

CMS Guidance Document	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Executive Guidance Number 0404	Date: June 4, 2008
Planned Web Site Address http://www.cms.hhs.gov/manuals/	Release planned: 06/18/08

PROGRAM AREA: Fee for Service

SUBJECT: Self-Administered Drug Exclusion Lists

APPLIES TO: Contractors

I. SUMMARY OF DOCUMENT: This section on Self Administered Drugs will refer readers to Pub. 100-02, Medicare Benefits Policy Manual, Chapter 15, Section 50.2, Determining Self-Administration of a Drug or Biological. Since contractors have been instructed to submit the Self-Administered Drug (SAD) Exclusion Lists Articles to the Medicare Coverage Database (MCD), they are no longer required to send this list to the drugdata@cms.hhs.gov inbox.

II. CHANGES IN POLICY INSTRUCTIONS: (If not applicable, indicate N/A)

STATUS: R=REVISED, N=NEW, D=DELETED.

Status	CHAPTER/SECTION/SUBSECTION/TITLE
R	17/80.5/Self-Administered Drugs

III. CLEARANCES:

Clearance & Point of Contact (POC)	Name/Telephone/Component
Senior Official Clearance	Jeffrey Rich, M.D./CMM/410-786-4164
Agency POC	Cheryl Gilbreath/CMM/HAPG/DAS/410-786-5919

IV. TYPE (Check appropriate boxes for type of guidance)

<input type="checkbox"/>	Audit Guide
<input checked="" type="checkbox"/>	Change Request
<input type="checkbox"/>	HPMS
<input type="checkbox"/>	Joint Signature Memorandum/Technical Director Letter
<input type="checkbox"/>	Manual Transmittal/Non-Change Request
<input type="checkbox"/>	State Medicaid Director Letters
<input type="checkbox"/>	Other

V. STATUTORY OR REGULATORY AUTHORITY: Section 112 of BIPA

IV. SUPPORTING INFORMATION

Section A: For any recommendations and supporting information associated with listed requirements, use the box below:

Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
CR 3136	Continue to follow the instructions in this CR.

Section B: For all other recommendations and supporting information, use this space:

Refer to Pub. 100-08, Medicare Program Integrity Manual, Chapter 3, Section 3.3, "Articles", for related instruction.

V. CONTACTS

Pre-Implementation Contact(s): Cheryl Gilbreath, (410) 786-5919, Cheryl.Gilbreath@cms.hhs.gov

Post-Implementation Contact(s): Cheryl Gilbreath, (410) 786-5919, Cheryl.Gilbreath@cms.hhs.gov

VI. FUNDING

Section A: For *Fiscal Intermediaries (FIs)*, *Carriers*, and *Regional Home Health Carriers (RHHIs)* use only one of the following statements:

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

Section B: For *Medicare Administrative Contractors (MACs)*, use the following statement:

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the contracting officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the contracting officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

80.5 - Self-Administered Drugs
(Rev.)

See *Pub. 100-02*, Medicare Benefit Policy Manual, chapter 15, *section 50.2*