

## HOME INFUSION INCLUDING ENTERAL NUTRITION THERAPY

### Policy

NHP reimburses participating home infusion agencies for the provision of medically necessary home infusion therapy (drug therapy), rendered in the home to an individual who is confined to the home.

Home infusion therapy services are provided to individuals who do not need hospitalization but who need drug therapy that can be safely administered in the home environment. They also provide a wide range of services required to administer home infusion and nutritional therapies and specialty drugs; including: antibiotics, total parenteral nutrition (TPN), hydration, pain management, and cancer chemotherapy

Frequently home infusion agencies provide additional professional therapies, including enteral nutrition, and specialty drugs (e.g. growth hormone) that may be provided as subcutaneous or intramuscular injectable or for an injection through an IV line.

Reimbursement is based on the most current Red Book AWP (average wholesale price) effective on the date of service and the provider's contractual agreement.

### Prerequisites

#### Authorization, Notification and Referral

Service	Requirement
Home Infusion Therapy, nursing care, drugs and biological	Prior Authorization Required
Enteral Nutrition Formulas	Prior Authorization Required
Coverage of State Mandated conditions	Prior Authorization Required
Formulas for specified conditions, including WIC eligible	Prior Authorization Required

### Limitations

#### Coverage for State Mandated Conditions:

Formulas for the treatment of inborn diseases of metabolism of amino acids and organic acids including:

- phenylketonuria (PKU)
- tyrosinemia
- homocystinuria
- maple syrup urine disease
- propionic academia or methylmalonic academia
- methylmalonic aciduria

Nonprescription medically necessary enteral formulas for home use that a physician has ordered for treatment of malabsorption, including:

- Crohn's disease
- Ulcerative colitis
- Gastroesophageal reflux
- Gastrointestinal dysmotility
- Chronic intestinal pseudo-obstruction

Coverage for enteral nutrition products for inborn diseases of amino acids and organic acids including modified low protein food products not to exceed \$5,000 annually for NHP Commonwealth Choice and commercial member, only.

**MassHealth Basic** members, only

Home Infusion Therapy is *not* a covered benefit for MassHealth Basic Members, with the exception of the Stated Mandated Conditions listed above.

**Caremark Therapeutic Services** is the designated pharmacy provider for home infusion therapy.

### Member Cost-Sharing

The provider is responsible for verifying on a daily basis, coverage, available benefits, and member out-of-pocket costs; copayments, coinsurance, and deductible required, if any.

### Definitions

**Antibiotics:** A drug used to treat infections caused by bacteria and other microorganisms

**Cancer Chemotherapy:** A chemical that binds to and specifically kills microbes or tumor cells. Chemotherapy is usually systemic treatment where the drugs flow through the bloodstream to nearly every part of the body. Patients who need many rounds of IV chemotherapy may receive the drugs through a catheter (a thin flexible tube). One end of the catheter is placed in a large vein in the chest. The other end is outside the body or attached to a small device just under the skin.

**Enteral Nutrition (EN):** A way to provide nutrition for patients with a functioning intestinal tract, but with disorders of the pharynx, esophagus, or stomach that prevents nutrients from reaching the absorbing surfaces in the small intestines. The patient is at risk for severe malnutrition. EN involves administering non-sterile liquids directly into the gastrointestinal tract through nasogastric, gastrostomy, or jejunostomy tubes. An infusion pump may be used to assist the flow of liquids. Feedings may be intermittent or continuous (infused 24 hours per day).

**HCPCS Level II "B" Codes:** Enteral and parenteral therapy codes, including formulae, nutritional solutions, medical supplies and infusion pumps.

**HCPCS Level II "J" Codes:** Drugs administered by other than an oral method that cannot be self administered, including chemotherapy drugs, immunosuppressive drugs, inhalation solutions, and other miscellaneous drugs and solutions.

**Hydration:** The addition of water to a substance or tissue.

**NDC (National Drug Code):** A universal product identifier for human drugs by which drug products are identified and reported using a unique, three-segment number, called the

National Drug Code (NDC), consisting of 11 digits in a **5-4-2** format. The first 5 digits identify the manufacturer of the drug and are assigned by the Food and Drug Administration. The remaining digits are assigned by the manufacturer and identify the specific product and package size.

Some packages will display less than 11 digits, but **leading zeroes** can be assumed and **must be used**. For example:

NDC Package Display	11- Digit NDC Format
XXXX-XXXX-XX	0XXXX-XXXX-XX
XXXXX-XXX-XX	XXXXX-0XXX-XX
XXXXX-XXXX-X	XXXXX-XXXX-0X

**Pain Management:** The process of providing medical care that alleviates or reduces pain through a fully implantable infusion pump (IIP) intended to provide long-term continuous or intermittent drug infusion.

**Per Diem:** Payment for each day that a NHP member is provided home infusion, prescribed by the member's physician, in the home. Included in the per diem rate are: 24-hour, 7 day/week availability of services; initial patient assessment; teaching; supplies, materials, and equipment (unless otherwise specified); pharmacy admixture, delivery; and home care coordination.

**State Mandate:** A requirement by the Commonwealth of Massachusetts that health insurers provide a defined minimum level of coverage for specific health conditions.

**Total Parenteral Nutrition (TPN):** Intravenous feeding that provides a patient with all of the fluid and the essential nutrients when they are unable to feed themselves by mouth.

**WIC:** Women, Infants and Children public health program. Members who may qualify for the WIC program include pregnant, postpartum, and breastfeeding women; infants; and children under the age of five.

### Neighborhood Health Plan Reimburses

- Home infusion services on a per diem basis only when drug infusion is administered on the same date.
- Regular formula in excess of quantities provided through the WIC program to meet the member's medical needs for WIC eligible members, only.
- Services not included in the per diem reimbursement are **separately reimbursed**, as follows:
  - Medications (drugs)
  - Enteral formulae
  - Nursing visits related to the infusion service
  - Blood products
  - PICC and mid line insertion kits
  - Surgically implanted CVA (central venous access) devices.
- Reimbursement is based on the fee effective on the paid date.

### Neighborhood Health Plan Does *Not* Reimburse

- Regular store bought food for use with an enteral feeding system.
- Food for the ketogenic diet.

- Liquid nourishment and food products used for dieting or recommended by weight loss centers.
- Non-prescription formula, supplements or prescription foods when store-bought food meets nutritional needs.

## Procedures Codes

*Note: This list of codes may not be all-inclusive.*

Code	Descriptor
99601	Home infusion/specialty drug administration, per visit (up to 2 hours);
99602	Home infusion/specialty drug administration, per visit; each additional hour. (List separately in addition to code for primary procedure: CPT 99601.)
S5498	Home Infusion Therapy, catheter care / maintenance, simple (single lumen), per diem
S5501	Home Infusion Therapy, catheter care / maintenance, complex (more than one lumen), per diem
S5502	Home Infusion Therapy, catheter care / maintenance, implanted access device, per diem
S5517	Home Infusion Therapy, all supplies necessary for restoration of catheter patency or declotting
S5518	Home Infusion Therapy, all supplies necessary for catheter repair
S5520	Home Infusion Therapy, PICC line insertion kit
S5521	Home Infusion Therapy, mid line catheter insertion kit
S5522	Home Infusion Therapy, insertion of peripherally inserted central venous catheter (PICC), nursing services only.
S5523	Home Infusion Therapy, insertion of midline venous catheter, nursing services only
S9061	Home administration of aerosolized drug therapy(e.g. Pentamidine); administrative services, professional pharmacy services, care coordination, all necessary supplies and equipment, per diem
S9326	Home Infusion Therapy, continuous pain management infusion, per diem
S9327	Home Infusion Therapy, intermittent pain management infusion, per diem
S9328	Home Infusion Therapy, implanted pump pain management infusion, per diem
S9330	Home Infusion Therapy, continuous chemotherapy infusion, per diem
S9331	Home Infusion Therapy, intermittent chemotherapy infusion, per diem
S9336	Home Infusion Therapy, continuous anticoagulant infusion therapy, per diem
S9338	Home Infusion Therapy, immunotherapy, per diem
S9341	Home Therapy; enteral nutrition via gravity, per diem
S9342	Home Therapy; enteral nutrition via pump, per diem
S9343	Home Therapy; enteral nutrition via bolus, per diem
S9345	Home infusion therapy, antihemophilic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, per diem.
S9348	Home infusion therapy, sympathomimetic/inotropic agent infusion therapy (e.g. Dobutamine); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, per diem
S9349	Home infusion therapy, tocolytic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, per diem
S9351	Home Infusion Therapy, continuous or intermittent anti-emetic infusion therapy, per diem
S9355	Home Infusion Therapy, chelation therapy, per diem
S9558	Home injectable therapy; growth hormone, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, per diem
S9559	Home injectable therapy; interferon, including administrative services, professional

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	pharmacy services, care coordination, and all necessary supplies and equipment, per diem
S9365	Home Infusion Therapy, TPN, 1 liter per day, per diem
S9366	Home Infusion Therapy, TPN, >1 liter but ≤ 2 liters per day, per diem
S9367	Home Infusion Therapy, TPN, >2 liters but ≤ 3 liters per day, per diem
S9368	Home Infusion Therapy, TPN, >3 liters per day, per diem
S9370	Home Therapy, intermittent anti-emetic infusion therapy, per diem
S9372	Home therapy, intermittent anticoagulation injection therapy;(e.g. Heparin), administrative services, professional pharmacy, care coordination and all necessary supplies and equipment, per diem (Do not use this code for flushing of infusion devices with Heparin to maintain patency)
S9374	Home Infusion Therapy, hydration therapy 1 liter per day, per diem
S9375	Home Infusion Therapy, hydration therapy; >1 liter but ≤ 2 liters per day, per diem
S9376	Home Infusion Therapy, hydration therapy; >2 liters but ≤ 3 liters per day, per diem
S9377	Home Infusion Therapy, hydration therapy; >3 liters per day, per diem
S9490	Home infusion therapy, corticosteroid infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, per diem
S9497	Home Infusion Therapy, antibiotic, antiviral or antifungal; once every 3 hours, per diem
S9500	Home Infusion Therapy, antibiotic, antiviral or antifungal; once every 24 hours, per diem
S9501	Home Infusion Therapy, antibiotic, antiviral or antifungal; once every 12 hours, per diem
S9502	Home Infusion Therapy, antibiotic, antiviral or antifungal; once every 8 hours, per diem
S9503	Home Infusion Therapy, antibiotic, antiviral or antifungal; once every 6 hours, per diem
S9504	Home Infusion Therapy, antibiotic, antiviral or antifungal; once every 4 hours, per diem
S9537	Home Therapy, hematopoietic hormone injection therapy, per diem
S9542	Home injectable therapy, not otherwise classified, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, per diem

### Provider Payment Guidelines and Documentation

Submit all bills for home infusion on a CMS 1500 form, or its electronic equivalent.

Enter the authorization number in Form Locator 23 on CMS 1500, or its electronic equivalent.

When more than one date of service is submitted per claim form, itemize each date of service on a separate claim line in Form Locator 45.

For each drug, enteral, or parenteral product, submit the appropriate HCPCS code in addition to the:

- NDC number in 11-digit format
- Product description
- Dosage
- Units administered
- Frequency of administration
- Duration of infusion (if applicable).

For **drugs**, enter the drug units implicit in the NDC number (e.g. number of vials).

*Please Note:* Use of *only* HCPCS “J” codes for drugs will *deny* for missing NDC number.

For **enteral** nutrition formulae, enter the **number of cans** in the units field.

*Please Note:* Do not enter number of cases or the Red Book value listed in milligrams (ml) in the units’ field. Use of *only* HCPCS “B” codes for enteral/parenteral formulae, will *deny* for missing NDC number.

Per Diem reimbursement includes:

- Initial patient assessment
- Professional pharmacy services
- Infusion therapy related supplies
- Teaching
- Delivery and removal of supplies and equipment
- Coordination of care

Per Diem rates do not apply to nutritional formulae taken orally. Reimbursement will be for the formulae, only.

When home nursing services are required for home infusion and specialty drug administration, bill using CPT 99601 for each nursing visit lasting up to two hours, in addition to CPT 99602 for nursing visits lasting more than two hours, with the applicable number of unit(s) for each additional hour.

When a member receives two or more concurrently administered therapies, append one of the modifier(s) listed below:

Modifier	Descriptor
SH	Second concurrently administered infusion therapy
SJ	Third or more concurrently administered infusion therapy

## Related NHP Payment Guidelines

NHP Evaluation and Management Payment Guidelines

## References

MassHealth Pharmacy Manual Transmittal Number PHM 58, 9/15/2008.

MassHealth Home Health Agency Manual Transmittal Number ZHHA 40, 11/10/2007.

MassHealth Physician Bulletin 87, August 2008: Clarification of Coverage of Formulas (Enteral-Nutrition Products)

Mass. Division of Medical Assistance Provider Manual Series, Durable Medical Equipment Manual. Subchapter 4, Program Regulations (130 CMR 409.000) Pages 4-26.

M.G.L. Chapter 176G. Health Maintenance Organizations.Ch 176G: § 4D.

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## Publication History

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This document is designed for informational purposes only. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization/notification and utilization management guidelines when applicable, adherence to plan policies and procedures, claims editing logic, and provider contractual agreement. Neighborhood Health Plan utilizes McKesson's claims editing software, ClaimCheck, a clinically oriented, automated program that identifies the "appropriate set" of procedures eligible for provider reimbursement by analyzing the current and historical procedure codes billed on a single date of service and/or multiple dates of service, and also audits across dates of service to identify the unbundling of pre and post-operative care. Questions may be directed to Provider Network Management at [prweb@nhp.org](mailto:prweb@nhp.org).