



## 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 only 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 drugs you would normally take on your own. Part B generally doesn’t pay for self-administered drugs unless they are required for the hospital outpatient services you’re getting.

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 are enrolled in a Medicare drug plan (Part D), these drugs may be covered.

### 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 Tylenol® or Milk-of-Magnesia®.
- Any drug you get needs to be on your Medicare drug plan’s formulary (or covered by an exception).
- You can’t get your self-administered drugs in an outpatient or emergency department setting on a regular basis.
- 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.



Here are some common questions and answers about how Medicare drug plans (Part D) cover self-administered drugs.

### 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; otherwise, you may need to file an exception.
- 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, your Medicare drug plan may not pay you back for that drug.
- If the drug is covered by your Medicare drug plan, your plan may 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 the drug is covered by your Medicare drug plan, 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 the drug isn’t covered by your Medicare drug plan, you need to pay what the hospital charges for the drug. As mentioned above, you can always request an exception if your plan tells you a drug isn’t on their formulary.



## Where can I get more help?

- Call your State Health Insurance Assistance Program (SHIP). Every state and territory, plus Puerto Rico, the Virgin Islands and the District of Columbia, has a SHIP with counselors who can give you free health insurance information and help. To get the telephone number for your SHIP, visit [www.medicare.gov/contacts](http://www.medicare.gov/contacts), or call 1-800-MEDICARE (1-800-633-4227). TTY users should 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.
- Call 1-800-MEDICARE.

## Notice of Medicare Outpatient, Observation or Bedded Outpatient Status and Medicare Outpatient Self-Administered Medications

Dear Medicare Patient:

You are receiving this notice because you are:

- An Outpatient  
or
- Your physician has requested that you stay in the hospital for **Outpatient Observation or Bedded Outpatient Care**. Although you may be staying in the hospital, you are considered an **Outpatient**.

There will be an ongoing evaluation of your medical condition and you will be notified if your status changes from **Outpatient** to **Inpatient**.

We want you to know that as a Medicare Outpatient:

1. **You will be responsible for your Medicare Part B deductible** (if applicable) and the co-insurance payment.
2. **You will be responsible for paying any medication costs not covered by Medicare Part B for any Outpatient or Emergency Department Service**. This usually includes the following medications during an outpatient hospital stay:
  - a. Medications taken by mouth
  - b. Insulin
  - c. Inhalers
  - d. Eye drops
  - e. Ointments
  - f. Some self-administered injectable medications
3. Please check with Medicare since your Part D drug benefit may cover these prescriptions. Call 1-800-Medicare (1-800-633-4227).
4. If you require skilled nursing facility services when you leave the hospital, please be aware that **your outpatient stay does not satisfy the 3 day qualifying hospital stay requirement**. This requirement must be met prior to Medicare paying for services in a skilled nursing facility.

If you have any questions regarding this notice, please contact Patient Financial Services.  
(207-396-8666) or (1-866-804-2499)

\*This regulation may or may not apply to Medicare Advantage plans.  
Please contact your Insurance Plan's Member Service Department.