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How Medicare Covers Self-Administered Drugs Given in Hospital Outpatient Settings

Medicare Part B (Medical Insurance) generally covers care you get in a hospital outpatient setting, like an emergency department, observation unit, surgery center, or pain clinic. Part B covers certain drugs in these settings, like drugs given through an IV (intravenous infusion).

Sometimes people with Medicare need “self-administered drugs” while in hospital outpatient settings. “Self-administered drugs” are medications that you would normally take on your own, like medications that you take every day to control blood pressure or diabetes. In most cases, Part B generally doesn’t pay for self-administered drugs used in the hospital outpatient setting.

If you get self-administered drugs that aren’t covered by Medicare Part B while in a hospital outpatient setting, the hospital may bill you for the drug. However, if you’re enrolled in a Medicare drug plan (Part D), the plan may cover these drugs.

What you should know about Medicare drug plans (Part D) and self-administered drugs

- Generally, your Medicare drug plan only covers prescription drugs and won’t pay for over-the-counter drugs, like aspirin or laxatives.
- Your Medicare drug plan will only cover prescription drugs that are on its formulary (drug list), unless it’s covered by an exception.
- You can’t get your self-administered drugs in an outpatient or emergency department setting on a regular basis.

What you should know about Medicare drug plans (Part D) and self-administered drugs (continued)

- Your Medicare drug plan will check to see if you could have gotten these self-administered drugs from an in-network pharmacy.
- Since most hospital pharmacies don't participate in Medicare Part D, you may need to pay up front and out-of-pocket for these drugs and submit the claim to your Medicare drug plan for a refund. Check with your hospital to see if they participate in Part D.
- If possible, bring any drugs (or a list of drugs you are taking) with you to the hospital and show them to the staff. It helps the hospital staff to know what drugs you take at home.

What should I do if I get a bill for self-administered drugs that aren't covered by Part B in a hospital outpatient setting?

- Follow the instructions in your Medicare drug plan's enrollment materials on how to submit an out-of-network claim, or call your plan for information about how to submit a claim.
- Your plan will ask you to send certain information, like the emergency room bill that shows what self-administered drugs you were given. You may also need to explain the reason for your hospital visit. Keep copies of any receipts and any paperwork you send your plan.

What will my Medicare drug plan do?

- Your Medicare drug plan will check to see if the drug is on your Medicare drug plan's formulary. If it's not, you'll need to ask for an exception (a decision to cover a drug that's not on its drug list).
- Your plan may ask you if you could have reasonably gotten any of the drugs from a participating network pharmacy. For example, if you could have taken a dose of a drug that you got from your network pharmacy before your outpatient hospital appointment, then your Medicare drug plan may not pay you back for that drug.
- If the drug is covered by your Medicare drug plan, your plan might only reimburse you the in-network cost for the drug minus any deductibles, copayments, or coinsurance that you would normally be charged for the drug.

What will I have to pay for self-administered drugs that aren't covered by Part B?

- If your Medicare drug plan covers the drug, you may need to pay the difference between what the hospital charged and what the plan paid in addition to any deductibles, copayments, or coinsurance you would normally pay. This amount counts towards your Part D out-of-pocket costs. You must submit the claim to your plan for it to count towards your out-of-pocket costs.
- If your Medicare drug plan doesn't cover the drug, you need to pay what the hospital charges for the drug. As mentioned earlier, you can always request an exception if your plan tells you a drug isn't on their formulary, or you can appeal your Medicare drug plan's decision not to cover the drug.

Where can I get more help?

- Call your State Health Insurance Assistance Program (SHIP) to get free personalized health insurance counseling. To get the phone number for your state, visit shiptacenter.org, or call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.
- For information on how to appeal any decision made by your Medicare drug plan, check your plan's enrollment materials or call your plan.

You have the right to get Medicare information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit [CMS.gov/about-cms/agency-information/aboutwebsite/cmsnondiscriminationnotice.html](https://www.cms.gov/about-cms/agency-information/aboutwebsite/cmsnondiscriminationnotice.html), or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.

