

INJECTABLE DRUGS

Scope

This policy applies to:

- | | | |
|---|---|-----------------------------------|
| <input checked="" type="checkbox"/> Kaiser Permanente Health Plan of Washington | <input checked="" type="checkbox"/> Kaiser Permanente Health Plan of Washington Options, Inc. | <input type="checkbox"/> Medicaid |
| <input checked="" type="checkbox"/> Commercial | <input type="checkbox"/> Medicare | |

Policy

Original Effective Date: 01/01/2015

When benefits allow, Kaiser Permanente will reimburse injectable drugs at the lesser of 100 percent of the Medicare Part B Drug Average Sales Price (ASP) or billed amount, unless Kaiser Permanente contracted rates apply. Injectable drugs that do not have an ASP rate will be reimbursed at the lesser of the Kaiser Permanente fee schedule amount or billed amount. Kaiser Permanente follows the Food and Drug Administration (FDA) guidelines limiting the allowed units for injectable drugs.

Billing/Coding Guidelines

All claims must be billed according to Centers for Medicare & Medicaid Services (CMS) guidelines.

The fluid used to administer the drug(s) is incidental hydration and is not separately payable.

Unlisted injectable drugs that do not have an ASP rate must be submitted with the National Drug Code (NDC) number and dosage information for reimbursement.

Policy Definitions

Injectable drugs – Drugs furnished incident to physician services and billed with the appropriate CPT/HCPCS codes.

Prerequisite(s)

Prior authorization requirements met as defined on Kaiser Permanented provider website.

References

Medicare Part B Drug Average Sales Price, Centers for Medicare & Medicaid Services

Frequently Asked Questions

- Q1:** A member receives a Botox injection with a non-contracted provider and the provider received prior authorization. The provider codes for the injectable drug and the administration. Will the service be allowed?
- A1:** Yes. Kaiser Permanente will allow medically necessary services with prior authorization. Reimbursement for the injectable drug will be at 100 percent of ASP rates and reimbursement of the administration will be at a discounted rate if available for the non-contracted provider.
- Q2:** A member receives an anti-inflammatory injection from a contracted provider. The provider codes for the injectable drug and the administration. Will the services be allowed?
- A2:** Yes. Kaiser Permanente will allow medically necessary services, reimbursement for the injectable drug and the administration will be at the provider's contracted rates.
- Q3:** A member receives a neuromuscular injection from a non-contracted provider. The provider codes for an unlisted drug including the NDC number with dosage information and the administration. Will the services be allowed?
- A3:** Yes. Kaiser Permanente will allow medically necessary services. Reimbursement of the injectable drug will be at the Kaiser Permanente fee schedule amount based on the NDC number and dosage information. The reimbursement of the administration will be at a discounted rate if available for the non-contracted provider.

Revision History

08/29/2022 – Updated formatting

01/01/2015 – New Policy

Note: This information is intended to serve only as a general reference resource regarding reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, we may use reasonable discretion in interpreting and applying this policy to services being delivered in a particular case. Further, the policy does not cover all issues related to reimbursement for services rendered to our enrollees as legislative mandates, the provider contracts, the enrollee's benefit coverage documents, and the Provider Manual all may supplement or in some cases supersede this policy. This policy may be modified from time to time by publishing a new version of the policy on Kaiser Permanente provider website; however, the information presented in this policy is believed to be accurate and current as of the date of publication.