

Payment Integrity and Recovery Program
Issue Number: 014
Issue Name: 014 Self-Administered Drugs
Date: 05/01/2022
Claim Type: Professional, Institutional
Line(s) of Business: Medicaid, MMP/Duals
<p>Description:</p> <p>The Self-Administered Drugs Payment Integrity and Recovery Audit program addresses the reimbursement of drugs that are usually self-administered. On May 15, 2002, the Centers for Medicare and Medicaid Services (CMS) issued Program Memorandum AB-02-072/Change Request 2200 which contains guidelines to be used by contractors to determine whether a drug or biological is usually self-administered and excluded from payment.</p> <p>The use of the JA and JB modifiers is required for drugs which have one HCPCS Level II (J or Q) code but multiple routes of administration. Drugs that fall under this category will be marked with an asterisk (*) and must be billed with the JA modifier for the intravenous infusion of the drug or billed with the JB modifier for the subcutaneous injection form of administration. Subcutaneously administered drugs listed on the Usually Self-Administered list will be denied as a benefit exclusion. Claims for drugs marked with an asterisk (*) billed without either a JA or JB modifier are also not reimbursable.</p> <p>Molina will recover reimbursement for any claims previously reimbursed with self-administered drugs. Molina is currently working to improve claims systems logic to deny reimbursement for current and future claims.</p>
<p>Example Scenarios:</p> <p>CPT/HCPCS codes for drugs that are considered self-administered are not reimbursable.</p> <p>CPT/HCPCS codes for drugs that are considered self-administered but have multiple routes of administration and are billed with either modifier JA or JB are reimbursable.</p>
<p>References:</p> <p>cms.gov/medicare-coverage-database/view/article.aspx?articleId=52800</p>