

PEIA

Policy Notice

To: PEIA Provider of Service

Subject: Home Infusion Therapy – Including HCPCS “S” Codes

Date: December 29, 2005

Effective: January 1, 2006

Please read the attached PEIA Medical Review and Reimbursement Policy. Should you have any questions, please contact PEIA’s Customer Service by calling 1-888-680-7342.

TC:tr

Attachment





PEIA PPB Medical Review and Reimbursement Policy

Subject: Home Infusion Therapy – Including HCPCS “S” Codes

Date: 12/29/2005 **Review/Revision date(s):** 7/14/2014

Effective Date: 01/01/2006

Signatures:

 12/29/2005

B. Keith Huffman *Date*
Acting Co-Director/General Counsel

 12/29/2005

Gloria Long *Date*
*Acting Co-Director/Deputy Director for
Insurance Programs & Services*

 12/29/2005

J.A. Haught, CPA *Date*
Acting Co-Director/Chief Financial Officer

 12/29/2005

Sandra Joseph, M.D. *Date*
Medical Director

Purpose of Policy: To document coverage and reimbursement criteria related to the S codes for home infusion therapy and to explain coding and claim requirements.

In general, home infusion therapy includes the preparation, delivery and follow-up care of drugs and/or solutions via infusion, injection or in some cases, inhalation, in the home setting.

Historically, home infusion therapy services have been subject to PEIA’s home health services benefit and billed under revenue codes and/or HCPCS codes. These codes were subject to the PEIA fee schedules and/or rates negotiated by PEIA’s Third Party Administrator (TPA).

Beginning in October 2004, in compliance with HIPAA, providers and payers were required to use and accept, respectively, the approved set of “S codes” for home infusion therapy. These “S codes” are listed in the “Private Payer Codes” section of the Health Care Procedure Coding System (HCPCS) Manual and the National Home Infusion Association’s *National Coding Standard for Home Infusion Claims under HIPAA*. Currently, home infusion therapy services billed under “S codes” are reimbursed using rates developed by PEIA’s TPA through past negotiations.

Limitations of Coverage:

General Limitations

Effective January 01, 2006, PEIA will require home infusion pharmacies to be accredited by a nationally recognized accrediting body such as the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the Accreditation Commission for Health Care (ACHC) or the Community Health Accreditation Program (CHAP) in order to be reimbursed for home infusion therapy services.

To be considered for coverage, home infusion therapy must be medically necessary, safe for administration in the home setting and cost effective for the member and PEIA, in lieu of alternative settings, and not solely for the convenience of the member or provider.

Prescription drugs and solutions delivered by home infusion therapy must be FDA approved for the indication and usage requested by the provider.

Precertification/preauthorization

Home health services requiring more than 12 nursing visits must be pre-certified by the TPA medical management department. The "Home Infusion Therapy Precertification" form (see attachment) may be used to provide the information necessary to evaluate the provider's request for home infusion therapy. The form should be faxed to the TPA. A telephone and written confirmation of precertification will be generated by the TPA.

Note: If the request for preauthorization is denied, the member is responsible for paying for the services.

Chelation therapy benefits are limited to those uses accepted in the peer-reviewed medical literature and should be preauthorized, in addition to being pre-certified. Preauthorization is a written request from the prescribing provider for verification of coverage for the home infusion therapy service.

Generally, maintenance therapy is not a PEIA covered benefit. A request for extended catheter maintenance more than 3 months beyond the period of home infusion therapy requires a letter of medical necessity and copies of documentation (office notes, hospital records, etc.) that clearly provide objective, clinical evidence as to the need for extended catheter care. A request for extended catheter maintenance will be given individual consideration based on the merits of the individual situation.

S Codes

Home infusion therapy services billed under "S codes" include, but are not limited to: anti-infective therapies; chelation therapy; chemotherapy; enteral and total parenteral nutrition; hydration therapy; pain management; specialty infusion therapies such as anti-hemophilia

factors, IVIG, growth hormone, etc.; catheter insertion and care; and infusion therapy services delivered in the infusion suite setting of home infusion therapy providers.

Per diem

PEIA recognizes the National Home Infusion Association's (NHIA) description of the home infusion therapy services included under each "per diem" code: administrative services; pharmacy professional and cognitive services, such as medication compounding and dispensing, patient assessment, clinical monitoring and care coordination; routine catheter care; all infusion-related supplies and equipment; 365/24/7 pharmacist and/or RN availability; and delivery and pickup.

Under per diem, continuous infusion is defined as administration of 24 hours or more without interruption. Intermittent infusion is defined as interruption in administration of less than 24 hours.

Under per diem infusion for total parenteral nutrition (TPN), some products and drugs are included under the S code:

- Non-specialty amino acids
- Concentrated dextrose
- Sterile water
- Electrolytes
- Standard multitrace element solutions
- Standard multivitamin solutions.

PEIA reimburses for "per diem" infusion services only when an actual drug infusion is administered that day. Per diem catheter care is reimbursed only when provided as stand alone care, i.e. not on the same day as another per diem service.

PEIA's TPA will process per diem codes based on PEIA reimbursement methodology and use claim adjustment reason codes/remark codes to explain payment policies that impact reimbursement. For example, PEIA's reimbursement for drugs or supplies for flushing of catheters, such as heparin or saline, is included in the reimbursement for per diem infusion or per diem catheter care, whichever is applicable. The claim adjustment reason code/remark code will reflect this payment policy.

Coding and Claim Requirements:

Properly authorized home infusion therapy services will be reimbursed based on PEIA fee schedules/reimbursement methodologies and/or facility reimbursement methodologies.

S9810 will not be reimbursed when billed on the same day as any per diem code.

Nursing visits are excluded from the per diem S codes. To bill for nursing services related to home infusion on a CMS 1500 form, use CPT code 99601 and if applicable, 99602. When billing a skilled nursing visit on a UB92 form, use Rev Code 551.

PEIA does not require Modifier SD; reimbursement is the same for nursing services with or without modifier SD.

Drugs must be billed using HCPCS codes. For drugs where the dosage is not described by a specific HCPCS code, either singly or in multiples, bill the appropriate unlisted procedure code such as J3490 or J9999 with a description of drug(s) prescribed, including name of drug, NDC#, route of administration, dosage and number of billing units given. Reimbursement will be based on the lowest AWP for the generic form of the drug, if available. PEIA will not reimburse drugs billed under codes S5000 or S5001.

Concurrently administered infusion therapy must be identified by the provider in value order, using modifiers –SH and –SJ, as appropriate. Reimbursement for concurrently administered infusion therapy will be based on a fee specific to the modifier billed. Specifically, the 2nd concurrently administered infusion therapy **must** be billed with modifier –SH and has a PEIA fee of \$25.00. Additional concurrently administered infusion therapy(s) **must** be identified by modifier -SJ which has a fee of \$15.00. **Note: This concurrently administered infusion therapy methodology does not apply to chemotherapy infusions.**

Infusion suite services should be billed with place of service (POS) 12 using modifier -SS to indicate home infusion therapy services delivered in the infusion suite of a home infusion therapy provider.

Documentation Requirements:

Periodic review of home infusion therapy claims and records will be conducted by PEIA and/or its auditors. Records must include home infusion therapy treatment plan, including patient demographics, diagnosis and treatments prescribed for the home setting; description of drugs prescribed, including HCPCS code, NDC # and name of drug, route of administration, dosage and number of billing units; HealthSmartprecertification number; and infusion therapy notes.

Other Comments:

When Medicare is Primary

When Medicare is primary and PEIA is secondary, Medicare's guidelines will prevail. If PEIA is determined to be primary due to Medicare non-covered benefit, then PEIA rules will prevail.

References:

Centers for Medicare and Medicaid Services
<http://www.cms.hhs.gov/hipaa/hipaa2/education/infoserie/4-tcs.pdf>. Accessed 12/13/05.

Michigan Dept of Community Health Medical Supplier Bulletin #04-05
http://www.michigan.gov/documents/Medical_Supplier_04-05_92340_7.pdf Accessed 11/16/05.

NHIA National Coding Standard for Home Infusion Claims under HIPAA, Version 1.05.01a.
NHIA (2004). www.nhianet.org. Accessed June 1, 2004.

Tufts Health Plan Home Infusion Policy. www.tuftshealthplan.com. Accessed November 4, 2005.

Wellmark BlueCross BlueShield “Home Infusion Therapy Guide” June 2005 edition.
www.wellmark.com. Accessed November 10, 2005.



Request for Home Infusion Therapy Precertification/Case Management

Patient's Full Name: _____

Patient Date Of Birth: _____ Patient SS#: _____

Patient PEIA ID#: _____ Employee PEIA ID#: _____

Prescribing Physician's Name: _____

Patient's Diagnosis(es) requiring home infusion therapy: _____

Did outpatient therapy(ies) fail? Yes _____ No _____

If yes, briefly describe outpatient therapies attempted: _____

Was/were alternative route(s) considered? Yes _____ No _____

If yes, state reason alternate routes not viable: _____

Home Infusion Therapy Prescription:

Home Infusion Therapy to begin: Month _____ Date _____ Year _____

Services prescribed by ordering physician (check as many as apply)

___ Antibiotic Therapy ___ Chemotherapy ___ Hydration Therapy ___ Antifungal Therapy

___ Special Therapies (describe): _____

Primary Drug:

J Code _____

NDC # _____

Anticipated Length Of Treatment _____

Type And Frequency Of Monitoring _____

Supplies Needed _____

Second Drug:

J Code _____

NDC # _____

Anticipated Length Of Treatment _____

Type And Frequency Of Monitoring _____

Supplies Needed _____

Third Drug:

J Code _____

NDC # _____

Anticipated Length Of Treatment _____

Type And Frequency Of Monitoring _____

Supplies Needed _____

Please fax this form, copy of physician prescription(s) and results of diagnostic studies (i.e., culture report, imaging report, etc.), to HealthSmart at (806) 473-2770