



Payment Guideline: High-Cost Drug Reimbursement

Read First

**IMPORTANT INFORMATION CONCERNING
WELLFLEET PAYMENT GUIDELINES**

This Payment Guideline serves as notice to health care providers of Wellfleet's payment practices. Health providers are advised to consult their own network provider agreement for determining specific payment policies.

Wellfleet may use reasonable discretion in applying these Payment Guidelines to health care services provided to its enrollees. This Payment Guideline does not address all the issues related to reimbursement for health care services. Other factors impacting reimbursement may supplement, modify or, in some cases, supersede this Payment Guideline. These factors may include, but are not limited to, other Payment Guidelines, legislative mandates, the type of provider arrangement and the terms of that agreement, and/or the member's benefit coverage document.

Wellfleet may modify this Payment Guideline at any time to comply with changes in national standards, changes in best practices, or other factors that may impact this payment Guideline. Should this Payment Guideline be revised, Wellfleet shall publish a new version of this Payment Guideline. Wellfleet encourages providers to keep current with any CPT or HCPCS updates as well as industry standards related to the services described in this Payment Guideline.

Providers are responsible for submission of accurate claims. Wellfleet reserves the right to request supporting documentation for claims submitted, including provider records.

**Applicable
Plans**

- ☒ Student Health Insurance (for policies issued or renewing after May 2019)
 - ☒ Fully Insured
 - ☐ Excluding policies issued in the following states:



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- ☐ Excluding Wellfleet Global
- ☒ Self-Funded
 - ☐ Excluding policies issued by the following schools:
- ☒ Student Sports
 - ☒ Fully Insured; for policies issued by the following carriers:
 - ☒ AIG
 - ☒ Wellfleet Insurance Company/Wellfleet New York Insurance Company
 - ☒ Self-Funded
 - ☐ Excluding policies issued by the following schools:
- ☒ Fully Insured Student Accident; for policies issued by the following carriers:
 - ☒ AIG
 - ☒ Wellfleet Insurance Company/Wellfleet New York Insurance Company

Purpose

To define how Wellfleet will reimburse providers for High-Cost Drugs submitted for reimbursement through a member's medical benefit

Scope

All provider claims containing a High-Cost Drug covered by the member's medical benefit as one or more line items, where payment methodology dictates that the High-Cost Drug(s) be reimbursed separately from the other line items.

Self-Administered drugs will be subject to the Self-Administered Medications Guideline first. If the Self-Administered Medications Guideline isn't applicable, then the High-Cost Drugs guideline will be reviewed.

The Self-Administered Medications Guideline can be found here:
<https://wellfleetstudent.com/providers/>

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- Definitions**
- High-Cost Drug: prescription medications that have an allowed amount over \$10,000 per infusion/injection (including waste) that require special handling, administration or monitoring, are covered under both medical and pharmacy benefits, and usually treat complex and/or chronic conditions.
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- Guidelines**
1. Wellfleet will reimburse the lesser of the Reasonable, Customary & Usual amount, the In Network allowed amount or up to two times the listed Average Wholesale Price (AWP) for High-Cost Drugs listed on claims under a member's Medical Benefit, when ALL the following are met:
 - The High-Cost Drug(s) is/are a covered Medical Benefit under an eligible member's Plan.
 - The High-Cost Drug(s) is/are individual line item(s) on a medical claim.
 - The High-Cost Drug(s) is/are appropriately coded, as specifically as possible at the time of billing.
 - The claim payment methodology dictates that the High-Cost Drug(s) be reimbursed separately from the other line items (i.e. percent of charges methodology, Reasonable, Customary & Usual methodology, other methodologies with an appropriate Revenue Code carve out payment).
 - The High-Cost Drug has undergone any required Precertification Review and Approval as per the member's plan.
 2. Medical Records may be requested to support billed dosing amounts.
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- Attachments**
1. Attachment A: High Cost Drug Code List:
<https://wellfleetstudent.com/providers/>
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**Change
History**

Version	Effective Date	Next Review Date
1.0	04/01/2021	04/01/2022



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1.1	10/1/2021	04/01/2022
2.0	2/1/2022	2/1/2023
3.0	3/15/2023	2/1/2024
3.1*	8/1/2023	2/1/2024
4.0	2/1/2024	2/1/2025
4.1	12/20/2024	2/1/2025
5.0	2/1/2025	2/1/2026
6.0	11/1/2025	7/1/2026

***Formerly named “Specialty Drug Reimbursement”**

Change History

Version	Effective Date	Notes
4.1	12/20/2024	Add Invega J codes to list
5.0	2/1/2025	Updated wording for definition and added wording to bullet point #1.

(INTERNAL USE ONLY)

Authorization Log

	NAME	TITLE	SIGNATURE	DATE
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