

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1539	Date: JUNE 20, 2008
	Change Request 5988

SUBJECT: Self-Administered Drug Exclusion Lists

I. SUMMARY OF CHANGES: 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.

New / Revised Material

Effective Date: July 21, 2008

Implementation Date: July 21, 2008

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED

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

III. FUNDING:

SECTION A: For Fiscal Intermediaries and Carriers:

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):

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.

IV. ATTACHMENTS:

Business Requirements

Manual Instruction

**Unless otherwise specified, the effective date is the date of service.*

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. 1539: Issued: 06-20-08; Effective/Implementation Date: 07-21-08)

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