

Care N' Care Insurance Company of North Carolina (CNC-NC), Inc.

Medical Policy Home Infusion Therapy			
Department Responsible Utilization Management	Policy Code 9.20	Effective Date 5/10/2018	Next Review Date 10/2025
Title of Person Responsible Medical Director	Approval Council Medical Management and Quality Council		Approved Date 5/9/2018

PURPOSE

This policy is used to support Care N' Care Insurance Company of North Carolina ("CNC-NC"), Inc. medical necessity coverage guidelines, including documentation requirements for Home Infusion Therapy. CNC-NC follows Medicare National and Local Coverage Determination Guidelines as part of its normal medical necessity adjudication. This health plan policy provides for additional home infusion therapy coverage above that which is currently approved by Medicare (MLN Matters MM11880 revised December 31,2020). No Local or National Coverage Determination exists for HIT as a stand-alone service, though this policy links to L33794

ACRONYMS, DEFINITIONS, INITIALS

Current Procedural Terminology (CPT®) – Is code set used to bill outpatient & office procedures.

Durable Medical Equipment (DME) – Is any equipment that provides therapeutic benefits to a patient in need because of certain medical conditions and/or illnesses. Durable Medical Equipment (DME) consists of items which:

- are primarily and customarily used to serve a medical purpose;
- are not useful to a person in the absence of illness, disability, or injury;
- are ordered or prescribed by a physician;
- are reusable;
- can stand repeated use, and
- are appropriate for use in the home

Healthcare Common Procedure Coding System (HCPCS) – Is a set of health care procedure codes based on the American Medical Association's Current Procedural Terminology (CPT).

Infusion Therapy – A drug is administered intravenously, but the term also may refer to situations where drugs are provided through other non-oral routes, such as intramuscular injections and epidural routes (into the membranes surrounding the spinal cord). (Source: National Home Infusion Association.)

Home Bound – Because of illness or injury, need the aid of supportive devices such as crutches, canes, wheelchairs, and walkers; the use of special transportation; or the assistance of another person to leave their place of residence OR have a condition such that leaving his or her home is medically contraindicated. The member may be considered homebound if absences from the home are infrequent, for periods of relatively short duration, for the need to receive health care treatment, for religious services, to attend adult daycare programs or for other unique or infrequent events.

Stated Guidance – Documented indicators that provide clarity on requirements for approving requested services.

POLICY

This policy provides in-home infusion therapy coverage as an alternative to needing admission to an acute care hospital or skilled nursing facility under the following circumstances:

- Prescribed by a participating physician within his or her scope of practice to:
 - Manage a chronic or incurable condition; and
 - Manage an acute condition that can be safely treated and monitored at home.
- Certified by the physician as medically necessary for treatment of the condition.
- Appropriate for administration in a home setting.
- Coverage of home infusion drugs as per Medicare's Payment Categories for Home Infusion Drugs (J codes).
- Coverage of home infusion drugs not on the current Medicare Payments Categories for Home Infusion upon medical necessity review.
- CMS Homebound definition is generally followed however, consideration would be given to approve home infusion therapy for members that require frequent infusions (daily / every other day as an example) and who do not meet the homebound criteria.

CODES

The following list(s) of codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

Conditions of Payment / Applicable Codes	
Eligible Provider	Home health agencies, Home infusion treatment (HIT) providers
Payable location	Home
CPT/ HCPCS Codes	Per Diem includes all DME, supplies and solutions G0068: Professional services for the administration of anti-infective, pain management, chelation, pulmonary hypertension, and/or inotropic infusion drug(s) for each infusion drug administration calendar day in the individual's home, each 15 minutes. • Short Descriptor: Adm of infusion drug in home G0069: Professional services for the administration of subcutaneous immunotherapy for each infusion drug administration calendar day in the individual's home, each 15 minutes. • Short Descriptor: Adm of immune drug in home G0070: Professional services for the administration of chemotherapy for each infusion drug administration calendar day in the individual's home, each 15 minutes. • Short Descriptor: Adm of chemo drug in home G0088: Professional services, initial visit, for the administration of anti-infective, pain management, chelation, pulmonary hypertension, inotropic, or other intravenous infusion drug

	or biological (excluding chemotherapy or other highly complex drug or biological) for each infusion drug administration calendar day in the individual's home, each 15 minutes. Short Descriptor: Adm IV drug 1st home visit • G0089: Professional services, initial visit, for the administration of subcutaneous immunotherapy or other subcutaneous infusion drug or biological for each infusion drug administration calendar day in the individual's home, each 15 minutes. Short Descriptor: Adm SubQ drug 1st home visit. • G0090: Professional services, initial visit, for the administration of intravenous chemotherapy or other highly complex infusion drug or biological for each infusion drug administration calendar day in the individual's home, each 15 minutes. Short Descriptor: Adm IV chemo 1st home visit
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The CNC-NC Utilization Management Department has day-to-day responsibility for the operationalization policy and procedures associated with organization determinations for home infusion therapy, and to ensure that the policy is consistently applied in a uniform manner.

The CNC-NC Medical Management and Quality Council is responsible to ensure that appropriate medical management and quality standards are established and adhered to promote effective and compliant member care. It also has the responsibility for review and approval of this policy, and that it complies with all applicable federal and state laws, regulations and sub-regulatory guidance.

The CNC-NC Board of Directors receives copies of new or revised company policies.

REFERENCES

Medicare Managed Care Manual 1/1/2020 Parts C and D Enrollee Grievances, Organization / Coverage Determinations and Appeals Guidance

Code of Federal Regulations 42 CFR 422.570 and 422.566(b)(3)

CMS Memorandum issued March 10, 2006 Home infusion Therapy

MLN Matters Number: MM11880 Revised December 31, 2021

Medicare LCD L33794 – External Infusion Pumps

A Primer on Home Infusion Administration Methods, Loriaux, A et al, Open Forum Infectious Disease, 2022 December; 9(12): ofac525

PREVIOUS REVISION/REVIEW DATES

Date	Reviewed	Revised	Notes
06/12/2019	X	X	G codes updated and company name clarified. Approval made by the Medical Management and Quality Council.
02/12/2020	X		Annual review and renewal. No changes made.
06/09/2021	X	X	Removed the reference to 99601 and 99602 codes as Medicare does not recognize these as valid codes
03/31/2022	X	X	Reviewed and added codes G0088, G0089 and G0090. Added clarification that HTA will consider coverage for other infusion drugs as medically appropriate not listed on the NCD/LCD. Clarified home bound status

05/11/2022	X		No changes made
06/30/2023	X	X	Clarifying language to LCD L33794
10/16/2024	X		Annual review and renewal by the Medical Management and Quality Council. No changes were made.