



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: AR, NY
 - Excluding ISO
 - Self-Funded
 - Only including policies issued by the following schools: Dartmouth College
- 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

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.

Scope

See **Attachment 1** for the list of applicable codes for plans with Wellfleet Rx as the pharmacy benefits solution. The codes in the list are considered self-administered when “Y” is indicated under the “Wellfleet Rx” column and excluded under the medical benefit under the terms of this guideline.

This list is current as of the effective date of this guideline and is 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.

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.

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.

Refer to Attachment 1 for the list of self-administered drugs that are applicable under this guideline. Drugs with an asterisk (*) are available in intravenous (IV) formulations.

Attachments

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

Version	Effective Date	Next Review Date
1.0	5/1/2019	5/1/2020
1.1	7/1/2019	5/1/2020
1.2	1/1/2020	5/1/2020
2.0	7/1/2020	7/1/2021
3.0	7/1/2021	7/1/2022
3.1	8/1/2021	7/1/2022
4.0	7/1/2022	1/1/2023
4.1	1/1/2023	7/1/2023
5.0	7/1/2023	1/1/2024
5.1	10/12/2023	1/1/2024
5.2	1/1/2024	7/1/2024

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

HCPCS Code	Drug Name	Wellfleet Rx
J3262	ACTEMRA*	Y
J9216	ACTIMMUNE	Y
C9339/J3490/J3590	AIMOVIG	Y
J3031	AJOVY	Y
J1815	APIDRA	Y
J2793	ARCALYST	Y
J0461	ATROPEN	Y
J0171	AUVI-Q	Y
J1826/Q3027	AVONEX	Y
J1815	BASAGLAR	Y
J0490	BENLYSTA*	Y
J1830	BETASERON	Y
J0571	BUPRENORPHINE HCL	Y
J2354	BYNFEZIA	Y
J3590	CABLIVI	Y
J0270	CAVERJECT	Y
J0725	CETROTIDE	Y
J3590/J7799	CUTAQUIG	Y
J1555	CUVITRU	Y

J0895	DEFEROXAMINE MESYLATE*	Y
J1000	DEPO-ESTRADIOL	Y
J2597	DESMOPRESSIN ACETATE*	Y
J1110	DIHYDROERGOTAMINE MESYLATE*	Y
J3590/C9399	DUPIXENT	Y
J0270	EDEX	Y
J3490/C9399	EGRIFTA	Y
J9218	ELIGARD	Y
C9339/J3490/J3590	EMGALITY	Y
J1438	ENBREL	Y
J1650	ENOXAPARIN SODIUM	Y
J3590	ENSPRYNG	Y
J3380	ENTYVIO	Y
J0171	EPINEPHRINE	Y
J1380	ESTRADIOL VALERATE	Y
J3490	EVZIO	Y
J0517	FASENRA	Y
J1652	FONDAPARINUX	Y
J3110	FORTEO	Y
J1645	FRAGMIN	Y
Q5108	FULPHILA	Y
J1324	FUZEON	Y
J3490/C9399	GATTEX	Y
J2941	GENOTROPIN	Y
J1595	GLATIRAMER ACETATE	Y
J1595	GLATOPA	Y
J1610	GLUCAGON EMERGENCY KIT	Y
J3490	GONAL-F	Y
J1610	GVOKE	Y
J0559	HAEGARDA	Y
J3590	HEMLIBRA	Y
J1815	HUMALOG	Y
J0135	HUMIRA	Y
J1815	HUMULIN	Y
J1575	HYQVIA	Y
J1744	ICATIBANT	Y
J2170	INCRELEX	Y

J9214	INTRON A*	Y
J3490	KESIMPTA	Y
J3490/J3590	KEVZARA	Y
J3490/J3590	KINERET	Y
J1815	LANTUS	Y
J1952	LEUPROLIDE ACETATE	Y
J1815	LEVEMIR	Y
J1650	LOVENOX	Y
J1050	MEDROXYPROGESTERONE ACETATE	Y
S0122	MENOPUR	Y
J9260	METHOTREXATE	Y
J0630	MIACALCIN	Y
J3490/C9399	MYALEPT	Y
J2310	NALOXONE HCL	Y
J3490/C9399	NATPARA	Y
J2505	NEULASTA	Y
J2941	NORDITROPIN FLEXPOR	Y
J0725	NOVAREL	Y
J1815	NOVOPEN ECHO	Y
J2182	NUCALA	Y
J3490	NULIBRY	Y
J2353	OCTREOTIDE ACETATE*	Y
J0725	OVIDREL	Y
C9339/J3490/J3590	OZEMPIC	Y
J3490/J3590	PALYNZIQ	Y
J2440	PAPAVERINE HCL*	Y
S0145	PEGASYS	Y
S0148	PEGINTRON	Y
J3430	PHYTONADIONE	Y
J1830	PLEGRIDY	Y
J0885	PROCRIT	Y
J2675	PROGESTERONE	Y
J9250	RASUVO	Y
Q3026/Q3028	REBIF	Y
J2212	RELISTOR	Y
J3285	REMODULIN	Y
J3490	REPATHA	Y

J3590	REVCovi	Y
J2353	SANDOSTATIN*	Y
J2941	SEROSTIM	Y
J2502	SIGNIFOR	Y
J1602	SIMPONI	Y
J3590	SKYRIZI*	Y
J1815	SOLQUA 100-33	Y
J3590/C9399	SOMAVERT	Y
J3357	STELARA*	Y
J3490/C9399	STRENSIQ	Y
J3030	SUMATRIPTAN SUCCINATE	Y
J9214	SYLATRON	Y
J0171	SYMJEPI	Y
J3490	SYMLINPEN	Y
J9262	SYNRIBO	Y
J0593	TAKHZYRO	Y
J3490/C9399	TALTZ	Y
J3490	TEGSEDI	Y
J1080	TESTOSTERONE CYPIONATE	Y
J3121	TESTOSTERONE ENANTHATE	Y
J1815	TOUJEO SOLOSTAR	Y
C9029	TREMFYA	Y
J3285	TREPROSTINIL	Y
J1815	TRESIBA	Y
C9339/J3490/J3590	TRULICITY	Y
J3490/C9399	TYMLOS	Y
J3430	VITAMIN K1	Y
C9399/J3490	VYLEESI	Y
J1558	XEMBIFY	Y
C9399/J3490	XULTOPHY 100-3.6	Y
Q5101	ZARXIO*	Y
C9058	ZIEXTENZO	Y
J2941	ZORBTIVE	Y

*These products may be administered either intravenously by a health care provider or self-administered at home. The IV formulations of these products are not applicable under this payment guideline.