Corporate Medical Policy

Drug Wastage

Description

This policy describes how Blue Cross and Blue Shield of Vermont and TVHP will consider benefits for the appropriately discarded amount of a single-use drug/biological product after administering what is reasonable and necessary for the patient’s condition.

Policy

The plan will provide benefits for the appropriately discarded amount of a single-use drug/biological product after administering what is reasonable and necessary for the patient’s condition only when the following conditions are met.

When billing drugs, units of service must be billed in multiples of the dosage specified in the full HCPCS descriptor.

If the dosage given is not a multiple of the HCPCS code, the provider rounds to the next higher unit in the HCPCS description for that code.

For example: if 2.5 milligrams of Zoledronic Acid is administered, it is appropriate to bill for 3 units, as the HCPCS J3487 defines the unit for Zoledronic Acid as 1 milligram.

Additionally, if after administering the prescribed dosage of any given drug, the provider must discard the remainder of a single-use vial or other package, BCBSVT may cover the amount of the drug discarded along with the amount administered according to the criteria described below.

When services are covered

The following elements must be followed in order for the discarded amount to be covered.

1. The vial must be a single use vial. Multi-use vials are not subject to payment for any discarded amounts of the drug.

2. The units billed must correspond with the smallest dose (vial) available for purchase from the manufacturer(s) that could provide the appropriate dose for the patient.
For example: If a 5 mg dose of a drug needs to be given and the doses available from the manufacturer in single-dose glass vials include: 1 mg per 1cc vial, 5 mg per 1cc vial and 10 per 1 cc vial. The correct single dose vial to use would be the 5mg/1cc vial as this involves the use of only one vial and there would not be any drug wastage,

When both elements above are present; and

Drug wastage is documented in the patient’s medical record with date, time, amount administered, amount wasted and reason for wastage. Upon review, any discrepancy between amount administered to the patient and amount billed will be denied as non-rendered unless the wastage is clearly and acceptably documented; and

All doses are drawn by a licensed professional whose scope of practice includes administration of parenteral medications and knowledge of aseptic technique and

All doses from a given vial are drawn and administered within the time period specified on the package insert; and

Only one vial of a given concentration of the medication is opened and used by the administering professional at any given time. A second vial of the same medication must not be opened until the previous vial is discarded; and

Any opened vials or filled syringes must be discarded if not used within the specified time frame of the first puncture of the vial. Vials must be labeled to document the time of first entry and maintained at a temperature specified on the package insert during non-use; and

Residual amounts of these medications (either in the vial or syringes) must never be pooled with medication from another vial or syringe. If a patient requires more medication than is in a single, drawn syringe, then medication from a separate vial should be drawn into a separate syringe for administration.

When services are not covered:

- The billing of drug waste for a multi vial use package.
- Any waste reimbursed by BCBSVT must not be billed for use on any other patient.

Coverage does not apply if the provider chooses to purchase larger packages (for a lower per-unit cost) when smaller, more appropriate packaging is available.

Additional Considerations

Each facility will have in place a process-monitoring (quality assurance) program, which ensures compliance with these policies and procedures. This program should include:

- Recording data on infections in treated patients.
- Unannounced practice audits involving quality assurance staff observing performance of reuse techniques.

Failure to comply with these recommendations, particularly re-entry and reuse of similar-use vials of drugs over a longer period of time than recommended or pooling of these medications from multiple vials, represents a potential hazard and must be avoided since it would pose significant health and safety risks to patients.
Scrupulous infection control and aseptic practices should be strictly followed and enforced in entering a vial, and the number of times a vial is entered should be minimized. Consequently, the growth of bacteria, if introduced, would be very low and subsequent adverse events very unlikely if the material in the vial is used over a short period of time.

Approved by BCBSVT Medical Director

Antonietta Sculimbrene MD
Chair, Medical Policy Committee

Date
04/26/2011