

# PROVIDER BULLETIN **No. 13-72**

DATE: November 22, 2013

TO: Outpatient Hospital Providers Participating in the Medicaid Program

FROM: Vivianne M. Chaumont, Director   
Division of Medicaid & Long-Term Care

BY: Flora Coan, Program Specialist  
Division of Medicaid & Long-Term Care

RE: Self-Administered Drugs for Dually Eligible Clients

## **Please Share This with Administrative, Clinical and Billing Staff**

The purpose of this bulletin is to provide clarification regarding Medicaid non-coverage of “self-administered drugs” when received in a hospital outpatient setting by dually eligible clients (those who are covered by both Medicare and Medicaid).

There is limited coverage for drugs or biologicals in these settings, such as those drugs administered by infusion or injection which are generally not considered “self-administered.” All other drugs and classes of drugs are defined as Part D drugs which are the responsibility of each dual eligible client’s Part D plan regardless of “tiering” or prior authorization of each plan. Medicaid will not cover any Medicare Part D drug, supply or equipment, even if coverage is denied by the Medicare Part D Plan. This information is outlined in regulation 471 NAC 3-004.03B.

Medicaid covers drug classes that are generally excluded from Medicare Part D coverage for dual eligible clients. They are as follows:

1. Barbiturates. **NOTE:** Coverage will be available under Medicare Part D beginning January 1, 2014.
2. Over-the-counter drugs: Coverage is generally limited to the generic only (for example, Docusate, Acetaminophen).
3. Vitamins: Except prenatal.
4. Cough and cold preparations.

If you have further questions or concerns about this bulletin, please contact Flora Coan, Program Specialist at (402) 471-9380 or email at:

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