



PROVIDER REIMBURSEMENT GUIDANCE			
Home Infusion Therapy			
Original Date Approved	Effective Date Senior Care/One Care	Effective Date Medicare Advantage*	Revision Date
04/08/2022	08/01/2022	08/01/2022	
<p>Scope: Commonwealth Care Alliance (CCA) Product Lines</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Senior Care Options (MA) <input checked="" type="checkbox"/> One Care (MA) <input checked="" type="checkbox"/> Medicare Preferred – (PPO) MA* <input checked="" type="checkbox"/> Medicare Value - (PPO) MA* <input checked="" type="checkbox"/> Medicare Preferred – (PPO) RI* <input checked="" type="checkbox"/> Medicare Value - (PPO) RI* <input checked="" type="checkbox"/> Medicare Maximum – (HMO DNSP) RI* 			

PAYMENT POLICY SUMMARY:

CCA covers medically necessary home infusion therapy services, in accordance with the member’s benefits. Home infusion therapy services include, but are not limited to, certain intravenous drugs/biologicals, intrathecal and epidural infusions, total parenteral nutrition (TPN), and the necessary supplies, equipment, and skilled nursing visits to administer these services and/or provide training to members and caregivers, as applicable.

CCA reimburses contracted home infusion therapy agencies for home infusion therapy services, subject to prior authorization. Home infusion therapy services are provided when a member is medically homebound or when home is determined to be the most appropriate setting.

AUTHORIZATION REQUIREMENTS:

Applicable CCA referral, notification and authorization policies and procedures apply. While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you must confirm that prior authorization has been obtained. Prior authorization should be obtained prior to the first day of service or on the next business day, if the member’s infusion services are arranged after normal working hours, on a weekend, or on an emergency basis.

The member’s PCP (or provider, if the member’s benefit plan does not require a PCP) must prescribe home infusion services.

New-to-Market Drugs: Providers who prescribe new-to-market drugs must submit a request for coverage of medical drugs to the Utilization Management Department in accordance with CCA’s medical review process. Requests for coverage of pharmacy drugs must be submitted to the Utilization Management department or Pharmacy Benefits Manager (PBM).

Certain home infusion drugs may require prior authorization through CCA’s Utilization Management or Pharmacy departments, depending on whether the drugs are covered under the member’s medical or pharmacy benefit.

For more information on prior authorizations, please refer to the Prior Authorization Requirements in the plan specific Provider Manual.

BILLING and CODING GUIDELINES:

Unless otherwise stated, CCA follows industry-standard coding guidelines. Refer to current industry standard coding guidelines for a complete list of ICD, CPT/HCPCS, revenue codes, modifiers, and their usage. Providers may only bill the procedure code(s) in accordance with the applicable financial exhibits of their provider agreements and applicable fee schedules.

- Itemize each date of service, procedure code, and dosage of medication when more than one date of service is submitted on the claim, if applicable
- Submit each drug/product using standard CPT/HCPCS code, National Drug Code (NDC) number of the covered medication, description of product, dosage, and units administered.

Unlisted J Codes must be billed with the appropriate NDC code, qualifier, and appropriate CTP segment (where applicable) to be considered for payment

REIMBURSEMENT GUIDELINES:

Providers are compensated according to the applicable network contracted rates and applicable fee schedules, regardless of the address where the service is rendered.

Medicare Advantage: Some home infusion drugs may be subject to a maximum number of units per day.

SCO/OneCare: CCA reimburses home infusion therapy services on a per diem basis only when an actual drug infusion is administered that day, which is inclusive of:

- Administrative services
- Professional pharmacy services
- Care coordination
- All necessary supplies and equipment for the effective administration of infusion, specialty drug and nutrition therapies. Including but not limited to:
 - DME (pumps, poles, and accessories) for drug and nutrition administration, equipment maintenance and repair (excluding patient owned equipment)
 - Short peripheral vascular access devices, needles, gauze, non-implanted sterile tubing, catheters, dressing kits, and flushing solutions, including heparin and saline
 - Delivery and removal of supplies and equipment

CCA reimburses the following services separately from the per diem rate:

- Nursing visits related to infusion services
- Enteral formula when administered via gravity, pump, or bolus only (does *not* apply to nutritional formulas taken orally)
- Covered DME not related to infusion therapy (billed separately from infusion services) when provided by a contracted DME provider
- Drugs and biologicals, based on CCA's and/or MassHealth's drug fee schedule
 - Reimbursement for listed and unlisted drugs will not exceed CCA/MassHealth's drug fee schedule allowable
 - CCA's drug fee schedule is periodically updated based on Average Sale Price (ASP), Average Wholesale Price (AWP), MassHealth or Medicare.



RELATED SERVICE POLICIES:

- Drugs and Biologicals
- Durable Medical Equipment (DME)
- Home Health Care
- Hospice VBID Program
- Out of Network
- Unlisted Procedure Codes

AUDIT and DISCLAIMER:

As every claim is unique, the use of this policy is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization, and utilization management guidelines when applicable and adherence to plan policies, procedures, and claims editing logic. CCA has the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that your office/facility did not comply with this payment policy, CCA has the right to expect your office/facility to refund all payments related to non-compliance.

REFERENCES:

- Mass Health Adult Day Health Manual 130 CMR 404.000
- [Commonwealth Care Alliance](#)
- Payment Policies:
[Massachusetts](#) / [Rhode Island](#)
- Provider Manuals:
[Massachusetts](#) / [Rhode Island](#)
- Prior Authorization Forms:
[Massachusetts](#) / [Rhode Island](#)

POLICY TIMELINE DETAILS:

1. Effective: 08/01/2022