

Home Infusion Therapy

Revised: [03-02-2016](#)

Overview

Home Infusion Therapy Services offer an alternative to the hospital setting by making it possible for MHCP recipients to receive infusion therapy in the comfort of their own home.

MHCP will cover home infusion therapy (HIT)-related services for eligible recipients when medically necessary and provided by an MHCP enrolled HIT pharmacy.

Eligible Providers

MHCP enrolled pharmacies that provide home infusion services must complete and submit the [Home Infusion Pharmacy Applicant Assurance Statement \(DHS-5947\) \(PDF\)](#) to be recognized as an HIT pharmacy.

An HIT pharmacy may be in conjunction with a hospital pharmacy, long-term care pharmacy, or a community or retail pharmacy that prepares compounds and dispenses parenteral or enteral drugs for non-hospitalized patients and provides pharmaceutical care services.

Eligible Pharmacies

Eligible pharmacies must meet the following:

- Have or are applying for a designated parenteral-enteral or home health care license category with the Minnesota Board of Pharmacy. If located outside of Minnesota, an eligible pharmacy has Home Infusion Pharmacy designation with the state Medicaid office, if the state makes such designations.
- Have the ability to provide a full range of services, including but not limited to:
 - Providing standards for preparation, labeling and distribution of sterile products by licensed parenteral-enteral or home care pharmacies
 - Having a policy and procedure manual addressing sterile preparation of products, clinical services, drug disposal, drug dispensing, labeling, quality assurance, etc.
 - Meeting physical space and equipment requirements
 - Having 24-hour staffing (pharmacist on call)
 - Shipping
 - Handling of cytotoxic agents
 - Having a process for systematic drug use review
 - Monitoring patients
- Have the ability to provide administrative and professional pharmacy services, care coordination and all necessary supplies and equipment as defined by applicable home infusion HCPCS codes.

Eligible Recipients

Recipients eligible to receive HIT pharmacy services must be eligible for one of the following programs:

- BB** MinnesotaCare Plus One
- EH** Emergency (only if part of an approved certified care plan)
- FF** MinnesotaCare Basic Plus
MinnesotaCare Basic Plus Two
- JJ** MinnesotaCare Basic Plus
MinnesotaCare Basic Plus Two
- KK** MinnesotaCare Expanded
- LL** MinnesotaCare Expanded
- MA** Medical Assistance
- NM** State-funded Medical Assistance
- RM** Refugee

Ineligible Recipients

Recipients **not** eligible for home infusion pharmacy services are those eligible for one of the following programs:

- AC** Alternative Care Program
- FP** MFPP (limited coverage)
- HH** HIV/AIDS (limited coverage – see [ADAP Formulary](#))
- IM** Institution for Mental Disease

People eligible for programs IM and HH may have limited coverage. Contact the MHCP Provider Call center at 651-431-2700 or 800-366-5411 to confirm benefit coverage for these MHCP programs.

Recipients eligible for both MHCP and Medicare Part B and Part D (dual eligible) must select a Medicare Part D plan and receive most of their medication through their selected plan. MHCP covers only drugs excluded by law from Medicare Part D coverage. Providers must submit home infusion drugs and supplies eligible for Medicare Part B coverage to the Medicare Part B carrier. Do not bill MHCP for per diem codes for individuals who are dually eligible for Medicare.

Covered Services

HIT per diem (codes: S5497–S5523, S9061, S9325–S9331, S9336–S9379, S9490–S9504, S9537–S9590)

These codes include the following services:

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

HIT per diem codes **S9364–S9368** are used for Total Parenteral Nutrition (TPN). Pricing for the codes includes the services listed about and the cost of the standard TPN formula ingredients.

Total Parenteral Nutrition Billing (TPN)

Included in the TPN per diem

Standard Products included in the TPN per diem codes (S9364–S9368) are the following:

- Non-specialty amino acids (for example, Aminosyn[®], FreAmine[®], Travasol[®])
- Concentrated dextrose (for example, D10, D20, D50, D60, D70)
- Sterile water
- Electrolytes (for example, CaCl₂, KCl, KPO₄, MgSO₄, NaAc, NaCl, NaPO₄)
- Standard multi-trace element solutions (for example, MTE4, MVE5, MVE7)
- Standard multivitamin solutions (for example, MVI-12 or MVI-13)

Not included in the TPN per diem

Additional ingredients not included in the TPN per diem are the following:

- Specialty amino acids for renal failure (for example, Aminess[®], Aminosyn-RF[®], NephroAmine[®], RenAmin[®])
- Specialty amino acids for hepatic failure (for example, HepatAmine[®])
- Specialty amino acids for high stress conditions (for example, Aminosyn-HBC[®], BrachAmin, FreAmine HBC[®], Premasol[®], TrophAmine[®])
- Specialty amino acids with concentrations of 15% and above when medically necessary for fluid restricted patients (for example, aminosyn[®] 15%, Clinisol[®] 15, Novamine[®] 15%, Prosol[®] 20%)

- Lipids (for example, Intralipid®, Liposyn®).
- Added trace elements not from a standard multi-trace element solution (for example, chromium, copper, iodine, manganese, selenium, zinc)
- Added vitamins not from a standard multivitamin solution (for example, folic acid, vitamin C, vitamin K)
- Products serving non-nutritional purposes (for example, heparin, insulin, iron dextran, Pepcid®, Sandostatin®, Zofran®)

Use the appropriate TPN HCPCS code(s) for additional ingredients that are not included in the standard TPN formula. Lipids are currently covered under B4185.

Nursing Visits (99601 and 99602)

Home infusion and specialty drug administration must be performed by a skilled infusion nurse with specialized education and training in the alternate-site administration of drugs and biologics through infusion.

Nursing Service may be billed by one of the following:

- Home Infusion Pharmacy that has employed a home infusion nurse for HIT nursing services
- Medicare Certified Home Health Agency

Billing

Submit HIT claims to all other payers, including Medicare Part B or Part D and private insurance companies, using their specific billing guidelines before submitting claims to MHCP.

Pharmacies recognized as HIT pharmacies may bill for home infusion services. Pharmacies may bill for nursing visits related to the HIT services on the same claim if the nurse is employed by that pharmacy.

Medicare-certified home health agencies may bill for nursing visits for HIT services performed by a nurse employed by that agency.

Fee-for-Service (MHCP coverage only)

If the recipient has no other third party coverage

Submit the claim to MHCP using the 837P (Professional) claims transaction by following these steps:

- Enter the date span for the number of days the drugs and supplies were dispensed.
- Enter the appropriate HCPCS code for the drug or TPN ingredient not included in the TPN per diem.
- Enter the quantity dispensed.
- Enter the NDC code and quantity associated with the drug HCPCS code entered on the claim. (This information is reported in the LIN and CTP segments on a batch claim or in the Drug Pricing section on the Services screen in MN-ITS.)
- If the dose under the procedure code requires the use of two different vial sizes, then use the following modifiers for the two NDCs:
 - KP modifier – for the first vial size
 - KQ modifier – for second vial size
- On the next line of the claim, enter the appropriate HIT HCPCS code (per diem S codes) and the appropriate modifier when applicable. Effective Jan. 1, 2015, using SH and SJ modifiers will reduce line item payable to 50 percent of the current allowable charge):
 - SH – 2nd Therapy – Second concurrently administered infusion therapy
 - SJ – 3rd Therapy – Third or more concurrently administered infusion therapy

Coordination of Benefits (Other payers or coverage exists)

Medicare

When billing for dual eligible recipients (recipients eligible for both [Medicare](#) and MHCP), you must research

or contact the Medicare Part B or Part D plan to determine which Medicare plan will pay the HIT drug or TPN billable ingredients.

- In most cases, MHCP will pay for the HIT supplies even if Medicare Part B or Part D denies coverage for the drug or TPN (additional ingredients not included in the TPN per diem)
- MHCP will pay only for the Medicare Part B coinsurance or deductibles up to the MHCP allowable rate for HIT covered drugs, TPN billable ingredient and HIT supplies.
- For HIT supplies, bill Medicare Part B using the appropriate HCPCS codes recognized by Medicare as home infusion supplies. (A codes)
- MHCP does not pay for home infusion drugs or TPN ingredients not covered by Medicare Part B or Part D
- MHCP does not pay for Part D copays
- Do not bill MHCP using per diem HIT codes if the recipient has Medicare eligibility

Medicare Part B

If the Part B plan will cover the HIT drug or TPN billable ingredients, bill the Part B plan following the Part B plans' billing and coding requirements on the 837 (Professional) claims transaction.

Enter the NDC and the quantity dispensed so that the information crosses over to MHCP for payment. Without the NDC and quantity the Medicare crossover claim will deny and have to be resubmitted to MHCP for payment.

Medicare Part D

If the Part D plan will cover the HIT drug or TPN ingredients follow the Part D plans' billing and coding requirements. Follow these requirements:

- For drugs covered by Medicare Part D, use the Pharmacy NCPDP D.0 claims transaction for the Part D drugs
- Use the appropriate NDC code and the quantity dispensed
- Bill Medicare Part B on a separate claim for the HIT supplies using the 837P (Professional) claims transaction

Private Insurance (TPL)

When TPL coverage is available, submit the claim to the other payer following the coding and billing requirements of that payer. If the TPL requires billing and coding different from MHCP, after the claim has been adjudicated by the TPL submit the claim to MHCP following MHCP FFS HIT billing and coding requirements and include payment and adjustment codes as reported on the TPL EOB. Keep documentation on file explaining the different billing and coding requirements.

Additional Resources/References

[Minnesota Statutes, Section 256B.0625 Sub. 8d](#)