

Reimbursement Policy	
Title: Self-Administered Drugs	
Policy Number: RP-P-350X	Application: All Plan Members
Last Reviewed: 10/08/2024	Effective Date: 02/01/2025
Related Policies: Supply	

Disclaimer: This reimbursement policy is intended to provide general guidance regarding The Plan’s policy for the services described and does not constitute a guarantee of payment. You are responsible for submitting accurate claims. Factors affecting claims reimbursement may include, but are not limited to, state and federal laws, regulations and accreditation requirements, along with administrative services agreements, provider contracts, and benefit coverage documents. Coding methodology and industry standards are also considered in developing reimbursement policy.

The Plan routinely updates reimbursement policies, and new versions are published on this website. If you print a copy of this policy, please be aware that the policy may be updated later, and you are responsible for the information contained in the most recent online version. The Plan communicates policy updates to providers via The Plan’s monthly e-newsletter as well as through Provider Alerts.

All content included on the provider portion of The Plan’s webpages is an extension of providers’ administrative requirements, which all Plan network providers are contractually obligated to follow.

Summary:
Self-Administered Drugs are covered under a member’s pharmacy benefit, subject to formulary status and applicable utilization management parameters. The policy is applicable only to services billed on a CMS-1500 claim form or its electronic equivalent.

Policy Statement:

Self-Administered Drugs are to be obtained through pharmacies and not from health care providers during office or outpatient visits. A pharmacy may collect a copayment, deductible or coinsurance from the member for any Self-Administered Drugs dispensed.

Drug ingredient and dispensing costs for Self-Administered Drugs supplied by a health care provider are not eligible for coverage under a member’s medical benefit. Such costs are only covered under a member’s pharmacy benefit.

Costs associated with administration of a Self-Administered Drug by a health care provider are not affected by this policy. The administration will be covered per the member's medical benefit when the drug is brought to a clinic or a facility for administration.

Claims submitted with the HCPCS codes listed in this policy and provided in an office or outpatient facility setting will be denied provider liability.

Code Lists:
Self-Administered Drugs Code List

Definitions:	
Professionally Administered Drugs	Medications that require administration to a patient by a qualified health care professional and are primarily administered by intravenous (IV) injection, IV infusion, intramuscular (IM) injection, intravitreal (ocular) injection, intra-articular (joints) injection, intrathecal (spinal) injections, limited subcutaneous injections required in an emergency for acute conditions, and medications required as part of a surgical or diagnostic procedure.
Self-Administered Drugs	Medications that are intended for patient self-administration and primarily administered by subcutaneous injection, oral ingestion, topical administration, or nebulized inhalation.

Exclusions/Exemptions:
<ul style="list-style-type: none"> Medicare plans

Resources:
Centers for Medicare and Medicaid Services (CMS)
Current Procedural Terminology (CPT®)
Healthcare Common Procedure Coding System (HCPCS)
National Physician Fee Schedule (NPFS)

Effective Date:	07/01/2008
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Revision Updates:	
XX/XX/2023	Annual Policy Review
07/12/2022	Code List Update
05/12/2022	Code List Update
02/14/2022	Code List Update
01/14/2022	Template Update
11/08/2021	Annual Policy Review

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