

STRIDEsm (HMO) MEDICARE ADVANTAGE**Effective Date: January 1, 2017****Subject: Home Infusion Therapy (HIT) Services****Policy:**

Harvard Pilgrim StrideSM (HMO) Medicare Advantage covers Home Infusion Therapy services (including associated pumps, equipment, supplies, and professional services) that are reasonable, medically necessary, and prescribed for eligible members whose condition cannot be treated effectively by oral medications.¹

Covered HIT services must be:

- Reasonable and medically necessary based on the member's condition, complexity of requested service(s), and accepted standards of clinical practice;
- An essential part of active treatment of the member's medical condition, and ordered under a plan of care established and reviewed regularly by the attending physician caring for the member; and
- Furnished by provider(s) with appropriate state licensure, and accreditation/certification from an appropriate accrediting organization.²

Authorization:

Prior authorization from Harvard Pilgrim StrideSM (HMO) Medicare Advantage is required for all HIT services.

Additional review is required to evaluate the medical necessity and clinical appropriateness of the following medical benefit drugs³:

¹ Most infusion therapy drug is administered intravenously, but there may be situations where drugs are provided through other non-oral routes (e.g., intramuscular injections, epidural administration).

² Appropriate accrediting organizations include the Joint Commission for the Accreditation of Healthcare Organizations (JCAHO), or another Centers for Medicare and Medicaid Services (CMS) Approved Accrediting Organization.

³ Medical benefit drugs are FDA-approved non-experimental medications that are typically administered (e.g., intravenously, by injection) by a clinician, and cannot be safely self-administered by the member without specialized patient education and training.

Medical Review Criteria**Home Infusion Therapy Services****Page 1 of 6**

Harvard Pilgrim StrideSM (HMO) policies are based on medical science and relevant information including current Medicare coverage (including National and Local Coverage Determinations), Harvard Pilgrim medical policies, and Harvard Pilgrim StrideSM (HMO) Medicare Advantage Plan materials. These policies are intended to provide benefit coverage information and guidelines specific to the Harvard Pilgrim StrideSM (HMO) Medicare Advantage Plan. Providers are responsible for reviewing the CMS Medicare Coverage Center guidance; in the event that there is a conflict between this document and the CMS Medicare Coverage Center guidance, the CMS Medicare Coverage Center guidance will control.

- Antiemetics including Aloxi® (palonosetron HCl injection), Anzemet® (dolasetron mesylate) and Emend® (fosaprepitant dimeglumine)
- IV Antibiotics for treatment of Lyme/Tick-Borne Diseases
- Orencia® (abatacept)
- Remicade® (infliximab)
- Rituxan® (rituximab)
- Stelara™ (ustekinumab) Yervoy (ipilimumab)

Note: Criteria used to review/authorize drugs listed above can be accessed under Medical Management on Harvard Pilgrim's Provider site.

Criteria:

Home Infusion Therapy services may be authorized when Harvard Pilgrim StrideSM (HMO) Medicare Advantage determines ALL criteria below are met:

1. Administration of the requested drug is:
 - a. Ordered by the attending physician;
 - b. Reasonable and medically necessary for the member's condition⁴; and
 - c. An essential part of the active treatment plan developed by the physician caring for the member.
2. The home setting provides a safe, effective, and less costly alternative to inpatient (e.g., in a hospital, LTAC, or SNF) or outpatient settings;
3. Skilled infusion nurses (provided directly by the infusion pharmacy, or by an affiliated contracted home health agency) provide timely evaluation/assessment of the patient, appropriate patient education and training⁵, and monitoring of the patient's clinical status and response to treatment;
4. Requested services are medically necessary to achieve defined medical goals, and expected to improve the patient's condition in a reasonable (and generally predictable) period of time.

Exclusions:

⁴ Drug-specific criteria must be met before medical benefit drugs listed above are authorized.

⁵ When possible, using the education and training provided, the patient and/or caregiver may be expected to successfully administer the infusion therapy without requiring the presence of the infusion nurse in the home.

Medical Review Criteria

Home Infusion Therapy Services

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Harvard Pilgrim StrideSM (HMO) Medicare Advantage does not cover HIT services when criteria above are not met.

In addition, Harvard Pilgrim StrideSM (HMO) Medicare Advantage does not cover:

- Medical benefit drugs listed above when relevant drug-specific criteria are not met
- Private duty nursing or block nursing services

Coding: Codes are listed below for informational purposes only, and do not guarantee member coverage or provider reimbursement. The list may not be all-inclusive.

CPT® Code	Description
96360	Intravenous infusion, hydration; initial, 31 minutes to 1 hour
96361	Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure)
96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour
96366	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)
96367	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour (List separately in addition to code for primary procedure)
96368	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (List separately in addition to code for primary procedure)
96369	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); initial, up to 1 hour, including pump set-up and establishment of subcutaneous infusion site(s)
96370	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)
96371	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); additional pump set-up with establishment of new subcutaneous infusion site(s) (List separately in addition to code for primary procedure)
96372	Therapeutic, prophylactic or diagnostic injection (specify substance or drug); subcutaneous or intramuscular
96374	Therapeutic, prophylactic or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug
96375	Therapeutic, prophylactic or diagnostic injection (specify substance or drug);

Medical Review Criteria

Home Infusion Therapy Services

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CPT® Code	Description
	each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure)
96379	Unlisted therapeutic, prophylactic or diagnostic intravenous or intra-arterial injection or infusion
96401	Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic
96402	Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic
96405	Chemotherapy administration; intralesional, up to and including 7 lesions
96406	Chemotherapy administration; intralesional, more than 7 lesions
96409	Chemotherapy administration; intravenous, push technique, single or initial substance/drug
96411	Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)
96413	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug
96415	Chemotherapy administration, intravenous infusion technique; each additional hour (List separately in addition to code for primary procedure)
96416	Chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump
96417	Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour (List separately in addition to code for primary procedure)
96422	Chemotherapy administration, intra-arterial; infusion technique, up to 1 hour
96423	Chemotherapy administration, intra-arterial; infusion technique, each additional hour (List separately in addition to code for primary procedure)
96425	Chemotherapy administration, intra-arterial; infusion technique, initiation of prolonged infusion (more than 8 hours), requiring the use of a portable or implantable pump
96446	Chemotherapy administration into the peritoneal cavity via indwelling port or catheter
96521	Refilling and maintenance of portable pump

Medical Review Criteria

Home Infusion Therapy Services

Page 4 of 6

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CPT® Code	Description
96522	Refilling and maintenance of implantable pump or reservoir for drug delivery, systemic (e.g., intravenous, intra-arterial)
96523	Irrigation of implanted venous access device for drug delivery systems
96542	Chemotherapy injection, subarachnoid or intraventricular via subcutaneous reservoir, single or multiple agents
96549	Unlisted chemotherapy procedure
99601	Home infusion/visit, 2 hours
99602	Home infusion, each additional hour
E0781	Ambulatory infusion pump, single or multi channels, electric or battery op, worn by pt

Approved by UMCP: 9/28/16

- Revised: 8/24/16
- Initiated: 1/1/16

Summary of Changes

Date	Revision
9/28/16	Delete HCPCS S0077 (non-billable code).
8/24/16	Annual review. Minor language and formatting changes.

References:

1. Code of Federal Regulations: Title 42 - Public Health Chapter IV - CENTERS FOR MEDICARE & MEDICAID SERVICES- DEPARTMENT OF HEALTH AND HUMAN SERVICES, Subchapter B - MEDICARE PROGRAM, Part 410 SUPPLEMENTARY MEDICAL INSURANCE (SMI) Benefits, Subpart C - Home Health Services Under SMI
2. Medicare Benefit Policy Manual; Chapter 7- Home Health Services (Rev. 208, 05-11-15)
3. Medicare Benefit Policy Manual; Chapter 15- Drugs and Biologicals-Reasonableness and Necessity, (Rev. 203,02-13-15), (Rev. 206, 02-13-15)
4. CMS NCD 280.14 Infusion Pumps (accessed 8/3/16)
5. CMS LCD L33794 External Infusion Pumps (accessed 8/3/16)

Summary of Changes

Date	Change
12/15/15	Update coding profile (add 99601, 99602).
4/13/16	Update coding profile (delete S codes). Minor language changes.
8/24/16	Annual review/update. Updated references. Minor language changes.

Medical Review Criteria

Home Infusion Therapy Services

Page 5 of 6

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Date	Change
9/28/16	Delete CPT codes (96373, 96440) not relevant to Home Infusion Therapy.

Medical Review Criteria

Home Infusion Therapy Services

Page 6 of 6

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