Physician Administered Drugs

Certain physician administered drugs are covered by the Professional Services Program when medically necessary. The information below contains general guidelines, and providers may refer to the Professional Services Fee Schedule for current fee-for-service reimbursement coverage information. See Appendix A for information on how to access the fee schedule. For reimbursement and coverage information for managed care organization (MCO) enrollees, providers must refer to the provider manuals maintained by each MCO.

NOTE: For information on immunizations and chemotherapy, see specific policy included in this Manual.

Federal statute requires the use of the National Drug Code (NDC) on claims for physician administered drugs. The NDC number and the Healthcare Common Procedure Code System (HCPCS) code for drug products are required on both the electronic 837P claim and the CMS-1500 claim form. When any portion of a single dose vial is used, providers may bill for the complete vial. Providers are expected to procure medication most closely matching dosages typically administered. Attempts to maximize reimbursement are subject to recoupment and additional sanctions.

If physician administered medications are dispensed by a pharmacy, the dispensed medication may then be brought to the physician's office for injection. A low-level office visit (procedure code 99211) for the administration of the injection, may be billed by the provider if a higher level evaluation and management visit had not been submitted for that beneficiary on that date by the rendering provider.

If the injection is administered during the course of a more complex office visit, the appropriate code for the visit should be billed, and there would not be a separate reimbursement for administering the injection.