



ND

# Medical Policies

 **Print**

Policy Number:	ME-I-9015		
Policy Name:	Medications and Diabetic Supplies Payable on the Pharmacy Benefit		
Policy Type:	Medical	Policy Subtype:	Injections
Effective Date:	10-01-2025	Review Date:	09-01-2026
Last Review Date:	09-04-2025		

## Description

Medications administered by an individual that do not require professional administration by a healthcare provider are considered self-administered medications and are not covered under the medical benefit.

## Policy Application

All claims submitted for this policy will be processed according to the policy effective date and associated revision effective dates in effect on the date of processing, regardless of service date.

## Criteria

Coverage is subject to the specific terms of the member's benefit plan.

Self-administered medications do not require professional administration by a healthcare provider. The medications and diabetic supplies found in this policy may be subject to prior approval and are to be processed by pharmacy point of sale systems per the North Dakota Department of Human Services Preferred Drug List and Preferred Diabetic Supplies List. Self-administered medications are excluded from standard medical benefits.

A medication or diabetic supply found in this policy may be considered medically necessary when administered by a healthcare provider if one of the following criteria applies and documentation is provided.

- Training and education purposes; **or**
- A medical reason is provided as to why an individual cannot self-administer (i.e., physical disability, anxiety/panic attack, previous severe reaction to the medication); **or**
- Medication access limitations; **or**
- An individual's primary insurance requires medical claim processing; **or**
- An individual is hospitalized.

## Procedure Codes

95250	A4238	A4239	A9276	A9277	A9278	E2102
E2103	J0139	J0364	J0593	J0596	J0597	J0598
J0599	J1000	J1071	J1072	J1110	J1290	J1438
J1595	J1645	J1650	J1652	J1744	J1748	J1826
J1830	J2170	J2212	J2793	J2941	J3110	J3121
J3145	J3357	J3535	J7170	J7172	J7174	J7175
J7177	J7178	J7179	J7180	J7181	J7182	J7183
J7185	J7186	J7187	J7188	J7189	J7190	J7192
J7193	J7194	J7195	J7196	J7197	J7198	J7199
J7200	J7201	J7202	J7203	J7204	J7205	J7207
J7208	J7209	J7210	J7211	J7212	J7213	J7214
J7527	Q3027	Q3028	Q4074	Q5137	Q5140	Q5141
Q5142	Q5143	Q5144	Q5145	Q9996	S0090	S0117
S0138	S1030	S1031	S1034	S1035	S1036	S1037
S4990	S4991	S4995				

## Professional Statements and Societal Positions Guidelines

Not Applicable

# Diagnosis Codes

Not Applicable to this policy

## CURRENT CODING

### HCPCS:

A4238	Adju cgm supply allowance	Medicaid Expansion
A4239	Non-adju cgm supply allow	Medicaid Expansion
A9276	Disposable sensor, cgm sys	Medicaid Expansion
A9277	External transmitter, cgm	Medicaid Expansion
A9278	External receiver, cgm sys	Medicaid Expansion
E2102	Adju cgm receiver/monitor	Medicaid Expansion
E2103	Non-adju cgm receiver/mon	Medicaid Expansion
J0135	Adalimumab injection	Medicaid Expansion
J0364	Apomorphine hydrochloride	Medicaid Expansion
J0593	Inj., lanadelumab-flyo, 1 mg	Medicaid Expansion
J0596	Injection, ruconest	Medicaid Expansion
J0597	C-1 esterase, berinert	Medicaid Expansion
J0598	C-1 esterase, cinryze	Medicaid Expansion
J0599	Inj., haegarda 10 units	Medicaid Expansion
J1000	Depo-estradiol cypionate inj	Medicaid Expansion
J1071	Inj testosterone cypionate	Medicaid Expansion
J1072	Inj, testosterone, azmiro	Medicaid Expansion
J1110	Inj dihydroergotamine mesylt	Medicaid Expansion
J1290	Ecallantide injection	Medicaid Expansion
J1438	Etanercept injection	Medicaid Expansion
J1595	Injection glatiramer acetate	Medicaid Expansion
J1645	Dalteparin sodium	Medicaid Expansion
J1650	Inj enoxaparin sodium	Medicaid Expansion
J1652	Fondaparinux sodium	Medicaid Expansion
J1744	Icatibant injection	Medicaid Expansion

J1748	Inj, zymfentra, 10 mg	Medicaid Expansion
J1826	Interferon beta-1a inj	Medicaid Expansion
J1830	Interferon beta-1b / .25 mg	Medicaid Expansion
J2170	Mecasermin injection	Medicaid Expansion
J2212	Methylnaltrexone injection	Medicaid Expansion
J2793	Rilonacept injection	Medicaid Expansion
J2941	Somatropin injection	Medicaid Expansion
J3110	Teriparatide injection	Medicaid Expansion
J3121	Inj testostero enanthate 1mg	Medicaid Expansion
J3145	Testosterone undecanoate 1mg	Medicaid Expansion
J3357	Ustekinumab sub cu inj, 1 mg	Medicaid Expansion
J3535	Metered dose inhaler drug	Medicaid Expansion
J7170	Inj., emicizumab-kxwh 0.5 mg	Medicaid Expansion
J7172	Inj marstacim-hncq, 0.5 mg	Medicaid Expansion
J7175	Inj, factor x, (human), 1iu	Medicaid Expansion
J7177	Inj., fibryga, 1 mg	Medicaid Expansion
J7178	Inj human fibrinogen con nos	Medicaid Expansion
J7179	Vonvendi inj 1 iu vwf:rco	Medicaid Expansion
J7180	Factor xiii anti-hem factor	Medicaid Expansion
J7181	Factor xiii recomb a-subunit	Medicaid Expansion
J7182	Factor viii recomb novoeight	Medicaid Expansion
J7183	Wilate injection	Medicaid Expansion
J7185	Xyntha inj	Medicaid Expansion
J7186	Antihemophilic viii/vwf comp	Medicaid Expansion
J7187	Humate-p, inj	Medicaid Expansion
J7188	Factor viii recomb obizur	Medicaid Expansion
J7189	Factor viia recomb novoseven	Medicaid Expansion
J7190	Factor viii	Medicaid Expansion
J7192	Factor viii recombinant nos	Medicaid Expansion
J7193	Factor ix non-recombinant	Medicaid Expansion

J7194	Factor ix complex	Medicaid Expansion
J7195	Factor ix recombinant nos	Medicaid Expansion
J7196	Antithrombin recombinant	Medicaid Expansion
J7197	Antithrombin iii injection	Medicaid Expansion
J7198	Anti-inhibitor	Medicaid Expansion
J7199	Hemophilia clot factor noc	Medicaid Expansion
J7200	Factor ix recombinan rixubis	Medicaid Expansion
J7201	Factor ix alprolix recomb	Medicaid Expansion
J7202	Factor ix idelvion inj	Medicaid Expansion
J7203	Factor ix recomb gly rebinyon	Medicaid Expansion
J7204	Inj recombin esperoct per iu	Medicaid Expansion
J7205	Factor viii fc fusion recomb	Medicaid Expansion
J7207	Factor viii pegylated recomb	Medicaid Expansion
J7208	Inj. jivi 1 iu	Medicaid Expansion
J7209	Factor viii nuwiq recomb 1iu	Medicaid Expansion
J7210	Inj, afstyla, 1 i.u.	Medicaid Expansion
J7211	Inj, kovaltry, 1 i.u.	Medicaid Expansion
J7212	Factor viia recomb sevenfact	Medicaid Expansion
J7213	Inj, ixinity, 1 i.u.	Medicaid Expansion
J7214	Altuviio per factor viii iu	Medicaid Expansion
J7527	Oral everolimus	Medicaid Expansion
Q3027	Inj beta interferon im 1 mcg	Medicaid Expansion
Q3028	Inj beta interferon sq 1 mcg	Medicaid Expansion
Q4074	Iloprost non-comp unit dose	Medicaid Expansion
Q5137	Inj, wezlana, sub cu, 1 mg	Medicaid Expansion
S0090	Sildenafil citrate, 25 mg	Medicaid Expansion
S0117	Tretinoin topical 5 g	Medicaid Expansion
S0138	Finasteride, 5 mg	Medicaid Expansion
S1030	Gluc monitor purchase	Medicaid Expansion
S1031	Gluc monitor rental	Medicaid Expansion

S1034	Art pancreas system	Medicaid Expansion
S1035	Art pancreas inv disp sensor	Medicaid Expansion
S1036	Art pancreas ext transmitter	Medicaid Expansion
S1037	Art pancreas ext receiver	Medicaid Expansion
S4990	Nicotine patch legend	Medicaid Expansion
S4991	Nicotine patch nonlegend	Medicaid Expansion
S4995	Smoking cessation gum	Medicaid Expansion

## References

### I-9015

1. Pharmacy Drug Coverage Policy Manual. North Dakota Department of Health and Human Services. Medical Services Division. <http://www.hidesigns.com/ndmedicaid/pdl/>

## ND Committee Review

Internal Medical Policy Committee 11-23-2021 - *Effective January 01, 2022*

- **Adopted** Medicaid Expansion specific policy

Internal Medical Policy Committee 1-20-2022

- **Removed** Procedure codes J0517 and J2182 as there are healthcare administered products that may be covered on the medical benefit

Internal Medical Policy Committee 3-23-2022 - *Effective April 01, 2022*

- **Added** new codes, A4238 and E2102, to the policy

Internal Medical Policy Committee 9-28-2022 - *Effective October 01, 2022*

- **Removed** code J7336 from the policy as this code is part of medical policy, ME-I-9018-001-01 Capsaicin patch (Qutenza)

Internal Medical Policy Committee 11-29-2022 - *Effective January 01, 2023*

- **Added** new codes, A4239 and E2103, to the policy
- **Removed** codes, K0553 and K0554, from the policy

Internal Medical Policy Committee 11-15-2023 Annual Review-no changes in criteria

Internal Medical Policy Committee 1-16-2024 - *Effective March 01, 2024*

- **Added** codes, Q5131 and Q5132, to the policy

Internal Medical Policy Committee 5-14-2024 *Effective July 01, 2024*

- **Added** new code, J1748, for infliximab-dyyb (Zymfentra) subcutaneous, to the policy
- **Added** new code, Q5137, for ustekinumab-auub (Wezlana) subcutaneous, to the policy

Internal Medical Policy Committee 9-17-2024 **Effective October 01, 2024**

- **Added** codes J7199, Q5133, Q5135 and 95250 to the policy

Internal Medical Policy Committee 11-19-2024 **Effective January 01, 2025**

- **Added** new codes, J0139, Q5140, Q5141, Q5142, Q5143, Q5144, Q5145, Q9996, Q9998, to the policy
- **Removed** code, J0135, from the policy

Internal Medical Policy Committee 05-13-2025 **Effective April 01, 2025**

- **Added** new code, C9304, to the policy

Internal Medical Policy Committee 05-13-2025 **Effective June 01, 2025**

- **Added** codes, J1072, J7177, J7178, J7196, J7197, J7213, J7214, to the policy
- **Removed** codes, J0717, J1628 J3262, J7686, Q5131, Q5132, Q5133, Q5135, Q9998, from the policy

Internal Medical Policy Committee 06-10-2025 **Effective July 01, 2025**

- **Added** code, J7172, to the policy
- **Removed** code, C9304, from the policy

Internal Medical Policy Committee 09-04-2025 **Effective October 01, 2025**

- **Added** code, J7174, to the policy

## Disclaimer

*Current medical policy is to be used in determining a Member's contract benefits on the date that services are rendered. Contract language, including definitions and specific inclusions/exclusions, as well as state and federal law, must be considered in determining eligibility for coverage. Members must consult their applicable benefit plans or contact a Member Services representative for specific coverage information. Likewise, medical policy, which addresses the issue(s) in any specific case, should be considered before utilizing medical opinion in adjudication. Medical technology is constantly evolving, and the Company reserves the right to review and update medical policy periodically.*