



## Payment Guideline: Self-Administered Medications

**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, 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: NY
    - Excluding ISO
  - Self-Funded
    - Excluding policies issued by the following schools: N/A
- Student Sports
  - Fully Insured; for policies issued by the following carriers:
    - AIG
    - Axis

- Commercial Casualty Insurance Company/Wellfleet Insurance
  - Self-Funded
    - Excluding policies issued by the following schools: N/A
  - Fully Insured Student Accident; for policies issued by the following carriers:
    - AIG
    - Axis
    - Commercial Casualty Insurance Company/Wellfleet Insurance
  - Self-Funded Employer Insurance
    - Excluding policies issued by the following employers: N/A
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**Purpose**

This guideline defines requirements for the payment of self-administered medications covered under the policies identified under Applicable Plans. The document can be used as a guide to help determine applicable billing requirements.

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**Scope**

See **Attachment 1** for the list of applicable codes that vary by the pharmacy benefits manager (PBM) contracted under the applicable plans. The member specific benefit plan document or member ID card identifies which PBM is contracted under the plan. The codes in the list are considered self-administered when “Y” is indicated under the PBM and excluded under the medical benefit under the terms of this guideline.

These lists are current as of January 2019 and are subject to change. As new self-administered medications become available, they will be added to these lists as quickly as possible and excluded from the medical benefit.

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**Definitions**

- **Self-Administered Drugs (or Self-Administered Medications):**  
Medications that can be used on an outpatient bases and generally do not require clinical supervision or assistance to consume, apply, or inject. The term “administered” refers only to the physical process by which the drug enters the patient’s body. It does not refer to whether the process is supervised by a medical professional (for example, to observe proper technique or side-effects of the drug). Injectable (including intravenous) drugs are typically eligible for inclusion under the “incident to” benefit. With limited exceptions, other routes of administration including, but not

limited to, oral drugs, suppositories, topical medications are all considered to be usually self-administered by the patient.

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**Guidelines**

Wellfleet provides coverage under its medical and prescription drug benefits for medications in accordance with plan benefit documents. Some of these covered medications are self-administered and are covered only under the pharmacy benefit. While members have the freedom to self-administer these medications, they can still obtain these medications at the pharmacy and take them to their doctor’s office, where they can receive training on how to administer them. Wellfleet covers drugs that are furnished “incident to” a physician’s service provided that the drugs are not usually administered by the patients who take them.

Self-administered drugs will not be covered when dispensed through a physician’s office or outpatient hospital, except in emergency situations. While members may self-administer these medications, they can still obtain these medications at the pharmacy and have them administered at an office visit. Coverage exceptions may be granted if self-administered drugs are required as part of a hospitalization or emergency room visit. Wellfleet utilizes industry recognized Milliman Care Guidelines (MCG) as its primary criteria set for validating medical necessity. When criteria are not available through MCG, Wellfleet relies on evidence-based, peer-reviewed journals or other physician-reviewed resources, until standard criteria are published by MCG.

Wellfleet will allow a one-time exception per member per drug on an initial claim billed for self-administered drugs under the medical benefit. If the self-administered drug is determined to be covered under the benefit, the first claim received through the medical benefit will be paid. The explanation of benefits will include a remark indicating that subsequent claims must be submitted through the pharmacy benefit. Subsequent claims billed through the medical benefit after the one-time exception will be denied.

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**Attachments**

1. Self-Administered Medications HCPCS Codes
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**Change History**

<b>Version</b>	<b>Effective Date</b>	<b>Next Review Date</b>
1.0	5/1/2019	5/1/2020



# Self-Administered Medications

## PAYMENT GUIDELINE

Guideline No: GL-004

1.1	7/1/2019	5/1/2020

**Attachment 1:  
Self-Administered Medications  
HCPCS Codes**

HCPCS	Drug Name	Wellfleet Rx	Cigna PBM
J1324	FUZEON	Y	Y
J3490/C9399	PRALUENT	Y	N
J3590/C9399	REPATHA	Y	Y
J2357	XOLAIR	Y	Y
J9214	SYLATRON	Y	Y
J3590/C9399	DUPIXENT	Y	Y
J3590/C9399	SOMAVERT	Y	Y
J3490/C9399	EGRIFTA	Y	Y
J2941	GENOTROPIN	Y	N
J2941	HUMATROPE	N	Y
J2941	NORDITROPIN	N	Y
J2941	SEROSTIM	Y	Y
J2941	ZORBTIVE	Y	Y
J2170	INCRELEX	Y	Y
J3490/C9399	MYALEPT	Y	Y
J3490/C9399	NATPARA	Y	Y
J2502	SIGNIFOR	Y	Y
J3490/C9399	GATTEX	Y	Y
Q9995	HEMLIBRA	Y	Y
S0145	PEGASYS	N	Y
S0148	PEGINTRON	Y	Y
J9216	ACTIMMUNE	Y	Y
J0490	BENLYSTA	Y	Y
J9250	OTREXUP	Y	Y
J9250	RASUVO	Y	Y
J2793	ARCALYST	Y	Y
J3490/J3590	KINERET	N	Y
J0717	CIMZIA	N	Y
J1438	ENBREL	Y	Y
J0135	HUMIRA	Y	Y
J1602	SIMPONI	N	Y

J0129	ORENCIA	N	Y
J3590/C9399	COSENTYX	Y	Y
J3590/C9399	SILIQ	N	N
J3490/C9399	TALTZ	N	Y
C9029	TREMFYA	Y	Y
J1744	FIRAZYR	Y	Y
C9015	HAEGARDA	Y	Y
J3262	ACTEMRA	Y	Y
J3490/J3590	KEVZARA	Y	Y
J3357	STELARA	Y	Y
J3490/C9399	STRENSIQ	Y	Y
J1826/Q3027	AVONEX	Y	Y
J1830	BETASERON	N	Y
J1595	COPAXONE	Y	N
J1830	EXTAVIA	Y	Y
J1595	GLATIRAMER	Y	Y
J1595	GLATOPA	Y	Y
J1830	PLEGRIDY	Y	Y
Q3028	REBIF	Y	Y
J3490/C9399	TYMLOS	Y	Y
J0364	APOKYN	Y	Y