

# Medicare Part A vs. Part D Determination Form

Fax completed form to: 877.974.4411 toll free, or 616.942.8206

This form applies to:  Medicare Part A (Hospice)  Medicare Part D  
This request is:  Urgent (life threatening)  Non-Urgent (standard review)

Urgent means the standard review time may seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function.

## Hospice Payment Determination

### Member

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

ID #: \_\_\_\_\_ DOB: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Gender assigned at birth:  Male  Female

Requesting Provider: \_\_\_\_\_ Prov. Phone: \_\_\_\_\_ Prov. Fax: \_\_\_\_\_

Provider Address: \_\_\_\_\_

Provider NPI: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Drug information

New request  Continuation request

Start date (or date of next dose): \_\_\_\_\_

Date of last dose (if applicable): \_\_\_\_\_

Drug product: \_\_\_\_\_

Dosing frequency: \_\_\_\_\_

### Part A (Hospice) vs. Part D (Prescription Drug) Coverage Determination Criteria

Certain drugs may be covered (paid for) under the Part A (hospice) benefit or the Part D (prescription drug) benefit. The benefit responsible for coverage must be determined prior to coverage of the drug.

Drugs used for care of the patient's terminal illness, or a condition related to the terminal illness are covered under the Part A benefit, even if the prescriber is unaffiliated with the hospice provider, the drug is not on the hospice formulary, the drug is not medically necessary, or the drug is waived through hospice election.

#### For this drug to be covered under Medicare Part A, the following criteria must be met:

1. Must be used for the patient's terminal illness or a condition related to the terminal illness.

#### For this drug to be covered under Medicare Part D, the following criteria must be met:

1. Must not meet criteria for Medicare Part A coverage (*see above*) – and –
2. Must be used for a medically accepted indication.\*

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**Medically accepted indication\***

This drug is only covered under Medicare Part D when it is used for a medically accepted indication. A medically accepted indication is a use of the drug that is *either*:

- approved by the Food and Drug Administration (FDA). (That is, the FDA has approved the drug for the diagnosis or condition for which it is being prescribed.)
- — *or* — supported by one of the following references known as compendia: American Hospital Formulary Service - Drug Information or DRUGDEX Information System.

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**Priority Health Precertification Documentation**

A. Is the patient currently enrolled in hospice?  Yes  No

B. What is the patient's hospice diagnosis? Please list: \_\_\_\_\_

C. Is the requested drug being used for the hospice diagnosis or a related condition?

- Yes  
 No. *Please list the diagnosis for the requested drug:* \_\_\_\_\_

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**Additional information**

**Note:** Criteria are found in the Medicare Prescription Drug Benefit Manual, Chapter 6 (Part D Drugs and Formulary Requirements), section 20.2 (Drugs Covered Under Medicare Part A or B).

Drugs paid for under the Medicare Part A per-diem payments to a Medicare hospice program are excluded from coverage under Medicare Part D.

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**Priority Health Medicare Part D Exception Request (*exceptions to the above criteria*)**

Do you believe one or more of the prior authorization requirements should be waived?  Yes  No

If yes, you must provide a statement explaining the medical reason why the exception should be approved.

Would the requested drug likely be the most effective option for this patient?

- No  
 Yes, because: \_\_\_\_\_

If the patient is currently using requested drug, would changing the patient's current regimen likely result in adverse effects for the patient?

- No  
 Yes, because: \_\_\_\_\_