRUGS**, Question 3 for other facilities which cannot be considered a beneficiary's "home" for DME purposes.)
C. Situations where Part B coverage is in the context of another service.		
Relationship between Part B and Part D Coverage	**Categories of Separately Billable Part B Drugs**	**Comments**
The same drug (NDC) dispensed by a **pharma**cy is covered under Part B if provided as part of a service in a provider, physician's office or home.	1. Drugs furnished "incident to" a physician service 2. Separately billable ESRD drugs 3. Separately billable drugs in HOPDs 4. Separately billable drugs in CORFs 5. Drugs packaged under the Outpatient Prospective Payment System (OPPS) 6. Drugs furnished by	Generally, if a beneficiary presents at a pharmacy with a script it would be a Part D drug. The availability of Part B coverage in a provider setting or physician's office should not result in a refusal of coverage under Part D for drugs dispensed by a pharmacy. This is the case because coverage is not available under Part B as the drug is being "prescribed and dispensed or administered" with respect to the individual. Thus, for example, while Part B covers certain injectables provided "incident to" a physician services, injectables dispensed by a pharmacy are not being "furnished" by a physician and would be Part D drugs. PDPs should deny claims submitted by members for Part B-covered injectables if they are administered in a physician office from a physician's supply.

	End-Stage Renal Disease (ESRD) facilities and included in Medicare's ESRD composite rate 7. Osteoporosis drugs provided by home health agencies under certain conditions 8. Drugs furnished by critical access hospitals' outpatient departments 9. Drugs furnished by rural health clinics 10. Drugs furnished by federally qualified health centers 11. Drugs furnished by community mental health centers 12. Drugs furnished by ambulances.	PDPs can subject injectables and infusables that would be covered under Part B as "incident to" a physician service, to a prior authorization program. To the extent that the sponsor determines based on medical society guidelines and other medical literature that there exist serious safety concerns such that it would go against accepted medical practice for a particular injectable or infusable to be dispensed directly to a member, the claim can be denied as not "reasonable." Safety-based reasonableness determinations will need to be made on a case-by-case basis, since circumstances will vary. In general, however, there are very few instances when an injectable or infusable drug could not be reasonably dispensed directly to the patient.
D. Completely unambiguous situations.		
Relationship between Part B and Part D Coverage	**Categories of Separately Billable Part B Drugs**	**Comments**
1) Unique drugs never dispensed by a	Non-DME drugs covered	This category of drugs is those used for diagnostic or therapeutic

pharmacy.	as supplies (including radiopharmaceuticals (both diagnostic and therapeutic) and low osmolar contrast media.)	purposes in a provider or physician office setting. We would assume that these drugs are not dispensed by pharmacies.
2) Drugs that **would not** be covered under Part D because of Part B coverage.	1. Blood clotting factors 2. Antigens 3. Pneumococcal and influenza vaccines	These categories would not be a Part D benefit and should not be included on a Part D plan's formulary.

ATTACHMENT II

Part B v. Part D Drug Q's and A's

A. EXCLUDED DRUGS

Question 1 - Are certain therapeutic drug categories excluded from Part D?

Answer 1 - There are certain drugs or uses of drugs that are excluded from the definition of a Part D drug. This means that they cannot be provided as part of basic coverage. These exclusions include:

- benzodiazepines,
- barbiturates,
- drugs for anorexia, weight loss, or weight gain,
- drugs used to promote fertility,
- drugs used for cosmetic purposes or for hair growth,
- drugs used for symptomatic relief of cough and colds,
- prescription vitamins and mineral products, except prenatal vitamins and fluoride preparation products,
- non-prescription drugs, and
- drugs for which the manufacturer seeks to require as a condition of purchase that associated tests and monitoring services be purchased exclusively from the manufacturer or its designee.

While these drugs or uses are excluded from basic Part D coverage, drug plan sponsors can generally include them as part of supplemental benefits to the extent they otherwise meet the definition of a part D drug. Because non-prescription drugs are not otherwise considered part D drugs, they cannot be included in supplemental benefits. However, under certain conditions—as part of plan utilization management (step-therapy) programs—non-prescription drugs can be provided at no cost to enrollees. The cost of these drugs would be treated as administrative costs under such programs.

B. EXCLUSIONS RELATED TO MEDICARE COVERAGE UNDER PART A OR PART B

Question 1 – Should drug plans deny claims for drugs covered under Part A or Part B of Medicare?

Answer 1 – Drugs, or uses of drugs, for which coverage is available under Part A or Part B are excluded from the definition of a Part D drug and, therefore, cannot be included in Part D basic coverage. Unlike the list of excluded drugs described above, these drugs, or uses of drugs, cannot be included in supplemental coverage.

There are two important considerations in determining whether a claim to Part D can be denied based on the availability of coverage under Part A or Part B of Medicare.

- First, the exclusion from the definition of a Part D drug for drugs covered under Parts A or B is based on whether coverage is available under Part A or Part B for the drug as it is being "prescribed and dispensed or administered" with respect to the individual. Thus, the same drug may be covered under different circumstances under both programs and coverage generally cannot be determined based solely on the drug itself. Since most Part B drug coverage is available in a provider setting or physician's office rather than as drugs dispensed by pharmacists, there are very limited situations when a drug claim submitted by a pharmacy should be denied based on the availability of coverage under Part A or Part B.

- Second, , to the extent a drug could be covered under part B as prescribed and dispensed or administered, plan sponsors should view coverage as "available" under Part B regardless of whether or not an individual is actually enrolled in Part B.

Question 2– Can a drug plan require that coverage be denied under Part A or Part B before making payment under Part D?

Answer 2 – Generally, no. However, an exception could be made if a PDP had evidence that a particular claim for parenteral nutrition should be covered under Part B. In this case, it would be reasonable to require a rejection by Part B before processing. In other limited instances, prior authorization programs may be necessary to determine whether the diagnosis of the individual or the particular use of a drug is consistent with Part D coverage, but it would not be appropriate to routinely require a denial from Part A or Part B before making payment in lieu of prior authorization. Such a policy would be disruptive to beneficiaries and pharmacies and would unnecessarily increase Part B contractor costs.

Question 3 - What happens if a drug plans makes payment for a drug and later determines that the drug was covered under Part B as prescribed and dispensed or administered?

Answer 3 - If the drug as prescribed and dispensed or administered was covered under Part B on that day, the payment by the plan would have been in error and it should seek recovery from the billing entity, which should bill Part B instead.

Question 4 - In the case of a newly approved drug that may be covered under one of the Part B benefit categories, can a drug plan defer a coverage decision until Part B makes a decision?

Answer 4 - No. Once a drug is approved by the FDA it is a Part D drug. While it is not automatically a covered Part D drug, that is, it may not be included on a plan formulary, a member could request coverage on an exception basis. Plan sponsors would have to follow the processes and timeframes set forth in regulations with regard to such requests.

For Medicare Part B coverage, a determination has to be made as to whether the approved drug fits in a benefit category (e.g. a drug covered as a supply of an external infusion pump used at home). In the vast majority of cases these determinations are delegated to the individual carriers. If a drug has a Medicare Part B benefit category and the drug is being "prescribed and dispensed or administered" as covered under Part B, the drug is no longer a Part D drug.

Question 5 - How will drug plans determine whether a drug is covered under Part B?

Answer 5 - First, it is important to keep in mind that in most cases Part B drug coverage should not impact payment decisions by drug plans since Part B coverage is generally in a provider setting or physician's office rather than for drugs dispensed at a pharmacy.

Payment for a particular drug can be denied only if there is Part B coverage as the drug is prescribed and dispensed or administered. The fact that a claim is received for a drug that is sometimes covered by Part B is not a basis for denial since the drug plan would have to determine whether the drug is being prescribed and dispensed or administered on the basis under which Part B coverage is available. This will generally involve interaction between the drug plan and the Medicare Part B carrier with jurisdiction in that geographic area for that drug.

With regard to new drugs, as decisions are made nationally or by individual carriers, this information will be available on the CMS and carrier web sites.

INFUSION DRUGS

Question 1 - Since Part B covers infusion drugs in the home, can a drug plan sponsor reject any claim for home infusion?

Answer 1 – No. Part B coverage is generally limited to a number of drugs that require the use of an infusion pump in the home. Any agents administered in the home via IV drip or push injection would be covered under Part D. This could include the same drugs that are covered under Part B when furnished through the use of an infusion pump.

Question 2 – Does Part B covers drugs that require an external infusion pump in the case of a beneficiary in a hospital or SNF bed who does not have Part A coverage, whose Part A coverage for the stay has run out or whose stay is non-covered?

Answer 2 – No, drugs that require an external infusion pump are not covered under Part B under those circumstances because the law limits coverage under Part B's DME benefit to those items that are furnished for use in a patient's home, and specifies that a hospital or SNF cannot be considered the beneficiary's "home" for this purpose.

Question 3 - What other facilities cannot be considered the beneficiary's "home" under the law for purposes of receiving the Medicare DME benefit?

Answer 3 – In addition to a hospital, a SNF or a distinct part SNF, the following facilities cannot be considered a home for purposes of receiving the Medicare DME benefit:

- a nursing home that is dually-certified as both a Medicare SNF and a Medicaid nursing facility (NF);
- a Medicaid-only NF that primarily furnishes skilled care;
- a non-participating nursing home (i.e. neither Medicare or Medicaid) that provides primarily skilled care; and
- an institution which has a distinct part SNF and which also primarily furnishes skilled care.

Question 4 - If the infusion services are furnished in a outpatient provider setting, can a drug plan sponsor deny a claim?

Answer 4 – Yes. If a physician office or hospital OPD bill for infusion administered in those settings, the claim should always be denied because of coverage in those settings under Part B.

Question 5 – Since Part B covers intravenous immune globulin (IVIG) provided in the home, should drug plans deny claims for this drug?

Answer 5 – It depends. Part B coverage for IVIG in the home is for individuals whose diagnosis is primary immune deficiency disease. Part D would provide coverage for IVIG in the home for all other medically accepted indications. Prior authorization requirements could be used to ensure appropriate payment in accordance with Plan medical necessity criteria. It would not be appropriate to routinely require a rejection of a claim under Part B before processing a Part D claim. Such a policy would be disruptive to beneficiaries and pharmacies and would unnecessarily increase Part B contractor costs.

Question 6 – Since Part B covers parenteral nutrition under certain circumstances, should drug plans deny these claims?

Answer 6 – It depends. Part B coverage for parenteral nutrition is limited to individuals with a non-functioning digestive tract. So if parenteral nutrition is being provided based on this condition, the claim should be denied. For all other medically accepted indications, coverage would be under Part D. Prior authorization programs could be used to ensure appropriate payment. As a general policy, it would not be appropriate to require a rejection of a claim under Part B before processing a Part D claim. However, if a PDP had a reasonable basis for assuming that a particular claim would be covered under Part B, it could require a rejection by Part B before processing.

ORAL ANTI-CANCER DRUGS

Question 1 - With regard to oral anti-neoplastics, we understand that if they have an IV form, they are covered under Part B. It is our thinking then, that we could exclude those that are used solely for cancer under this premise since they would be covered under Part B.

Answer 1 – Yes. Drug plans should not include on their formularies the oral anti-cancer agents covered by Part B whose only medically accepted indication is as an anti-cancer agent. They should always deny claims for these drugs. For the drugs that have other medically accepted indications, drug plans should deny claims for these drugs when used for cancer treatment but when these drugs are used for other indications they would be Part D drugs. The use of the drug could be determined through a prior authorization program.

ORAL ANTI-EMETICS

Question 1 - Will Part B coverage of oral anti-emetics move to Part D in January 2006?

Answer 1 - There is no change in Part B coverage of oral anti-emetics on January 1, 2006. The only change is that coverage would become available under Part D for medical uses that are not covered under Part B.

Before billing either Part B or Part D, pharmacists would need to determine the reason for treatment. If it is related to cancer treatment and is a full replacement for intravenous administration within 48 hours of cancer treatment, Part B would be billed; otherwise, Part D should be billed. In order to receive Part B payment, CMS currently requires that the prescribing physician indicate on the prescription that the oral anti-emetic is being used "as a full therapeutic replacement for an intravenous anti-emetic drug as part of a cancer chemotherapeutic regimen."

If (based on a prior authorization program) a PDP determines that a Part B-covered oral anti-emetic drug is being billed, and that the drug is being furnished in the context of cancer treatment for use within 48 hours of such treatment, the PDP should deny payment since coverage is available under Part B. Such drugs dispensed for use after the 48-hour period, or any oral anti-emetic prescribed for conditions other than treatment of the effects of cancer treatment, would be Part D drugs.

IMMUNOSUPPRESSANTS

Question 1 - Will Part B coverage of immunosuppressants move to Part D in January 2006?

Answer 1 - There is no change in Part B coverage of immunosuppressants on January 1, 2006. The only change is that coverage would become available under Part D for uses not covered under Part B.

Pharmacists would bill Part B or the individual's PDP based on information received from the individual or from the drug plan. Part B would be billed if the individual had a Medicare covered transplant; otherwise, the Part D plan would be billed.

INJECTABLES

Question 1 - Can claims submitted by pharmacies for injectable drugs be denied based on Part B coverage in a physician office "incident to" a physician service?

Answer 1 – No. The exclusion from the definition of a Part D drug of drugs covered under Parts A or B is based on whether coverage is available under Part A or Part B for the drug as it is being "prescribed and dispensed or administered" with respect to the individual. Thus, the same drug may be covered under different circumstances under both programs. As a result, coverage cannot generally be determined based solely on the drug itself.

The fact that an injectable is covered under Part B in a physician's office or hospital outpatient department or other provider setting does not mean that these drugs should be excluded from drug plan formularies, or that a drug plan can deny a claim from a pharmacy based on availability of Part B coverage in a physician's office. If, however, a member submits an out-of-network claim for an injectable drug administered in-office from a physician's supply, and this drug is covered in that setting by the Part B carrier for that area, such a claim should be denied by the PDP based on Part B coverage. (Of course, an MA-PD plan would not deny such a claim, but rather pay it under the A/B benefit.)

Question 2 - An injectable drug that a Medicare carrier considers to be usually not self-administrable (e.g. injectable chemotherapy drugs) can only be covered under Part B as "incident to" a physician service if it is obtained by a physician and administered as part of a physician service. Can Part D plan sponsors require prior authorization for these medications when dispensed by a pharmacy? If the sponsor determines that the drug will be administered in a physician office, can the sponsor deny the claim because the practice of the patient taking the drug to the physician's office for administration is unsafe and because coverage is available under Part B if the physician obtained and administered the drug?

Answer 2 - Part D plan sponsors determine the scope of their own prior authorization programs subject to CMS review to ensure that such programs have a sound medical basis and do not discriminate against beneficiaries with certain medical conditions.

To the extent that a sponsor's prior authorization program applies to injectables and infusables that would be covered under Part B as "incident to" a physician service, and the sponsor determines based on medical society guidelines and other medical literature that there exist serious safety concerns such that it would go against accepted medical practice for a particular injectable or infusable to be dispensed directly to a member, the claim can be denied as not "reasonable." Thus, the dispensing of that particular drug to that member may be excluded by the plan under Section 1862(a)(1)(A) of the Social Security Act as applied to Part D under 1860D-2(e)(3)(A) of the Act. This same safety concern would not exist, however, if the claim for the drug was being submitted by an infusion supplier.

Safety-based reasonableness determinations will need to be made on a case-by-case basis, since circumstances will vary. In general, there are very few instances when an injectable or infusable drug could not be reasonably dispensed directly to the patient. All drugs are in some sense hazardous. This is not a unique characteristic of injectables and infusables.

Some situations that would present safety concerns in dispensing directly to a patient who is transporting the drug to a physician's office for administration include:

- The drug itself presents a bona fide public safety hazard (e.g. highly radioactive substance) that requires chain of custody handling using persons of special qualifications.

- The drug requires special handling to preserve biologic activity and the patient is incapable or unwilling to do so. (For instance, a vaccine that must be kept frozen could be a problem if the patient had to transport it a long distance in summer heat.)

- The patient presents a high risk of diversion or inappropriate use. (For instance, giving a heroin addict a vial of morphine.)

- The patient has demonstrated unreliability, aversion, or unwillingness in transporting drugs to his doctor's office. (For instance, with respect to dispensing injectable psychiatric meds.)

In the absence of a serious safety concern based on the individual situation, however, there is no basis for denying a prescription presented at a pharmacy based on the availability of Part B coverage in another setting (e.g. physician office).

Finally, it is our understanding that the practice of "brown-bagging" drugs is opposed by medical societies. We will urge them to reinforce this message with the start of the Part D program.

Question 3 – Most Medicare Advantage plans treat most non-self-injectables as a medical benefit. Beginning January 1, 2006, do they have to treat them as a Part D benefit?

Answer 3 - If an injectable drug was previously covered under Part B in a provider or physician office setting, it will continue to be covered under Part B in those settings. If it was previously not covered in those settings (e.g. determined by the carrier to be usually self-administered), then it will need to be covered under Part D. In addition, claims for non-Part-B-covered injectables whether usually self-administered or not, when dispensed and submitted by pharmacists could be covered under Part D. However, Part D plans could establish medical necessity criteria for limiting coverage of injectable drugs in physician offices.

Question 4 - What are drug plan sponsors to do if their region includes multiple carrier areas and these carriers have differing policies with regard to injectable drugs?

Answer 4 – A PDP sponsor will have to modify its coverage based on the variation in Part B coverage across carrier areas within its region. That is, assume that there are two carrier areas within a PDP region, Carrier A and Carrier B. Further assume that Carrier A covers injectable X when furnished in a physician office but Carrier B does not. As a result of this difference in Part B coverage, injectable X is a Part D drug when furnished in a physician office for members residing in Carrier B's area, but not in Carrier A's area. In either area, injectable X would be covered under Part D if dispensed by a pharmacy.

For MA-PD plans, rules for selecting local coverage determinations apply. That is, if a local MA plan's service area includes more than one carrier area, the plan may seek approval from CMS to apply uniformly to all of the plan's enrollees local coverage policies that are the most beneficial to enrollees. Regional MA plans can select a set of local coverage policies to apply uniformly to their enrollees without CMS pre-approval. In either case, if the selected carrier covers injectable X, the MA-PD would treat injectable X as a basic A/B benefit. If the selected carrier does not cover injectable X, the MA-PD would treat it as a Part D drug.

Question 5 –What about new injectable drugs?

Answer 5 - As new injectables are approved by FDA, Part B carriers or CMS would continue to make coverage decisions regarding drugs provided incident to a physician service based on whether the drug is "not usually self-administered." Injectables not covered under Part B as incident to a physician service would become Part D drugs. However, there is no requirement for Part D plans to provide coverage of non-Part-B-covered drugs in the physician office setting if the drugs can be safely self-administered and there is no medical necessity for administration in that setting.

INHALATION DRUGS

Question 1 - Can claims submitted by a pharmacy for inhalation drugs delivered through metered-dose inhalers be denied based on Part B coverage of inhalation drugs used with a nebulizer?

Answer 1– No. Since there currently is no coverage under Part B for inhalation drugs delivered through metered-dose inhalers and dispensed by a pharmacy, these drugs would be covered under Part D.

Question 2 – Does Part B covers inhalation drugs used with a nebulizer in the case of a beneficiary in a hospital or SNF bed who does not have Part A coverage, whose Part A coverage for the stay has run out or whose stay is non-covered?

Answer 2 – No, inhalation drugs used with a nebulizer are not covered under Part B under those circumstances because the law limits coverage under Part B's DME benefit to those items that are furnished for use in a patient's home, and specifies that a hospital or SNF cannot be considered the beneficiary's "home" for this purpose. (See list above (**INFUSION DRUGS**, Question 3) for other facilities which cannot be considered a beneficiary's "home" for DME purposes

VACCINES

Question 1 – Will all vaccines be covered under Part D effective January 1, 2006?

Answer 1 – No. If a vaccine was previously covered under Part B, it will continue to be covered under Part B. If it was previously not covered, then it will need to be covered under Part D. Pneumococcal and influenza vaccines are not covered under Part D because of Part B coverage. Hepatitis B vaccine is covered under Part B for individuals at high or intermediate risk; for all other individuals, it would covered under a Part D benefit. All other currently available vaccines and all future vaccines would be covered under Part D, but could be subject to Plan prior authorization requirements to determine medical necessity.

Question 2- If a drug plan sponsor determines through a prior authorization program that a Hepatitis B vaccine is going to be administered by a physician can the drug plan sponsor deny the claim based on Part B coverage in the setting?

Answer 2 – No. Since the Part B benefit for Hepatitis B vaccine is separate from the "incident to" benefit, the determination about whether it is a Part D drug depends solely on characteristics of the beneficiary. However, if the plan sponsor determines based on Medicare Part B guidelines that the individual is at high or medium risk for Hepatitis B, the claim should be denied. For all other individuals, the vaccine would be a "Part D drug", and would be covered unless the plan had otherwise established medical necessity criteria for the vaccine as part of its approved prior authorization program In which case, only low risk individuals who meet the plan's criteria would be eligible to receive the vaccine.

Question 3 - Medicare Part B covers hepatitis B vaccine for high and intermediate risk groups if ordered by a doctor of medicine or osteopathy, how are these groups defined?

Answer 3 – The high risk groups for whom vaccination is covered include:

- Individuals with End stage renal disease (ESRD)
- Individuals with hemophilia who received Factor VIII or IX concentrates
- Clients of institutions for individuals for the mentally handicapped
- Persons who live in the same household as a hepatitis B Virus (HBV) carrier
- Homosexual men
- Illicit injectable drug abusers

Intermediate risk groups include:

- Staff in institutions for the mentally handicapped
- Workers in health care professions who have frequent contact with blood or blood-derived body fluids during routine work.

ANTIGENS

Question 1 – If a pharmacy submits a claim for antigens should a drug plan make payment?

Answer 1 – No. Antigens are covered only under Part B.

BLOOD CLOTTING FACTORS

Question 1 – If a pharmacy submits a claim for blood clotting factors should a drug plan make payment?

Answer 1 – No. Blood clotting factors are covered under Part A and Part B.

OFF-LABEL INDICATIONS

Question 1 - Describe how drugs used for off-label indications will be covered under Part D. My understanding is that coverage for off-label use is less liberal under Part D compared to Part B.

Answer 1 - A prescription drug is a Part D drug only if it is for a medically accepted indication as defined in the Medicaid statute. This definition includes uses supported by a citation included, or approved for inclusion, in one of four compendia. These are:

- American Hospital Formulary Service Drug Information
- United States Pharmacopeia-Drug Information
- DRUGDEX Information System
- American Medical Association Drug Evaluations

Based on this statutory definition, indications are not "medically accepted" if they are supported in peer-reviewed medical literature, but not yet included or approved for inclusion in one of the compendia Therefore, the use of a drug for such indications would not meet the definition of a Part D drug and plans should deny payment.

NON-FDA APPROVED DRUGS

Question 1- Can a drug plan pay for drugs that have not been approved by the FDA?

Answer 1 - Generally no. In order to be considered a Part D drug, a drug generally must be approved by the FDA. However, those limited class of drugs described under section 1927(k)(2)(A)(ii) and (iii) of the Act are also considered Part D drugs. Thus, a drug plan cannot make payment for a non-approved drug as part of its basic benefit unless it is a drug described under section 1927(k)(2)(A)(ii) or (iii) of the Act. In addition, it cannot provide coverage of such drugs as a supplemental benefit under enhanced coverage.

MEDICAL FOODS

Question 1 - Are medical foods, enteral nutrition or other special dietary formulas included in the Part D benefit?

Answer 1 - In order to be included in the Part D benefit, a product must satisfy the definition of Part D drug and not otherwise be excluded. A Part D drug generally must be regulated by the FDA as a drug, biological or vaccine. While parenteral nutrients are regulated as drugs, medical foods such as enteral nutrients are not. Therefore, these products cannot be covered by Part D plans.

ATTACHMENT III

Websites for Part B Coverage Information

Medicare Claims Processing Manual	http://www.cms.hhs.gov/manuals/104_claims/clm104index.asp?
Medicare Benefit Policy Manual	http://www.cms.hhs.gov/manuals/102_policy/bp102index.asp?
Medicare Coverage Database	http://www.cms.hhs.gov/med/sadexclusion_criteria.asp
Carrier, DMERC, and Fiscal Intermediary contacts by region	http://www.cms.hhs.gov/medlearn/tollnums.asp
Medicare Drug Information Resource	http://www.cms.hhs.gov/providers/drugs/default.asp
Physician Fee Schedule 2005	http://www.cms.hhs.gov/regulations/pfs/2005/1429fc.asp
Hospital Outpatient Prospective Payment System 2005	http://www.cms.hhs.gov/providers/hopps/fr2005.asp
Palmetto GBA	http://www.palmettogba.com
AdminaStar	Http://www.adminastar.com
Health Now New York	http://www.umd/nycpic.com
CIGNA	http://www.cignamedicare.com
National/Local Coverage Determinations	http://www.cms.hhs.gov/mcd/search/asp?

ATTACHMENT IV

Call Center - Toll Free Numbers			
State Served	**Call Center**	**Program**	**Toll-Free Number**
Alabama	BCBS of Alabama Call Center	Provider Services Part A and Part B	866-539-5598
Alabama	Palmetto GBA	Provider Services - Region C DMERC IVR	866-270-4909
Alabama	Palmetto GBA	Provider Benefit Integrity	877-867-4852
Alabama	Palmetto GBA	Provider Services - Region C DMERC	866-238-9650
Alaska	CIGNA TN Call Center	Provider Region D DMERC **IVR**	877-320-0390
Alaska	CIGNA TN Call Center	Provider Region D DMERC **CSR**	866-243-7272
Alaska	Noridian Government Operations	Provider Enrollment	888-608-8816
Alaska	Noridian Government Operations	Provider EDI, GTE	866-849-7243
Alaska	Noridian Government Operations	Provider Services Part B	877-908-8431
Alaska	Premera Call Center	Provider Services Part A	877-908-8437
Alaska	United Government Services - RHHI	Provider Home Health/Hospice	866-380-4745
All 50 States	Mutual of Omaha Medicare Call Center	Provider Northeast - Part A	866-580-5945
All 50 States	Mutual of Omaha Medicare Call Center	Provider Southeast - Part A	866-580-5981
All 50 States	Mutual of Omaha Medicare Call Center	Provider Central - Part A	866-580-5984
All 50 States	Mutual of Omaha Medicare Call Center	Provider West - Part A	866-580-5987
All 50 States	Mutual of Omaha Medicare Call Center	Claims Corrections Southeast	866-580-5979
All 50 States	Mutual of Omaha Medicare Call Center	Claims Corrections West	866-580-5980
All 50 States	Mutual of Omaha Medicare Call Center	Claims Corrections Central	866-580-5982
All 50 States	Mutual of Omaha Medicare Call Center	Claims Corrections Northeast	866-580-5985
All 50 States	Mutual of Omaha Medicare Call Center	Systems	866-734-6656
All 50 States	Mutual of Omaha Medicare Call Center	MSP	866-734-1521
All 50 States, Puerto Rico, Virgin Islands, and Guam	Palmetto GBA	Provider Services - National Provider Clearinghouse	866-238-9652
All 50 States, Puerto Rico, Virgin Islands, and Guam	Palmetto GBA	Provider Services - Statistical Analysis DMERC	877-735-1326

All 50 States, Puerto Rico, Virgin Islands, and Guam	Palmetto GBA	Provider MDCN	800-905-2069
All 50 States, Puerto Rico, Virgin Islands, and Guam	Palmetto GBA Railroad Retirement Board Medicare Call Center	Railroad Medicare Part B - National Provider Service Center	877-288-7600
American Samoa	CIGNA TN Call Center	Provider Region D DMERC **CSR**	866-243-7272
American Samoa	Noridian Government Operations	Provider Services Part B	877-908-8431
American Samoa	United Government Services - California Call Center	Provider Inpatient/Outpatient	866-380-4745
American Samoa	United Government Services - RHHI	Provider Home Health/Hospice	866-380-4745
Arizona	BCBS of Arizona Call Center	Provider Services Part A	877-567-3128
Arizona	CIGNA TN Call Center	Provider Region D DMERC **CSR**	866-243-7272
Arizona	Noridian Government Operations	Provider Enrollment	888-608-8816
Arizona	Noridian Government Operations	Provider EDI, GTE	866-849-7243
Arizona	Noridian Government Operations	Provider Services Part B	877-908-8431
Arizona	United Government Services - RHHI	Provider Home Health/Hospice	866-380-4745
Arkansas	Arkansas BCBS Call Center	Provider Part A	866-548-0527
Arkansas	Arkansas BCBS Call Center	Provider Carrier Services	877-908-8434
Arkansas	Palmetto GBA	Provider Services - Region C DMERC	866-238-9650
Arkansas	Palmetto GBA	Provider Services - RHHI	877-272-5786
Arkansas	Palmetto GBA	Provider Benefit Integrity	877-867-4852
Arkansas	BCBS Call Center	Provider EMC	866-582-3247
Arkansas	BCBS Call Center	Provider Enrollment Part B	866-582-3251
California	CIGNA TN Call Center	Provider Region D DMERC **CSR**	866-243-7272
California	National Heritage Co.	Provider Services Part B	877-591-1587
California	United Government Services - California Call Center	Provider Inpatient/Outpatient	866-380-4745
California	United Government Services - RHHI	Provider Home Health/Hospice	866-539-5594
California	Veritus Medicare Services	Provider Services Part A	800-560-6170
California (southern)	National Heritage Co.	Provider Inquiry	866-502-9054
California (southern)	National Heritage Co.	Provider Telephone Review	866-539-5597
Colorado	Cahaba Government Benefits Administrators (GBA)	Provider Home Health	877-299-4500
Colorado	Cahaba Government Benefits Administrators (GBA)	Provider Hospice	866-539-5592
Colorado	Noridian Government Operations	Provider Enrollment	888-608-8816
Colorado	Noridian Government Operations	Provider EDI, MCS	866-849-7246
Colorado	Noridian Government Operations	Provider Services Part B	877-908-8431

Colorado	Palmetto GBA	Provider Services - Region C DMERC	866-270-4909
Colorado	Palmetto GBA	Provider Services - RHHI	877-272-5786
Colorado	Palmetto GBA	Provider Benefit Integrity	877-867-4852
Colorado	Trailblazer Health Enterprises	Provider Services Part A	888-763-9836
Colorado	Cahaba GBA	Provider EDI	866-839-2441
Connecticut	Associated Hospital Service RHHI Call Center	Provider Services RHHI	877-498-1351
Connecticut	Empire BCBS Call Center	Provider Services Part A	877-567-7205
Connecticut	First Coast Service Options	Provider Services Part B	866-419-9455
Connecticut	Health Now DMERC Call Center	Provider Services - Region A DMERC	866-419-9458
Connecticut	Veritus Medicare Services	Provider Services Part A	800-560-6170
Delaware	Cahaba Government Benefits Administrators (GBA)	Provider Home Health	877-299-4500
Delaware	Cahaba Government Benefits Administrators (GBA)	Provider Hospice	866-539-5592
Delaware	Empire BCBS Call Center	Provider Services Part A	877-567-7205
Delaware	Health Now DMERC Call Center	Provider Services - Region A DMERC	866-419-9458
Delaware	Trailblazer Health Enterprises - MD Call Center	Provider Services - Part B	877-391-2610
Delaware	Veritus Medicare Services	Provider Services Part A	800-560-6170
Delaware	Cahaba GBA	Provider EDI	866-839-2441
District of Columbia	AdminaStar Federal Inc.	Provider Region B DMERC	877-299-7900
District of Columbia	Cahaba Government Benefits Administrators (GBA)	Provider Home Health	877-299-4500
District of Columbia	Cahaba Government Benefits Administrators (GBA)	Provider Hospice	866-539-5592
District of Columbia	CareFirst Call Center	Provider Services Part A	866-488-0545
District of Columbia	Trailblazer Health Enterprises - MD Call Center	Provider Services Part B	877-391-2610
District of Columbia	Cahaba GBA	Provider EDI	866-839-2441
Florida	First Coast Service Options	Provider Services Part A	877-602-8816
Florida	First Coast Service Options	Provider Services Part B IVR	877-847-4992
Florida	Palmetto GBA	Provider Services - Region C DMERC **IVR**	866-238-9650
Florida	Palmetto GBA	Provider Services - Region C DMERC **CSR**	866-270-4909
Florida	Palmetto GBA	Provider Benefit Integrity	877-867-4852
Florida	Palmetto GBA RHHI Call Center	Provider Services - RHHI	866-801-5301
Florida	Veritus Medicare Services	Provider Services Part A	800-560-6170
Florida	First Coast Service Options	Provider Service Part B CSR	866-454-9007

Georgia	BCBS of Georgia	Provider EDI	877-567-3095
Georgia	Cahaba Georgia Medicare	Provider MSP	866-582-3243
Georgia	Cahaba Georgia Medicare	Provider Phone Reviews	866-582-3244
Georgia	Cahaba Georgia Medicare	Provider Enrollment	866-582-3246
Georgia	Cahaba Georgia Medicare	Provider Financial	866-582-3249
Georgia	Cahaba Georgia Medicare	Provider EDI Support	866-582-3253
Georgia	Cahaba Georgia Medicare	Provider Inquiries - Part B	877-567-7271
Georgia	Palmetto GBA	Provider Services - Region C DMERC **CSR**	866-270-4909
Georgia	Palmetto GBA	Provider Benefit Integrity	877-867-4852
Georgia	Palmetto GBA RHHI Call Center	Provider Services - RHHI	866-801-5301
Georgia	Veritus Medicare Services	Provider Services Part A	800-560-6170
Georgia	BCBS of Georgia	Provider Enrollment	866-305-0028
Guam	CIGNA TN Call Center	Provider Region D DMERC **CSR**	866-270-4909
Guam	Noridian Government Operations	Provider Enrollment	888-608-8816
Guam	Noridian Government Operations	Provider Services Part B	877-908-8431
Guam	United Government Services - California Call Center	Provider Inpatient/Part A	866-380-4745
Guam	United Government Services - RHHI	Provider Home Health/Hospice	866-380-4745
Hawaii	CIGNA TN Call Center	Provider Region D DMERC **CSR**	866-243-7272
Hawaii	Noridian Government Operations	Provider Enrollment	888-608-8816
Hawaii	Noridian Government Operations	Provider EDI, GTE	866-849-7243
Hawaii	Noridian Government Operations	Provider Services Part B	877-908-8431
Hawaii	United Government Services	Provider Services Part A	866-849-7244
Hawaii	United Government Services - California Call Center	Provider Inpatient/Outpatient	866-380-4745
Hawaii	United Government Services - RHHI	Provider Home Health/Hospice	866-380-4745
Idaho	CIGNA TN	Provider ID Part B	866-502-9051
Idaho	CIGNA TN Call Center	Provider Region D DMERC **CSR**	866-243-7272
Idaho	Medicare Northwest Operations	Provider Services Part A	866-801-5302
Idaho	United Government Services - RHHI	Provider Home Health/Hospice	866-380-4745
Illinois	AdminaStar Federal Inc.	Provider Illinois Part A	866-419-9457
Illinois	AdminaStar Federal Inc.	Provider Region B DMERC	877-299-7900
Illinois	Palmetto GBA	Provider Benefit Integrity	877-867-4852

Illinois	Palmetto GBA RHHI Call Center	Provider Services - RHHI	866-801-5301
Illinois	Wisconsin Physician Services	Provider EDI Hotline - Part B	877-567-7261
Illinois	Wisconsin Physician Services	Provider IL Appeals - Part B	877-867-3418
Illinois	Wisconsin Physician Services	Provider General Admin.	877-908-4067
Illinois	Wisconsin Physician Services	Provider IL Customer Service - Part B	877-908-9499
Indiana	AdminaStar Federal Inc.	Provider Indiana Part A	866-419-9453
Indiana	AdminaStar Federal Inc.	Provider Indiana Part B	866-250-5665
Indiana	AdminaStar Federal Inc.	Provider Region B DMERC	877-299-7900
Indiana	Palmetto GBA	Provider Benefit Integrity	877-867-4852
Indiana	Palmetto GBA Palm Harbor RHHI Call Center	Provider Services - RHHI	866-801-5301
Iowa	Cahaba Government Benefits Administrators (GBA)	Provider Home Health	877-299-4500
Iowa	Cahaba Government Benefits Administrators (GBA)	Provider Hospice	866-539-5592
Iowa	Cahaba Government Benefits Administrators (GBA)	Provider Services Part A - Non Home Health and Hospice	877-567-3092
Iowa	CIGNA TN Call Center	Provider Region D DMERC **IVR**	877-320-0390
Iowa	CIGNA TN Call Center	Provider Region D DMERC **CSR**	866-243-7272
Iowa	Noridian Government Operations	Provider Enrollment	888-608-8816
Iowa	Noridian Government Operations	Provider IA MCS - Part B	866-380-4743
Iowa	Noridian Government Operations	Provider IA Network - Part B	866-502-9057
Iowa	Cahaba GBA	Provider EDI	866-839-2441
Kansas	BCBS of Kansas Call Center	Provider Medicare Review	877-567-7268
Kansas	BCBS of Kansas Call Center	Provider Services Part B	877-567-7270
Kansas	Cahaba Government Benefits Administrators (GBA)	Provider Home Health	877-299-4500
Kansas	Cahaba Government Benefits Administrators (GBA)	Provider Hospice	866-539-5592
Kansas	CIGNA TN Call Center	Provider Region D DMERC **IVR**	877-320-0390
Kansas	CIGNA TN Call Center	Provider Region D DMERC **CSR**	866-243-7272
Kansas	BCBS of Kansas	Provider Records	866-839-2440
Kansas	BCBS of Kansas	Provider Services Part A	866-839-2443
Kansas	Cahaba GBA	Provider Home Health/Hospice EDI	866-839-2441
Kentucky	AdminaStar Federal Inc.	Provider Kentucky Part A	866-419-9457
Kentucky	AdminaStar Federal Inc.	Provider Kentucky Part B	866-250-5665
Kentucky	Palmetto GBA	Provider Services - Region C DMERC **IVR**	866-238-9650

Kentucky	Palmetto GBA	Provider Services - Region C DMERC **CSR**	866-270-4909
Kentucky	Palmetto GBA	Provider Services - RHHI	877-272-5786
Kentucky	Palmetto GBA	Provider Benefit Integrity	877-867-4852
Louisiana	BCBS of Arkansas LA Call Center	Provider Services Part B	877-567-7204
Louisiana	TriSpan Health Services Call Center	Provider Services Part A	877-567-3097
Louisiana	Palmetto GBA	Provider Services - Region C DMERC **IVR**	866-238-9650
Louisiana	Palmetto GBA	Provider Services - Region C DMERC **CSR**	866-270-4909
Louisiana	Palmetto GBA	Provider Services - RHHI	877-272-5786
Louisiana	Palmetto GBA	Provider Benefit Integrity	877-867-4852
Louisiana	BCBS of Arkansas LA Call Center	Provider Enrollment	866-794-0466
Louisiana	BCBS of Arkansas LA Call Center	Provider MSP Inquiries	866-794-0477
Louisiana	BCBS of Arkansas LA Call Center	Provider EMC Inquiries	866-794-0479
Louisiana	BCBS of Arkansas LA Call Center	Provider Part B Reviews	866-794-0480
Maine	Associated Hospital Service RHHI Call Center	Provider Services RHHI	877-498-1351
Maine	Health Now DMERC Call Center	Provider Services - Region A DMERC	866-419-9458
Maine	Associated Hospital Service	Provider Services Part A	877-567-9250
Maine	National Heritage Co.	Provider Services Part B	877-567-3129
Maine	National Heritage Insurance	Provider Telephone Review	866-361-2923
Maryland	AdminaStar Federal Inc.	Provider Region B DMERC	877-299-7900
Maryland	Cahaba Government Benefits Administrators (GBA)	Provider Home Health	877-299-4500
Maryland	Cahaba Government Benefits Administrators (GBA)	Provider Hospice	866-539-5592
Maryland	CareFirst Call Center	Provider Services Part A	866-488-0545
Maryland	Trailblazer Health Enterprises - MD Call Center	Provider Services Part B	866-539-5591
Maryland	Veritus Medicare Services	Provider Services Part A	800-560-6170
Maryland	Cahaba GBA	Provider Home Health/Hospice EDI	866-839-2441
Massachusetts	Associated Hospital Service Call Center	Provider Services Part A	877-567-9250
Massachusetts	Health Now DMERC Call Center	Provider Services - Region A DMERC	866-419-9458
Massachusetts	National Heritage Co.	Provider Services Part B	877-567-3130
Massachusetts	Veritus Medicare Services	Provider Services Part A	800-560-6170
Michigan	AdminaStar Federal Inc.	Provider Region B DMERC	877-299-7900

Michigan	United Government Services	Provider Services Part A	866-419-9462
Michigan	United Government Services - Milwaukee Call Center	Provider Services - RHHI	877-309-4290
Michigan	Wisconsin Physician Services	Provider MI Customer Service Part B	877-567-7201
Michigan	Wisconsin Physician Services	Provider EDI Hotline - Part B	877-567-7261
Michigan	Wisconsin Physician Services	Provider MI Appeals - Part B	877-674-5416
Michigan	Wisconsin Physician Services	Provider General Admin. - Part B	877-908-4067
Michigan	Wisconsin Physician Services	Provider General Admin.	877-908-4067
Minnesota	AdminaStar Federal Inc.	Provider Region B DMERC	877-299-7900
Minnesota	Noridian Government Operations	Provider Services Part A	866-380-4741
Minnesota	United Government Services - Milwaukee Call Center	Provider Services - RHHI	877-309-4290
Minnesota	Wisconsin Physician Services	Provider EDI Hotline - Part B	877-567-7261
Minnesota	Wisconsin Physician Services	Provider General Admin.	877-908-8475
Minnesota	Wisconsin Physician Services	Provider MN General Admin. - Part B	866-380-4742
Minnesota	Wisconsin Physician Services	Provider Appeals - Part B	866-380-4744
Minnesota	Wisconsin Physician Services	Provider Enrollment - Part B	866-564-0315
Minnesota	Wisconsin Physician Services	Provider MN Customer Service - Part B	877-908-8470
Mississippi	TriSpan Health Services Call Center	Provider Services Part A	877-567-3097
Mississippi	Cahaba Government Benefits Administrators (GBA)	Provider Services Part B	866-419-9454
Mississippi	Palmetto GBA	Provider Services - Region C DMERC **IVR**	866-238-9650
Mississippi	Palmetto GBA	Provider Services - Region C DMERC **CSR**	866-270-4909
Mississippi	Palmetto GBA	Provider Benefit Integrity	877-867-4852
Mississippi	Palmetto GBA RHHI Call Center	Provider Services - RHHI	866-801-5301
Missouri	BCBS of Kansas Call Center	Provider Medicare Review	877-567-7268
Missouri	TriSpan Health Services Call Center	Provider Services Part A	877-567-3097
Missouri	Cahaba Government Benefits Administrators (GBA)	Provider Home Health	877-299-4500
Missouri	Cahaba Government Benefits Administrators (GBA)	Provider Hospice	866-539-5592
Missouri	CIGNA TN Call Center	Provider Region D DMERC **IVR**	877-320-0390
Missouri	CIGNA TN Call Center	Provider Region D DMERC **CSR**	866-243-7272
Missouri (eastern)	Missouri Medicare Call Center	Provider Enrollment	866-419-9460

Missouri (eastern)	Missouri Medicare Call Center	Provider Services Part B **IVR**	866-539-5599
Missouri (Western)	BCBS of Kansas	Provider Records	866-839-2440
Missouri (Western)	BCBS of Kansas	Provider Services Part B (Northwest)	866-839-2442
Missouri	Cahaba GBA	Provider Home Health/Hospice EDI	866-839-2441
Montana	BCBS of Montana Call Center/Great Falls	Provider Services Part A	877-567-7202
Montana	BCBS of Montana/Helena	Provider Services Part B	877-567-7203
Montana	Cahaba Government Benefits Administrators (GBA)	Provider Home Health	877-299-4500
Montana	Cahaba Government Benefits Administrators (GBA)	Provider Hospice	866-539-5592
Montana	CIGNA TN Call Center	Provider Region D DMERC **CSR**	866-243-7272
Montana	Cahaba GBA	Provider Home Health/Hospice EDI	866-839-2441
Nebraska	BCBS of Kansas Call Center	Provider Services Part B	866-839-2438
Nebraska	BCBS of Nebraska Call Center	Provider Services Part A	877-869-6503
Nebraska	Cahaba Government Benefits Administrators (GBA)	Provider Home Health	877-299-4500
Nebraska	Cahaba Government Benefits Administrators (GBA)	Provider Hospice	866-539-5592
Nebraska	CIGNA TN Call Center	Provider Region D DMERC **IVR**	877-320-0390
Nebraska	CIGNA TN Call Center	Provider Region D DMERC **CSR**	866-243-7272
Nebraska	BCBS of Kansas	Provider Records	866-839-2440
Nebraska	Cahaba GBA	Provider Home Health/Hospice EDI	866-839-2441
Nevada	CIGNA TN Call Center	Provider Region D DMERC **IVR**	877-320-0390
Nevada	CIGNA TN Call Center	Provider Region D DMERC **CSR**	866-243-7272
Nevada	Noridian Government Operations	Provider EDI, GTE	866-849-7243
Nevada	Noridian Government Operations	Provider Services Part B	877-908-8431
Nevada	United Government Services - California Call Center	Provider Inpatient/Outpatient	866-380-4745
Nevada	United Government Services - RHHI	Provider Home Health/Hospice	866-380-4745
New Hampshire	Associated Hospital Service RHHI Call Center	Provider Services RHHI	877-498-1351
New Hampshire	BCBS of New Hampshire Call Center	Provider Services Part A	866-539-5593
New Hampshire	Health Now DMERC Call Center	Provider Services - Region A DMERC	866-419-9458
New Hampshire	National Heritage Co.	Provider Services Part B	866-539-5595
New Hampshire	Veritus Medicare Services	Provider Services Part A	800-560-6170
New Hampshire	National Heritage Insurance	Provider Telephone Review	866-361-2923
New Jersey	Empire NJ Call Center	Provider Services Part B **ARU**	877-567-9235
New Jersey	Health Now DMERC Call Center	Provider Services - Region A DMERC	866-419-9458

New Jersey	Riverbend Call Center	Provider Services - Part A	877-296-6189
New Jersey	United Government Services - Milwaukee Call Center	Provider Services - RHHI	877-309-4290
New Jersey	Veritus Medicare Services	Provider Services Part A	800-560-6170
New Mexico	BCBS of Arkansas OK/NM Call Center	Provider Enrollment	866-539-5596
New Mexico	BCBS of Arkansas OK/NM Call Center	Provider Services Part B **IVR**	877-567-9230
New Mexico	BCBS of Arkansas OK/NM Call Center	Provider Services Part B	866-280-6520
New Mexico	Palmetto GBA	Provider Services - Region C DMERC **IVR**	866-238-9650
New Mexico	Palmetto GBA	Provider Services - Region C DMERC **CSR**	877-270-4909
New Mexico	Palmetto GBA	Provider Services - RHHI	877-272-5786
New Mexico	Palmetto GBA	Provider Benefit Integrity	877-867-4852
New Mexico	Trailblazer Health Enterprises	Provider Services Part B **IVR**	877-392-9865
New Mexico	Trailblazer Health Enterprises	Provider Services Part A	877-391-2610
New Mexico	Trailblazer Health Enterprises	Provider Services Part A	888-763-9836
New York	Health Now DMERC Call Center	Provider Services Region A DMERC	866-419-9458
New York	Empire BCBS Call Center	Provider Services Part A	877-567-7205
New York	Empire NJ Call Center	Provider Services Part B	877-869-6504
New York	Group Health Inc. Call Center	Provider Services Part B	877-868-7965
New York	United Government Services - Milwaukee Call Center	Provider Services - RHHI	877-309-4290
New York	Veritus Medicare Services	Provider Services Part A	800-560-6170
New York (Western)	Health Now	Provider Services Part B	877-567-7173
North Carolina	Palmetto GBA of North Carolina	Provider Services Part A	877-567-9249
North Carolina	CIGNA NC	Provider NC Part B	866-238-9651
North Carolina	Palmetto GBA	Provider Services - Region C DMERC **IVR**	866-238-9650
North Carolina	Palmetto GBA	Provider Services - Region C DMERC **CSR**	866-270-4909
North Carolina	Palmetto GBA	Provider Services - RHHI	877-272-5786
North Carolina	Palmetto GBA	Provider Benefit Integrity	877-867-4852
North Carolina	Veritus Medicare Services	Provider Services Part A	800-560-6170
North Carolina	Cigna	Provider NC Part B EDI	866-352-1608

North Carolina	Cigna	Provider NC Part B Telephone Reviews	866-352-6695
North Dakota	Cahaba Government Benefits Administrators (GBA)	Provider Home Health	877-299-4500
North Dakota	Cahaba Government Benefits Administrators (GBA)	Provider Hospice	866-539-5592
North Dakota	CIGNA TN Call Center	Provider Region D DMERC **IVR**	877-320-0390
North Dakota	CIGNA TN Call Center	Provider Region D DMERC **CSR**	866-243-7272
North Dakota	Noridian Government Operations	Provider Enrollment	888-608-8816
North Dakota	Noridian Government Operations	Provider Services Part A	866-380-4741
North Dakota	Noridian Government Operations	Provider EDI, MCS	866-849-7246
North Dakota	Noridian Government Operations	Provider Services Part B	877-908-8431
North Dakota	Cahaba GBA	Provider Home Health/Hospice EDI	866-839-2441
Northern Marianna Islands	Noridian Government Operations	Provider Services Part B	877-908-8431
Northern Marianna Islands	Noridian Government Operations	Provider Enrollment	888-608-8816
Northern Marianna Islands	United Government Services - California Call Center	Provider Inpatient/Outpatient	866-380-4745
Northern Marianna Islands	CIGNA TN Call Center	Provider Region D DMERC **IVR**	877-320-0390
Northern Marianna Islands	CIGNA TN Call Center	Provider Region D DMERC **CSR**	866-243-7272
Northern Marianna Islands	United Government Services - RHHI	Provider Home Health/Hospice	866-380-4745
Ohio	AdminaStar Cincinnati Call Center	Provider Ohio Part A	866-419-9457
Ohio	AdminaStar Federal Inc.	Provider Region B DMERC	877-299-7900
Ohio	Palmetto GBA Call Center	Provider Services Part B	877-567-9232
Ohio	Palmetto GBA	Provider Benefit Integrity	877-867-4852
Ohio	Palmetto GBA RHHI Call Center	Provider Services	866-801-5301
Ohio	Veritus Medicare Services	Provider Services - Part A	800-560-6170
Oklahoma	BCBS of Arkansas OK/NM Call Center	Provider Enrollment	866-539-5596
Oklahoma	BCBS of Arkansas OK/NM Call Center	Provider Services Part B **IVR**	877-567-9230
Oklahoma	BCBS of Arkansas OK/NM Call Center	Provider Services Part B	866-280-6520
Oklahoma	BCBS of Oklahoma	Provider Services Part A	877-567-3094
Oklahoma	Palmetto GBA	Provider Services - Region C DMERC **IVR**	866-238-9650
Oklahoma	Palmetto GBA	Provider Services - Region C DMERC **CSR**	866-270-4909
Oklahoma	Palmetto GBA	Provider Services - RHHI	877-272-5786
Oklahoma	Palmetto GBA	Provider Benefit Integrity	877-867-4852
Oregon	CIGNA TN Call Center	Provider Region D DMERC **IVR**	877-320-0390

Oregon	CIGNA TN Call Center	Provider Region D DMERC **CSR**	866-243-7272
Oregon	Medicare Northwest Call Center	Provider Services Part A	877-567-9234
Oregon	Noridian Government Operations	Provider Enrollment	888-608-8816
Oregon	Noridian Government Operations	Provider EDI, GTE	866-849-7243
Oregon	Noridian Government Operations	Provider Services Part B	877-908-8431
Oregon	United Government Services - RHHI	Provider Home Health/Hospice	866-380-4745
Pennsylvania	Veritus Medicare Services' subcontractor, Blue Cross of North East PA Call Center	Provider Services Part A	866-502-9058
Pennsylvania	Cahaba Government Benefits Administrators (GBA)	Provider Home Health	877-299-4500
Pennsylvania	Cahaba Government Benefits Administrators (GBA)	Provider Hospice	866-539-5592
Pennsylvania	Health Now DMERC Call Center	Provider Services - Region A DMERC	866-419-9458
Pennsylvania	Veritus Medicare Services	Provider Services Part A	800-560-6170
Pennsylvania	HGS Administrators PA Call Center	Provider Services Part B	866-488-0548
Pennsylvania	HGS Administrators PA Call Center	Provider Telephone Appeals	866-488-0551
Pennsylvania	HGS Administrators PA Call Center	Provider EDI	866-488-0546
Pennsylvania	HGS Administrators PA Call Center	Provider Enrollment	866-488-0549
Pennsylvania	Cahaba GBA	Provider Home Health/Hospice EDI	866-839-2441
Puerto Rico	COSVI-PR Call Center	Provider Services Part A	877-908-8433
Puerto Rico	Palmetto GBA	Provider Services - Region C DMERC **IVR**	866-238-9650
Puerto Rico	Palmetto GBA	Provider Services - Region C DMERC **CSR**	866-270-4909
Puerto Rico	Palmetto GBA	Provider Benefit Integrity	877-867-4852
Puerto Rico	Triple-S Call Center	Provider Services Part B	877-715-1921
Puerto Rico	United Government Services - Milwaukee Call Center	Provider Services - RHHI	877-309-4290
Rhode Island	Associated Hospital Service RHHI Call Center	Provider Services RHHI	877-498-1351
Rhode Island	BCBS of Rhode Island	Provider Services - Part B	866-801-5304
Rhode Island	Health Now DMERC Call Center	Provider Services - Region A DMERC	866-419-9458
Rhode Island	BCBS of Rhode Island	Provider Services Part A	866-339-3714
South Carolina	Palmetto GBA	Provider Services Part B	866-238-9654
South Carolina	Palmetto GBA	Provider Services - Region C DMERC	866-238-9650
South Carolina	Palmetto GBA	Provider Services - RHHI	866-801-5301

South Carolina	Palmetto GBA	Provider Benefit Integrity	877-867-4852
South Carolina	Palmetto GBA	Provider Services Part A	877-272-5786
South Dakota	Cahaba Government Benefits Administrators (GBA)	Provider Home Health	877-299-4500
South Dakota	Cahaba Government Benefits Administrators (GBA)	Provider Hospice	866-539-5592
South Dakota	Cahaba Government Benefits Administrators (GBA)	Provider Services Part A - Non Home Health and Hospice	877-567-3092
South Dakota	CIGNA TN Call Center	Provider Region D DMERC **IVR**	877-320-0390
South Dakota	CIGNA TN Call Center	Provider Region D DMERC **CSR**	866-243-7272
South Dakota	Noridian Government Operations	Provider Enrollment	888-608-8816
South Dakota	Noridian Government Operations	Provider EDI, MCS	866-849-7246
South Dakota	Noridian Government Operations	Provider Services Part B	877-908-8431
South Dakota	Cahaba GBA	Provider Home Health/Hospice EDI	866-839-2441
Tennessee	CIGNA TN	Provider TN Part B	866-502-9056
Tennessee	Palmetto GBA	Provider Services - RHHI	877-272-5786
Tennessee	Palmetto GBA	Provider Benefit Integrity	877-867-4852
Tennessee	Riverbend Call Center	Provider Services Part A	877-296-6189
Texas	Palmetto GBA	Provider Services - Region C DMERC	866-238-9650
Texas	Palmetto GBA	Provider Services - RHHI	877-272-5786
Texas	Palmetto GBA	Provider Benefit Integrity	877-867-4852
Texas	Trailblazer Health Enterprises	Provider Services Part B	877-392-9865
Texas	Trailblazer Health Enterprises	Provider Services Part A	888-763-9836
Texas	Trailblazer Health Enterprises - MD Call Center	Provider Services Part B **CSR**	866-211-5708
Utah	Cahaba Government Benefits Administrators (GBA)	Provider Home Health	877-299-4500
Utah	Cahaba Government Benefits Administrators (GBA)	Provider Hospice	866-539-5592
Utah	CIGNA TN Call Center	Provider Region D DMERC	877-320-0390
Utah	Regence of Utah	Provider Services Part B	866-539-5600
Utah	Regence of Utah	Provider Review	866-238-9460
Utah	Regence of Utah	Provider Services Part A	877-908-8436
Utah	Cahaba GBA	Provider Home Health/Hospice EDI	866-839-2441
Vermont	Associated Hospital Service RHHI Call Center	Provider Services - RHHI	877-498-1351
Vermont	BCBS of New Hampshire Call Center	Provider Services Part A	866-539-5593
Vermont	Health Now DMERC Call Center	Provider Services - Region A DMERC	866-419-9458

Vermont	National Heritage Co.	Provider Services Part B	866-539-5595
Vermont	BCBS of New Hampshire Call Center	Provider Services Part A	866-539-5593
Virgin Islands	COSVI-PR Call Center	Provider Services Part A	877-908-8433
Virgin Islands	Palmetto GBA	Provider Services - Region C DMERC	866-238-9650
Virgin Islands	Palmetto GBA	Provider Benefit Integrity	877-867-4852
Virgin Islands	United Government Services - Milwaukee Call Center	Provider Services - RHHI	877-309-4290
Virginia	AdminaStar Federal Inc.	Provider Region B DMERC	877-299-7900
Virginia	Cahaba Government Benefits Administrators (GBA)	Provider Home Health	877-299-4500
Virginia	Cahaba Government Benefits Administrators (GBA)	Provider Hospice	866-539-5592
Virginia	Trailblazer Health Enterprises - VA Call Center	Provider Services Part B	866-502-9049
Virginia	United Government Services	Provider Services Part A	877-908-8474
Virginia	Veritus Medicare Services	Provider Services Part A	800-560-6170
Virginia	Cahaba GBA	Provider Home Health/Hospice EDI	866-839-2441
Washington	CIGNA TN Call Center	Provider Region D DMERC	877-320-0390
Washington	Noridian Government Operations	Provider Enrollment	888-608-8816
Washington	Noridian Government Operations	Provider EDI, GTE	866-849-7243
Washington	Noridian Government Operations	Provider Services Part B	877-908-8431
Washington	Premera Call Center	Provider Services Part A	877-908-8437
Washington	United Government Services - RHHI	Provider Home Health/Hospice	866-539-5594
West Virginia	AdminaStar Federal Inc.	Provider Region B DMERC	877-299-7900
West Virginia	Cahaba Government Benefits Administrators (GBA)	Provider Home Health	877-299-4500
West Virginia	Cahaba Government Benefits Administrators (GBA)	Provider Hospice	866-539-5592
West Virginia	Palmetto GBA	Provider Services Part B	877-567-9232
West Virginia	United Government Services	Provider Services Part A	877-908-8474
West Virginia	Veritus Medicare Services	Provider Services Part A	800-560-6170
West Virginia	Cahaba GBA	Provider Home Health/Hospice EDI	866-839-2441
Wisconsin	Wisconsin Physician Services	Provider EDI Hotline - Part B	877-567-7261
Wisconsin	Wisconsin Physician Services	Provider General Admin. - Part B	877-908-8475
Wisconsin	Wisconsin Physician Services	Provider WI Customer Service - Part B	877-567-7176
Wisconsin	Wisconsin Physician Services	Provider WI Appeals - Part B	877-674-5354
Wisconsin	Wisconsin Physician Services	Provider Enrolment IL/MI Part B	877-908-8476

Wisconsin (Part A RHHI)	United Government Services - Milwaukee Call Center	Provider Services Part A	877-309-4290
Wisconsin	AdminaStar Federal Inc.	Provider Region B DMERC	877-299-7900
Wyoming	BCBS of Wyoming	Provider Services Part A	877-567-3093
Wyoming	Cahaba Government Benefits Administrators (GBA)	Provider Home Health	877-299-4500
Wyoming	Cahaba Government Benefits Administrators (GBA)	Provider Hospice	866-539-5592
Wyoming	CIGNA TN Call Center	Provider Region D DMERC	877-320-0390
Wyoming	Noridian Government Operations	Provider Enrollment	888-608-8816
Wyoming	Noridian Government Operations	Provider EDI, MCS	866-849-7246
Wyoming	Noridian Government Operations	Provider Services Part B	877-908-8431
Wyoming	Cahaba GBA	Provider Home Health/Hospice EDI	866-839-2441