



**BlueCross BlueShield
of Vermont**

Independent Licensees of the Blue Cross and Blue Shield Association.



Corporate Medical Policy

Home Infusion Therapy

File name: Home Infusion Therapy

Origination: 10/04

Last Review: 5/08

Next Review: 5/09

Effective Date: 6/23/08

Description

See also the following medical policies:

Total Parenteral Nutrition (TPN) and Enteral Nutrition (EN) Home Infusion Medical Policy

Private Duty Nursing

Medical Equipment and Supplies Durable Medical Equipment (DME)

Home infusion therapy involves the preparation and administration of medications or other solutions intravenously, subcutaneously, enterally, or epidurally (into the bloodstream, under the skin, or into the membranes surrounding the spinal cord).

Policy

Benefits are subject to all terms, limitations and conditions of the subscriber contract.

Prior approval may be required subject to all terms, limitations and conditions of the subscriber contract.

For New England Health Plan (NEHP) members an approved referral authorization is required.

For Managed Care contracts, (Vermont Health Partnership (VHP) and The Vermont Health Plan (TVHP)) or indemnity contracts (J Plan, Comprehensive Plan) home infusion therapy providers must Participate with the Plan in order for their services to be covered.

For Vermont Freedom Plan (VFP) contracts home infusion therapy providers must be a Preferred Provider with the Plan in order for their Services to be covered.

Benefits may be provided for home infusion therapy services such as nursing services, cost of supplies, placement of central venous catheters when services have been authorized for home infusion therapy.

When service or procedure is covered

Intravenous (IV) solutions and/or injectable (given either subcutaneous or intramuscular) medications may be **considered medically necessary** by the Plan when **ALL** of the following are met:

- Prescription drug is FDA approved ;
- Therapy is managed by physician or nursing visits in the home; **AND**
- Treatment can be safely administered in the home.

We provide benefits for home infusion therapy only if:

- your physician prescribes a home infusion therapy regimen;
- you use services from a network/preferred home infusion therapy provider; and
- you obtain prior approval from the Plan
- your physician approves a plan of treatment for a reasonable period of time;
- and your physician ;
 - includes the treatment plan in your medical record; and
 - certifies that the services are for Acute Care; and
 - recertifies that treatment plan every 60 days

NOTE: Certain drugs may require prior approval. Please refer to the BCBSVT Drug Prior Approval Listing

When service or procedure may not be covered

Home Infusion Therapy is not considered medically necessary by the Plan for the following condition/situation:

- The provision of services in the home is primarily for the convenience of the member, the member's caregivers or the provider
- The patient or an alternate caregiver can be trained to do the administration
- Safety of administration in the home setting has not been established.
- When prior approval is not obtained from the Plan
- Home infusion therapy that does not meet the above criteria of medical necessity.

Billing and Coding/Physician Documentation Information

See Attachment I

Services submitted on HCFA-1500 claim forms will use HCPCS Level II procedure codes. Revenue codes will be used for services submitted on UB-92 (HCFA-1450) claim form.

Eligible Providers

Home Infusion providers
Home Health Agencies
Visiting Nurse Associations

Policy Implementation/Update information

New Policy 10/2004

Review with minor wording changes and new CPT and HCPCS codes added 12/2005

12/06 Reviewed, HCPCS code changes.

Reviewed and approved by the BCBSVT Clinical Advisory Committee March 2007.

5/08 format changes made. To be reviewed by CAC 7/08

Scientific Background and Reference Resources

Guidelines for the Medical Management of the Home Care Patient. AMA Practice Parameters (1998 March): 1-26.

Overview of Home Infusion Therapy. National Home Infusion Association

<http://www.nhianet.org/ppopresources/index.html>

Blue Cross and Blue Shield Association. (2003, January). Total Parenteral Nutrition and Enteral Nutrition in the home. (Medical Policy 1.02.01)

Approved by BCBSVT Medical Director Date Approved

Stephen E. Perkins M.D.

Home Infusion Therapy

CPT and HCPCS Codes

99601 - 99602
A4220 – A4222
B4102 – B4162
B4164 – B5200
B9000 – B9006
E0779 – E0783
E0791
G0154
K0455
S5035 – S5036
S5497 – S5523
S9061
S9208
S9211 – S9214
S9325 – S9379
S9490 – S9504
S9537 – S9542
S9558 – S9590