

# Self-Administered Medications List

Last Updated: October 1, 2023

[Instructions for Use](#)

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Related Commercial Policy
<ul style="list-style-type: none"> <li><a href="#">Self-Administered Medications</a></li> </ul>

## Applicable Codes

This Self-Administered Medication List identifies medications that are usually self-administered and excluded from payment under a standard medical benefit plan. See the Medical Benefit Drug Policy titled [Self-Administered Medications](#) for additional details. Any applicable clinician administered dosage formulations (e.g., intravenous infusion) of the drugs listed below may be covered under the medical benefit.

Medication/Brand Name	Description/Generic Name	HPCPCS Code(s)
Chronically used drugs delivered by other routes of administration such as oral, suppositories, and topical medications are all considered to be usually self-administered	Unclassified drugs or biologicals	C9399 J3490 J3590
Any non-chemotherapeutic/transplant medication with the ability for the patient to self-administer for chronic use	Prescription drug, oral, non-chemotherapeutic, not otherwise specified	J8499
Abrilada (adalimumab-afzb)	Unclassified drugs or biologicals	C9399 J3590
Actemra (tocilizumab) subcutaneous	Unclassified biologics	J3590
Actimmune (interferon gamma-1b)	Injection, interferon, gamma 1-b, 3 million units	J9216
Aimovig (erenumab)	Unclassified drugs or biologicals	C9399 J3590
Ajovy (fremanezumab-vfrm)	Injection, fremanezumab-vfrm, 1 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	J3031
Amjevita (adalimumab-atto)	Unclassified drugs or biologicals	C9399 J3590
Apokyn (apomorphine)	Injection, apomorphine hydrochloride, 1 mg (after first dose under medical supervision)	J0364
Arcalyst (rilonacept)	Injection, rilonacept, 1 mg	J2793
Arikayce (amikacin)	Prescription drug, oral, non-chemotherapeutic, Not Otherwise Specified	J8499
Arixtra (fondaparinux)	Injection, fondaparinux sodium, 0.5 mg	J1652

Medication/Brand Name	Description/Generic Name	HPCPCS Code(s)
Acthar Gel (corticotropin)	Injection, corticotropin (Acthar gel), up to 40 units	J0801
Purified Cortrophin Gel (corticotropin)	Injection, corticotropin (ANI), up to 40 units	J0802
Avonex , Avonex Pen (interferon beta-1a)	Injection, interferon beta-1a, 30 mcg Injection, interferon beta-1a, 1 mcg for intramuscular use	J1826 Q3027
Benlysta (belimumab) subcutaneous	Unclassified drugs or biologicals	C9399 J3590
Betaseron (interferon beta-1b)	Injection, interferon beta-1b, 0.25 mg	J1830
Bethkis (tobramycin inhalation)	Tobramycin, inhalation solution, FDA-approved final product, non-compounded, unit dose form, administered through DME, per 300 milligrams	J7682
Brovana (aformoterol)	Arformoterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, 15 micrograms	J7605
Bydureon (exenatide)	Unclassified drugs or biologicals	C9399 J3490
Byetta (exenatide)	Unclassified drugs or biologicals	J3490
Sandostatin (octreotide acetate) subcutaneous	Injection, octreotide, non-depot form for subcutaneous or intravenous injection, 25 mcg	J2354
Cablivi (caplacizumab-yhdp); subcutaneous doses following the first day of therapy	Injection, caplacizumab-yhdp, 1 mg Unclassified biologics	C9047 J3590
Cayston (aztreonam lysine)	NOC drugs, inhalation solution administered through DME	J7699
Copaxone , Glatopa, glatiramer (glatiramer acetate)	Injection, glatiramer acetate, 20 mg	J1595
Cosentyx (secukinumab)	Unclassified drugs or biologicals	C9399 J3590
Cyltezo (adalimumab-adbm)	Unclassified drugs or biologicals	C9399 J3590
Dupixent (dupilumab)	Unclassified drugs or biologicals	C9399 J3590
Egrifta (tesamorelin Acetate)	Unclassified drugs or biologicals	C9399 J3590
Emgality (galcanezumab-gnlm)	Unclassified drugs or biologicals	C9399 J3590
Empaveli (pegcetacoplan)	Unclassified drugs or biologicals	C9399 J3490
Enbrel (etanercept)	Injection, etanercept, 25 mg	J1438
Enspryng (satralizumab-mwge)	Unclassified drugs or biologicals	C9399 J3590
Erelzi (etanercept-szsz)	Unclassified drugs or biologicals	C9399 J3590
Eticovo (etanercept-ykro)	Unclassified drugs or biologicals	C9399 J3590
Extavia (interferon beta-1b)	Injection, interferon beta-1b, 0.25 mg	J1830

Medication/Brand Name	Description/Generic Name	HPCPCS Code(s)
Fasenra (benralizumab) autoinjector labeled for self-administration	Injection, benralizumab, 1 mg	J0517
Firazyr (icatibant )	Injection, icatibant, 1 mg	J1744
Follistim AQ (follitropin beta)	Injection, follitropin beta, 75 IU Unclassified biologics	S0128 J3590
Forteo (teriparatide), Teriparatide	Injection, teriparatide, 10 mcg	J3110
Fragmin (dalteparin sodium)	Injection, dalteparin sodium, per 2,500 IU	J1645
Fuzeon (enfuvirtide)	Injection, enfuvirtide, 1 mg	J1324
Ganirelix acetate	Injection, ganirelix acetate, 250 mcg	S0132 J3490
Gattex (teduglutide)	Unclassified drugs or biologicals	C9399 J3490
Gonal-f (all formulations) (follitropin alfa)	Injection, follitropin alfa, 75 IU Unclassified biologics	S0126 J3590
Hadlima (adalimumab-bwwd)	Unclassified drugs or biologicals	C9399 J3590
Haegarda (c-1 esterase inhibitor)	Injection, c-1 esterase inhibitor (human), Haegarda, 10 units	J0599
Hulio (adalimumab-fkjp)	Unclassified drugs or biologicals	C9399 J3590
Humatrope, Genotropin, Norditropin, Nutropin, Omnitrope, Saizen, Serostim, Zomacton (somatropin)	Injection, somatropin, 1 mg	J2941
Humira (adalimumab)	Injection, adalimumab, 20 mg	J0135
Hyrimoz (adalimumab-adaz)	Unclassified drugs or biologicals	C9399 J3590
Idacio (adalimumab-aacf)	Unclassified drugs or biologicals	C9399 J3590
Ilumya (tildrakizumab)	Injection, tildrakizumab, 1 mg	J3245
Imcivree (setmelanotide)	Unclassified drugs or biologicals	C9399 J3490
Imitrex (sumatriptan succinate)	Injection, sumatriptan succinate, 6 mg	J3030
Increlex , Iplex (mecasermin)	Injection, mecasermin, 1 mg	J2170
Kesimpta (ofatumumab)	Unclassified drugs or biologicals	C9399 J3590
Kevzara (sarilumab)	Unclassified drugs or biologicals	C9399 J3590
Kineret (anakinra)	Unclassified biologics	J3590
Lantus (insulin glargine)	Injection, insulin, per 5 units Insulin, long acting; 5 units	J1815 S5553
Lantus SoloStar (insulin glargine)	Injection, insulin, per 5 units Insulin delivery device, disposable pen (including insulin); 3 mL size	J1815 S5571
Leuprolide acetate	Leuprolide acetate, per 1 mg	J9218

Medication/Brand Name	Description/Generic Name	HPCPCS Code(s)
Levemir (insulin detemir)	Injection, insulin, per 5 units Insulin, long acting; 5 units	J1815 S5553
Levemir FlexTouch (insulin detemir)	Injection, insulin, per 5 units Insulin delivery device, disposable pen (including insulin); 3 mL size	J1815 S5571
Lovenox (enoxaparin sodium)	Injection, enoxaparin sodium, 10 mg	J1650
Menopur (menotropins)	Injection, menotropins, 75 iu Unclassified biologics	S0122 J3590
Myalept (metreleptin)	Unclassified drugs or biologicals	C9399 J3950
Natpara (parathyroid hormone)	Unclassified drugs or biologicals	C9399 J3590
Nucala (mepolizumab) autoinjector, prefilled syringe labeled for self-administration	Injection, mepolizumab, 1 mg	J2182
Orencia (abatacept) (subcutaneous)	Injection, abatacept, 10 mg	J0129
Otrexup, Rasuvo, RediTrex (Methotrexate - Solution Auto-injector)	Unclassified drugs or biologicals	C9399 J3590
Ovidrel (choriogonadotropin alpha)	Unclassified biologics	J3590
<b>Ozempic (semaglutide)</b>	Unclassified drugs or biologicals	C9399 J3490
Palforzia [Peanut (Arachis hypogaea) Allergen Powder-dnfp]	Unclassified drugs or biologicals	C9399 J3490
Palynziq (pegvaliase)	Unclassified drugs or biologicals	C9399 J3590
Pegasys (interferon alfa-2a, pegylated)	Injection, pegylated interferon alfa-2a, 180 mcg per ml Unclassified biologics	S0145 J3590
Pegintron (Peginterferon Alfa-2b)	Injection, pegylated interferon alfa-2b, 10 mcg Unclassified biologics	S0148 J3590
Perforomist (formoterol fumarate)	Formoterol fumarate, inhalation solution, FDA approved final product, non-compounded, administered through DME, unit dose form, 20 micrograms	J7606
Plegridy (Peginterferon beta-1a)	Unclassified drugs or biologicals	C9399 J3590
Praluent (alirocumab)	Unclassified drugs or biologicals	C9399 J3590
Pregnyl, Novarel (chorionic gonadotropin)	Injection, chorionic gonadotropin, per 1,000 USP units	J0725
Pulmozyme (dornase alfa)	Dornase alfa, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per milligram	J7639
Rebif (Interferon beta-1a)	Injection, interferon beta-1a, 1 mcg for subcutaneous use	Q3028
Relistor (methylalnaltrexone)	Injection, methylalnaltrexone, 0.1 mg	J2212

Medication/Brand Name	Description/Generic Name	HPCPCS Code(s)
Repatha (evolucumab)	Unclassified drugs or biologicals	C9399 J3590
Ruconest (c-1 esterase inhibitor, recombinant)	Injection, c-1 esterase inhibitor (recombinant), Ruconest, 10 units	J0596
Saxenda (liraglutide)	Unclassified drugs	J3490
Signifor (pasireotide)	Unclassified drugs or biologicals	C9399 J3490
Siliq (brodalumab)	Unclassified drugs or biologicals	C9399 J3590
Simponi (golimumab)	Unclassified drugs or biologicals	C9399 J3590
Skyrizi (risankizumab-rzaa)	Unclassified drugs or biologicals	C9399 J3590
Soliqua (insulin glargine/lixisenatide)	Unclassified drugs or biologicals	C9399 J3590
Somavert (pegvisomant)	Unclassified drugs or biologicals	C9399 J3590
Stelara (ustekinumab)	Ustekinumab, for subcutaneous injection, 1 mg	J3357
Strensiq (asfotase alfa)	Unclassified drugs or biologicals	C9399 J3590
Sumatriptan succinate	Injection, sumatriptan, succinate, 6 mg	J3030
Symlin (pramlintide acetate)	Unclassified drugs	J3490
Synribo (omacetaxine mepesuccinate)	Injection, omacetaxine mepesuccinate, 0.01 mg	J9262
Takhzyro (lanadelumab-flyo)	Injection, lanadelumab-flyo, 1 mg (code may be used for Medicare when drug administered under direct supervision of a physician, not for use when drug is self-administered)	J0593
Taltz (ixekizumab)	Unclassified drugs or biologicals	C9399 J3590
Tegsedi (inotersen)	Unclassified drugs or biologicals	C9399 J3490
Tezspire (tezepelumab-ekko), prefilled syringe labeled for self-administration	Injection, tezepelumab-ekko, 1 mg	J2356
Toujeo SoloStar (insulin glargine)	Injection, insulin, per 5 units Insulin delivery device, disposable pen (including insulin); 1.5 ml size	J1815 S5570
Toujeo Max SoloStar (insulin glargine)	Injection, insulin, per 5 units Insulin delivery device, disposable pen (including insulin); 3 ml size	J1815 S5571
Tremfya (guselkumab)	Injection, guselkumab, 1 mg	J1628
Trulicity (dulaglutide)	Unclassified drugs or biologicals	C9399 J3490
Tymlos (abaloparatide)	Unclassified drugs or biologicals	C9399 J3490

Medication/Brand Name	Description/Generic Name	HPCPCS Code(s)
Tyvaso (treprostinil)	Treprostinil, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, 1.74 mg	J3535
Ventavis (iloprost)	Iloprost, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, up to 20 micrograms	Q4074
Victoza (liraglutide)	Unclassified drugs or biologicals	C9399 J3490
Vyleesi (bremelanotide)	Unclassified drugs or biologicals	J3490
Xolair (omalizumab), prefilled syringe labeled for self-administration	Injection, omalizumab, 5 mg	J2357
Xultophy (insulin degludec-liraglutide)	Unclassified drugs or biologicals	C9399 J3590
Xyosted (testosterone enanthate)	Unclassified drugs or biologicals	C9399 J3490
Yuflyma (adalimumab-aaty)	Unclassified drugs or biologicals	C9399 J3590
Yupelri (revefenacin)	Revefenacin inhalation solution, FDA-approved final product, noncompounded, administered through DME, 1mcg	J7677
Yusimry (adalimumab-aqvh)	Unclassified drugs or biologicals	C9399 J3590
Zembrace (sumatriptan succinate)	Unclassified drugs or biologicals	C9399 J3490

## List History/Revision Information

Date	Summary of Changes
10/01/2023	<ul style="list-style-type: none"> <li>• Added: <ul style="list-style-type: none"> <li>○ Acthar Gel (corticotropin) (HCPCS code J0801)</li> <li>○ Hadlima (adalimumab-bwwd) (HCPCS codes C9399 and J3590)</li> <li>○ Hulio (adalimumab-fkjp) (HCPCS codes C9399 and J3590)</li> <li>○ Hyrimoz (adalimumab-adaz) (HCPCS codes C9399 and J3590)</li> <li>○ Idacio (adalimumab-aacf) (HCPCS codes C9399 and J3590)</li> <li>○ Lantus SoloStar (insulin glargine) (HCPCS codes J1815 and S5571)</li> <li>○ Levemir FlexTouch (insulin detemir) (HCPCS codes J1815 and S5571)</li> <li>○ Purified Cortrophin Gel (corticotropin) (HCPCS code J0802)</li> <li>○ Serostim (somatotropin) (HCPCS code J2941)</li> <li>○ Teriparatide (HCPCS code J3110)</li> <li>○ Tezspire (tezepelumab-ekko), prefilled syringe labeled for self-administration (HCPCS code J2356)</li> <li>○ Toujeo SoloStar (insulin glargine) (HCPCS codes J1815 and S5570)</li> <li>○ Toujeo Max SoloStar (insulin glargine) (HCPCS codes J1815 and S5571)</li> <li>○ Yuflyma (adalimumab-aaty) (HCPCS codes C9399 and J3590)</li> <li>○ Yusimry (adalimumab-aqvh) (HCPCS codes C9399 and J3590)</li> </ul> </li> <li>• Removed: <ul style="list-style-type: none"> <li>○ Acthar (corticotropin) (HCPCS code J0800)</li> <li>○ Bonsity (teriparatide) (HCPCS code J3110)</li> <li>○ Bravelle (urofollitropin) (HCPCS code J3355)</li> </ul> </li> </ul>

Date	Summary of Changes
	<ul style="list-style-type: none"> <li>○ Bynfezia (octreotide acetate) (HCPCS code J2354)</li> <li>○ Innohep (tinzaparin sodium) (HCPCS code J1655)</li> <li>○ Intron -A (interferon alfa-2b) (HCPCS code J9214)</li> <li>○ Kynamro (mipomersen sodium) (HCPCS codes C9399 and J3490)</li> <li>○ Repronex (menotropins) (HCPCS codes J3490 and S0122)</li> <li>○ Sumavel (sumatriptan succinate) (HCPCS code J3030)</li> <li>○ Sylatron (peginterferon alfa-2b) (HCPCS codes C9399 and J9999)</li> <li>○ Symlin, symlinpen 60, symlinpen 120 (Pramlintide acetate) (HCPCS code J3490)</li> <li>○ Tanzeum (albiglutide) (HCPCS codes C9399 and J3490)</li> <li>○ Tev-tropin (somatropin) (HCPCS code J2941)</li> <li>○ Toujeo (Insulin glargine) (HCPCS codes C9399 and J3590)</li> <li>○ Zorbtive (somatropin) (HCPCS code J2941)</li> <li>● Replaced: <ul style="list-style-type: none"> <li>○ “Fasenra (benralizumab) autoinjector, prefilled syringe labeled for self-administration” with “Fasenra (benralizumab) autoinjector labeled for self-administration”</li> <li>○ “Leuprolide acetate, leuprolide acetate inj” with “Leuprolide acetate”</li> <li>○ “Xultophy” with “Xultophy (insulin degludec-liraglutide)”</li> </ul> </li> <li>● Updated list of applicable HCPCS codes and/or descriptions for: <ul style="list-style-type: none"> <li>○ Benlysta (belimumab) subcutaneous</li> <li>○ Bydureon (exenatide)</li> <li>○ Byetta (exenatide)</li> <li>○ Cablivi (caplacizumab-yhdp); subcutaneous doses following the first day of therapy</li> <li>○ Egriftra (tesamorelin Acetate)</li> <li>○ Empaveli (pegcetacoplan)</li> <li>○ Follistim AQ (follitropin beta)</li> <li>○ Gonal-f (all formulations) (follitropin alfa)</li> <li>○ Lantus (insulin glargine)</li> <li>○ Levemir (insulin detemir)</li> <li>○ Menopur (menotropins)</li> <li>○ Orenzia (abatacept) (subcutaneous)</li> <li>○ Otrexup, Rasuvo, RediTrex (Methotrexate - Solution Auto-injector)</li> <li>○ Ovidrel (choriogonadotropin alpha)</li> <li>○ Palforzia [Peanut (Arachis hypogaea) Allergen Powder-dnfp]</li> <li>○ Pegasys (interferon alfa-2a, pegylated)</li> <li>○ Pegintron (Peginterferon Alfa-2b)</li> <li>○ Rebif (Interferon beta-1a)</li> <li>○ Saxenda (liraglutide)</li> <li>○ Soliqua (insulin glargine/lixisenatide)</li> <li>○ Somavert (pegvisomant)</li> <li>○ Taltz (ixekizumab)</li> <li>○ Trulicity (dulaglutide)</li> <li>○ Tyvaso (treprostinil)</li> <li>○ Vyleesi (bremelanotide)</li> <li>○ Victoza (liraglutide)</li> <li>○ Xultophy (insulin degludec-liraglutide)</li> </ul> </li> </ul>
07/01/2021	<ul style="list-style-type: none"> <li>● Added: <ul style="list-style-type: none"> <li>○ Imcivree (setmelanotide) (HCPCS codes C9399 and J3490)</li> <li>○ Xolair (omalizumab) (HCPCS code J2357)</li> </ul> </li> </ul>
06/07/2021	<ul style="list-style-type: none"> <li>● Added Empaveli (pegcetacoplan) (HCPC codes C9399, J3590, and J3490)</li> </ul>
09/01/2020	<ul style="list-style-type: none"> <li>● Added: <ul style="list-style-type: none"> <li>○ Enspryng (satralizumab-mwge) (HCPCS codes C9399 and J3590)</li> <li>○ Kesimpta (ofatumumab) (HCPCS codes C9399 and J3590)</li> </ul> </li> </ul>

Date	Summary of Changes
	<ul style="list-style-type: none"> <li>Updated Ilumya (tildrakizumab); replaced description and HCPCS codes C9399 and J3590 with J3245</li> </ul>
08/01/2020	<ul style="list-style-type: none"> <li>Reformatted list; transferred content to new template</li> </ul>
03/17/2020	<ul style="list-style-type: none"> <li>Updated Nucala (mepolizumab) autoinjector, prefilled syringe labeled for self-administration; replaced description and HCPCS code J2786 with J2182</li> </ul>
02/07/2020	<ul style="list-style-type: none"> <li>Added: <ul style="list-style-type: none"> <li>Abrilada (adalimumab-afzb) (HCPCS codes C9399 and J3590)</li> <li>Bonsity (teriparatide) (HCPCS code J3110)</li> <li>RediTrex (Methotrexate - Solution Auto-injector) (HCPCS codes C9399 and J3490)</li> <li>Palforzia [Peanut (Arachis hypogaea) Allergen Powder-dnfp] (HCPCS code J8499)</li> <li>Bynfezia (HCPCS code J2354)</li> </ul> </li> <li>Removed Cimzia (certolizumab pegol) (HCPCS code J0717)</li> <li>Updated list of applicable HCPCS codes for Haegarda (c-1 esterase inhibitor); replaced J3590 with J0599</li> </ul>
10/01/2019	<ul style="list-style-type: none"> <li>Added Fasentra (benralizumab) autoinjector, prefilled syringe labeled for self-administration (HCPCS code J0517)</li> <li>Removed Hemlibra (emicizumab)</li> <li>Updated list of applicable HCPCS codes for: <ul style="list-style-type: none"> <li><b>Ajovy (fremanezumab-vfrm)</b> <ul style="list-style-type: none"> <li>Replaced J3590 with J3031 *</li> <li>Removed C9040*</li> </ul> </li> <li><b>Cimzia (certolizumab pegol)</b> <ul style="list-style-type: none"> <li>Revised description for J0717</li> </ul> </li> <li><b>Takhzyro (lanadelumab-flyo)</b> <ul style="list-style-type: none"> <li>Replaced J3590 with J0593 *</li> </ul> </li> </ul> </li> </ul> <p>(*quarterly code edit)</p>
08/01/2019	<ul style="list-style-type: none"> <li>Added Vyleesi (bremelanotide) (HCPCS codes C9399 and J3490)</li> </ul>
07/01/2019	<ul style="list-style-type: none"> <li>Added: <ul style="list-style-type: none"> <li>Eticovo (etanercept-ykro) (HCPCS codes C9399 and J3590)</li> <li>Nucala (mepolizumab) autoinjector, prefilled syringe labeled for self-administration (HCPCS code J2786)</li> <li>Skyrizi (risankizumab-rzaa) (HCPCS codes C9399 and J3590)</li> <li>Yupelri (revefenacin) (HCPCS code J7677*)</li> </ul> </li> <li>Updated list of applicable HCPCS codes for: <ul style="list-style-type: none"> <li>Avonex, Avonex Pen (interferon beta-1a): Added J1826</li> <li>Cablivi (caplacizumab-yhdp): Replaced C9399 with C9047*</li> <li>Tremfya (guselkumab): Replaced J3590 with J1628</li> </ul> </li> </ul> <p>(*quarterly code edit)</p>
06/01/2019	<ul style="list-style-type: none"> <li>Removed Firmagon (degarelix) (HCPCS code J9155)</li> </ul>
04/01/2019	<ul style="list-style-type: none"> <li>Updated list of applicable HCPCS codes for Ajovy (fremanezumab-vfrm) to reflect quarterly code edits; replaced C9399 with C9040</li> </ul>
03/01/2019	<ul style="list-style-type: none"> <li>Added Cablivi (caplacizumab-yhdp) for subcutaneous doses following the first day of therapy (HCPCS codes C9399 and J3590)</li> </ul>
01/23/2019	<ul style="list-style-type: none"> <li>Added Xyosted (testosterone enanthate) (HCPCS codes C9399 and J3490)</li> </ul>
01/01/2019	<ul style="list-style-type: none"> <li>Updated list of applicable HCPCS codes to reflect annual code edits; removed C9015 and C9029</li> </ul>

## Instructions for Use

This Medical Benefit Drug List provides assistance in interpreting UnitedHealthcare benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard benefit plan. In the event of a conflict, the member specific benefit plan document governs. Before using this

policy, please check the member specific benefit plan document and any applicable federal or state mandates. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Benefit Drug List is provided for informational purposes. It does not constitute medical advice.

# Self-Administered Medications

**Policy Number:** 2023D0073H  
**Effective Date:** October 1, 2023

[➔ Instructions for Use](#)

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**Related Commercial Policies**

- [Hereditary Angioedema \(HAE\), Treatment and Prophylaxis](#)
- [Ilumya® \(Tildrakizumab-Asmn\)](#)
- [Repository Corticotropin Injections](#)
- [Respiratory Interleukins \(Cinqair®, Fasenra®, and Nucala®\)](#)
- [Skyrizi® \(Risankizumab-Rzaa\)](#)
- [Stelara® \(Ustekinumab\)](#)
- [Tezspire™ \(Tezepelumab-Ekko\)](#)
- [Xolair® \(Omalizumab\)](#)

**Related List**

- [Self-Administered Medications List](#)

## Coverage Rationale

[➔ See Benefit Considerations](#)

Self-administered medications are excluded from standard medical benefit plans.

We will determine if a medication is self-administered based on the following:

- Medication is **not** typically administered or directly supervised by a qualified provider or licensed/certified health professional in an outpatient setting; **and**
- Medication does **not** require continuous or periodic monitoring immediately before, during, or after administration by a qualified provider or licensed/certified health professional in an outpatient setting; **and**
- Route of administration (e.g., oral, inhaled, intranasal, topical, rectal, subcutaneous, or self-injectable intramuscular injections); **and**
- Dosage form (e.g., prefilled syringe, auto-injector, tablet, capsule, suppository, nasal spray, metered dose inhaler, nebulized solution); **and**
- Acuity of condition (e.g., chronic disease); **and**
- Frequency of administration; **and**
- The medication is **not** specifically allowed under the medical benefit; **and**
- Standards of medical practice allowing for self-administration (e.g., self-infused hemophilia factor); **and**
- Evaluation of any established medical literature or compendia including but not limited to:
  - FDA approved prescribing information
  - Manufacturer provided medical literature
  - Peer reviewed medical literature
  - Evidence-based practice guidelines
  - Self-administration utilization statistics
  - Compendia (e.g., IBM Micromedex® DRUGDEX®, Clinical Pharmacology)

## Applicable Codes

Refer to the [Self-Administered Medications List](#) for applicable HCPCS codes for medications UnitedHealthcare has determined to be “self-administered” based upon the review of evidence stated within the [Coverage Rationale](#). Any applicable clinician administered dosage formulations (e.g., intravenous infusion) of the drugs on the [Self-Administered Medications List](#) may be covered under the medical benefit.

Revenue Code	Description
0637	Self-administered drugs (use this revenue code for self-administered drugs not requiring detailed coding)

## Background

Medications administered by the patient that do not require direct supervision by a qualified provider or licensed/certified health professional are considered self-administered drugs and not covered under the medical benefit.

## Benefit Considerations

Some Certificates of Coverage allow for coverage of experimental/investigational/unproven treatments for life-threatening illnesses when certain conditions are met. The member specific benefit plan document must be consulted to make coverage decisions for this service. Some states mandate benefit coverage for off-label use of medications for some diagnoses or under some circumstances when certain conditions are met. Where such mandates apply, they supersede language in the benefit document or in the medical or drug policy. Benefit coverage for an otherwise unproven service for the treatment of serious rare diseases may occur when certain conditions are met. Refer to the Policy and Procedure addressing the treatment of serious rare diseases.

## References

1. IBM Micromedex® DRUGDEX® (electronic version). Truven Health Analytics, Greenwood Village, Colorado, USA. Available at: <http://www.micromedexsolutions.com/>.
2. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.; insert current year of copyright. URL: <http://www.clinicalpharmacology.com>.
3. Lexicomp Online, Lexi-Drugs Online, Hudson, Ohio: Wolters Kluwer Clinical Drug Information, Inc.
4. [Drugs@FDA: FDA Approved Drug Products](#).

## Policy History/Revision Information

Date	Summary of Changes
10/01/2023	<p><b>Related Policies</b></p> <ul style="list-style-type: none"><li>• Added reference link to the Medical Benefit Drug Policy titled:<ul style="list-style-type: none"><li>○ <i>Tezspire</i>® (<i>Tezepelumab-Ekko</i>)</li><li>○ <i>Xolair</i>® (<i>Omalizumab</i>)</li></ul></li></ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"><li>• Archived previous policy version 2022D0073G</li></ul>

## Instructions for Use

This Medical Benefit Drug Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard plan. In the event of a conflict, the member specific benefit plan document governs. Before using this policy, please check the member specific benefit plan document and any applicable federal or state mandates.

UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Benefit Drug Policy is provided for informational purposes. It does not constitute medical advice.

This Medical Benefit Drug Policy may also be applied to Medicare Advantage plans in certain instances. In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence ([Medicare IOM Pub. No. 100-16, Ch. 4, §90.5](#)).

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. UnitedHealthcare Medical Benefit Drug Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

# BILLING & CODING When treating patients with obesity

## A quick reference guide for commonly reported obesity-related codes

TO ENSURE TIMELY REIMBURSEMENT FROM INSURANCE, BE SURE TO USE ACCURATE CODES.

### USE THESE COMMON ICD-10 CODES FOR OBESITY MANAGEMENT<sup>1</sup>

COMMON OBESITY CODES:	
<b>E66.0</b>	Obesity due to excess calories
<b>-E66.01</b>	-Morbid obesity due to excess calories
<b>-E66.09</b>	-Other obesity due to excess calories
<b>E66.1</b>	Drug-induced obesity
<b>E66.2</b>	Morbid obesity with alveolar hypoventilation
<b>E66.3</b>	Overweight
<b>E66.8</b>	Other obesity
<b>E66.9</b>	Obesity, unspecified (can be used 1x for initial visit only)

### INCLUDE Z CODE DATA TO PROVIDE MORE CONTEXT ABOUT THE PATIENT'S BMI<sup>1</sup>

BMI CODES:			
<b>Z68.XX</b>	Include the 2-digit BMI after Z68, for those patients with a BMI between 30.0 and 39.9. Eg, A Z code for BMI of <b>35.0-35.9</b> would be Z68. <b>35</b> .		
Use these Z codes for your patients with a BMI ≥40.0			
<b>Z68.41</b>	BMI 40.0-44.9	<b>Z68.42</b>	BMI 45.0-49.9
<b>Z68.43</b>	BMI 50.0-59.9	<b>Z68.44</b>	BMI 60.0-69.9
<b>Z68.45</b>	BMI 70.0 or greater		
ADDITIONAL OBESITY-RELATED Z CODES			
<b>Z13.89</b>	Screening for other disorder*	<b>Z71.3</b>	Dietary counseling and surveillance
<b>Z71.89</b>	Other specified counseling*	<b>Z72.4</b>	Inappropriate diet and eating habits

For patients aged 2-19 years, use pediatric Z code Z68.53 for BMI 85th percentile to <95th percentile for age and Z68.54 for ≥95th percentile for age.

\*Can be used for obesity screening and counseling for all patients.

### COMMON OBESITY-RELATED CPT/HCPCS-II CODES<sup>2</sup>

99401-99404 or 99411-99412	Counseling and/or risk factor reduction intervention (individual or group)
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Obesity screening and healthy diet counseling are covered under the Patient Protection and Affordable Care Act.<sup>3</sup>  
BMI, body mass index; CPT, current procedural terminology; HCPCS, Healthcare Common Procedure Coding System; ICD, International Classification of Diseases.

# APPROPRIATE CODING

## Can help better define and document treatment

- Confirm your patients' specific insurance rules to ensure you're accurately recording their status and the services you have provided
- Verify with insurance providers or your state's Medicare or Medicaid agency before beginning additional treatment
- Record additional comorbidities associated with obesity addressed at the visit as appropriate, such as hypertension, diabetes, or dyslipidemia
- Be sure to measure and record your patients' BMI at every visit. While the obesity code may remain the same, their BMI Z codes may have changed
- BMI Z codes should never be used for patients with obesity who are pregnant<sup>4</sup>

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Learn more about improving obesity management with proper coding and documentation practices at [www.rethinkobesity.com](http://www.rethinkobesity.com)

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**References:** **1.** Centers for Disease Control and Prevention. ICD-10-CM Tabular List of Diseases and Injuries. Accessed November 23, 2021. <https://www.cdc.gov/nchs/icd/icd10cm.htm>. **2.** American Medical Association. Private Payer Coding Guide. 2020;1-16. **3.** US Department of Health and Human Services. Watch Your Weight. Accessed November 23, 2021. <https://health.gov/myhealthfinder/topics/health-conditions/diabetes/watch-your-weight>. **4.** Centers for Disease Control and Prevention. ICD-10-CM Official Guidelines for Coding and Reporting FY 2021 (October 1, 2020 - September 30, 2021). Accessed November 23, 2021. <https://www.cdc.gov/nchs/data/icd/10cmguidelines-FY2021.pdf>.

# CODING EXAMPLES for Your Patients With Obesity<sup>1</sup>

Monica

BMI 31 kg/m<sup>2</sup>

**ICD-10 code for obesity-management appointment<sup>1</sup>**

E66.09 Other obesity due to excess calories

**Z code for BMI context<sup>1</sup>**

Z68.31 BMI 31.0-31.9

**CPT code for 15-minute counseling session<sup>2</sup>**

99401 1-on-1 dietary counseling

At a follow-up appointment, Monica's BMI dropped to 30.

Z code for new BMI of 30: Z68.30.<sup>1</sup>

**Include additional information when completing billing**

For this obesity-management appointment, use **CPT code 99213** (15-minute appointment of an established patient), along with **modifier 25**, **ICD-10 code E66.09**, and BMI **Z code Z68.31**.<sup>1,2</sup>

When billing for lifestyle therapy, use **CPT code 99401** (preventive counseling and/or risk factor reduction intervention provided to an individual) along with **modifier 33** (for preventive service), **Z code Z71.3** (for dietary counseling and surveillance), and BMI **Z code Z68.31**.<sup>1,2</sup>



BMI, body mass index; CPT, current procedural terminology; ICD, International Classification of Diseases.

Actor Portrayal.

This example is for illustrative purposes only. Novo Nordisk does not guarantee the accuracy of any billing or coding information contained in this resource, and does not recommend use of any specific codes for the treatment of an individual patient.

# CODING EXAMPLES for Your Patients With Obesity<sup>1</sup>

Tracy

BMI 34 kg/m<sup>2</sup>

## ICD-10 code for obesity-management appointment<sup>1</sup>

**E66.09** Other obesity due to excess calories

## Z code for BMI context<sup>1</sup>

**Z68.34** BMI 34.0-34.9

## CPT code for 30-minute counseling session<sup>2</sup>

**99402** Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual

At a follow-up appointment, Tracy's BMI increased to 35.

Z code for new BMI of 35: **Z68.35**.<sup>1</sup>

## Include additional information when completing billing

For this obesity-management appointment, use **CPT code 99213** (15-minute appointment of an established patient), along with **modifier 25**, **ICD-10 code E66.09**, and BMI **Z code Z68.34**.<sup>1,2</sup>

When billing for lifestyle therapy, use **CPT code 99402** (preventive counseling and/or risk factor reduction intervention provided to an individual) along with **modifier 33** (for preventive service), **Z code Z71.3** (for dietary counseling and surveillance), **Z code Z71.82** (for the exercise counseling given), and BMI **Z code Z68.34**.<sup>1,2</sup>



Actor Portrayal.

BMI, body mass index; CPT, current procedural terminology; ICD, International Classification of Diseases.

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# CODING EXAMPLES for Your Patients With Obesity<sup>1</sup>

Carl

BMI 32 kg/m<sup>2</sup>

**ICD-10 code for obesity-management appointment<sup>1</sup>**

**E66.09** Other obesity due to excess calories

**Z code for BMI context<sup>1</sup>**

**Z68.32** BMI 32.0-32.9

**CPT code for 30-minute counseling session<sup>2</sup>**

**99402** Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual

**At a follow-up appointment, Carl's BMI increased to 33.**

**Z code for new BMI of 33: Z68.33.<sup>1</sup>**

**Include additional information when completing billing**

For this obesity-management appointment, use **CPT code 99213** (15-minute appointment of an established patient), along with **modifier 25**, **ICD-10 code E66.09**, and BMI **Z code Z68.32**.<sup>1,2</sup>

When billing for lifestyle therapy, use **CPT code 99402** (preventive counseling and/or risk factor reduction intervention provided to an individual) along with **modifier 33** (for preventive service), **Z code Z71.3** (for dietary counseling and surveillance), **Z code Z71.82** (for the exercise counseling given), and BMI **Z code Z68.32**.<sup>1,2</sup>



BMI, body mass index; CPT, current procedural terminology; ICD, International Classification of Diseases.

Actor Portrayal.

This example is for illustrative purposes only. Novo Nordisk does not guarantee the accuracy of any billing or coding information contained in this resource, and does not recommend use of any specific codes for the treatment of an individual patient.