



## Medicare Benefits Policy Manual Update – Determining Self-Administration of Drug or Biological – JA6950

Related CR Release Date: April 30, 2010

Date Job Aid Revised: May 13, 2010

Effective Date: July 30, 2010

Implementation Date: July 30, 2010

<b>Key Words</b>	MM6950, CR6950, R123BP, Drug, Self-administration
<b>Contractors Affected</b>	<ul style="list-style-type: none"> <li>• Medicare Carriers</li> <li>• Fiscal Intermediaries (FIs)</li> <li>• A/B Medicare Administrative Contractors (A/B MACs)</li> </ul>
<b>Provider Types Affected</b>	Physicians, non-physician practitioners and hospitals submitting claims to FIs, carriers, and A/B MACs for services provided to Medicare beneficiaries



Change Request (CR) 6950 furnishes Medicare contractors with updates to the Medicare *Benefit Policy Manual*, relating to determining self-administration of drug or biological.

### Update to the Medicare *Benefit Policy Manual* Chapter 15, Section 50.2

**Provider Needs to Know...**

- This update to the *Medicare Benefit Policy Manual* allows for other routes of administration besides injections to be considered as not usually self-administered.
- Injectable drugs, including intravenously administered 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, and topical medications) are considered to be usually self-administered by the patient.

Background

- The Medicare program covers drugs that are furnished “incident to” a physician’s service provided that the drugs are not usually self-administered by the patients who take them.
- FIs, carriers and MACs are instructed to follow the *Benefits Policy Manual* when applying the exclusion for drugs that are usually self-administered by the patient.
- Due to recent drugs approved for marketing by the Food and Drug Administration, Chapter 15, Section 50.2, of this manual is being updated to allow for other routes of administration besides injections to be considered as not-usually self-administered.
- The term “administered” is discussed in the *Benefits Policy Manual*, and 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 drugs, including intravenously administered 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, and topical medications) are considered to be usually self-administered by the patient.

Operational  
Impact

N/A

Reference  
Materials

The related MLN Matters® article can be found at <http://www.cms.gov/MLN MattersArticles/downloads/MM6950.pdf> on the CMS website.

The official instruction (CR6950) regarding this change may be viewed at <http://www.cms.gov/Transmittals/downloads/R123BP.pdf> on the CMS website.