# Payment Policies

## Home Infusion Therapy

### Policy

Harvard Pilgrim 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, as determined by a Harvard Pilgrim nurse care manager or a participating Harvard Pilgrim clinician.

### Policy Definition

*Home Infusion Therapy* is defined as high technology services, including, but not limited to, line care, chemotherapy, pain management infusion, antibiotic, antiviral or antifungal therapy.

### Prerequisite(s)

Applicable Harvard Pilgrim referral, notification and authorization policies and procedures apply. Refer to *Referral, Notification and Authorization* for more information.

#### HMO/POS/PPO

Prior authorization is required for home infusion therapy services including nursing care, drugs, and biologicals. Refer to *Home Health Care Authorization* for specific requirements.

#### Open Access HMO and POS

For *Open Access HMO and Open Access POS* products, no referral is required to see a contracted specialist.

### Harvard Pilgrim Reimburses

#### HMO/POS/PPO

Harvard Pilgrim 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

Harvard Pilgrim 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 Harvard Pilgrim’s drug fee schedule
  - Reimbursement for listed and unlisted drugs will not exceed Harvard Pilgrim’s drug fee schedule allowables
  - Harvard Pilgrim’s drug fee schedule is periodically updated based on Average Sale Price (ASP), Average Wholesale Price (AWP), *Harvard Pilgrim Specialty Pharmacy Program*, or Medicare.

For home infusion therapy services provided in conjunction with home hospice services, refer to *Hospice Care* for reimbursement information.

### Treatment of Lyme Disease

When medically necessary, Harvard Pilgrim reimburses up to four weeks of intramuscular or intravenous antibiotics for the treatment of Lyme disease. Requests for antibiotic therapy beyond the four-week guideline are subject to medical...
necessity review and may be denied; any claims paid in excess of the four-week guideline may be retracted in a post payment audit, with the provider liable. Please see our [Medical Review Criteria](#) for further information regarding the authorization request process.

**Member Cost-Sharing**

Services subject to applicable member out-of-pocket cost (e.g., co-payment, coinsurance, deductible).

**Provider Billing Guidelines and Documentation**

**Coding**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>E0781</td>
<td>Ambulatory infusion pump, single or multi channels, electric or battery op, worn by pt</td>
<td>Reimbursed for office initiated chemotherapy treatment only. Not reimbursed separately for home infusion services.</td>
</tr>
<tr>
<td>S9379</td>
<td>Home infusion therapy, infusion therapy, not otherwise classified; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem</td>
<td>Documentation required with claim. Should only be billed for a service or procedure that does not have a valid specific therapy code available and should only be billed if the actual medication is infused separately from any other service being provided on the same date of service.</td>
</tr>
</tbody>
</table>

**Other Information**

- Bill home infusion therapy services using industry standard HCPCS coding.
- DME that is not related to infusion therapy must be billed separately from infusion services and must be provided by a contracted DME provider.
- Bill for drugs, formula, and other biologicals with the HCPCS code that most accurately describes the dosage administered to the member that day.
- For multiple dates of service report a separate line for each date of service with the applicable procedure code(s) and the number of units.

**Unlisted Drugs**

Bill unlisted J codes as follows:

- **Electronic claim submitters**
  
  837P — Report the unlisted J code in the SV101-2, loop 2400 and the NDC Number with N4 qualifier in the LIN segment, loop 2410. When reporting NDC the CTP segment is required — both CTP04 (NDC count) and CTP05 (unit of measure).
  
  837I — Report the unlisted J code in the SV202-2, loop 2400 and the NDC Number with N4 qualifier in the LIN segment, loop 2410. When reporting NDC in LIN segment the CTP segment is required — both CTP04 (NDC count) and CTP05 (unit of measure).

- **Paper claim submitters**
  
  CMS-1500 form: Report the unlisted J code in 24D and units in 24G. To report NDC: In shade area of the line-item field (24A-24G), enter the N4 qualifier immediately followed by 11-digit NDC number — left justified, enter 1 space then qualifier for dispensing unit of measure followed by quantity.
  
  UB-04 form: Report the unlisted J code in Form Locator 44 and units in Form Locator 46. To report NDC: In Form Locator 43 enter the N4 qualifier immediately followed by 11-digit NDC number without hyphens — left justified. NDC will be followed immediately by the qualifier for dispensing unit of measure followed by quantity.

**Related Policies**

- [Claims Submission Guidelines](#)
- [Durable Medical Equipment (DME) Payment Policy](#)
- [Formulas and Enteral Nutrition Medical Review Criteria](#)
- [Home Health Care Authorization](#)
- [Home Health Care Payment Policy](#)
- [Hospice Care Payment Policy](#)
- [Interim Billing Payment Policy](#)
- [Pedi/Adult Formula Review Request Form](#)
- [Medical Drug Prior Authorization (CVS Health-Novologix)](#)
- [Prior Authorization Policy](#)
- [Unlisted and Unspecified Procedure Codes Payment Policy](#)
This policy applies to the products of Harvard Pilgrim Health Care and its affiliates—Harvard Pilgrim Health Care of Connecticut, Harvard Pilgrim Health Care of New England, and HPHC Insurance Company—for services performed by contracted providers. Payment is based on member benefits and eligibility, medical necessity review, where applicable, and provider contractual agreement. Payment for covered services rendered by contracted providers will be reimbursed at the lesser of charges or the contracted rate. (Does not apply to inpatient per diem, DRG, or case rates.) HPHC reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated annually. Always use the most recent CPT and HCPCS coding guidelines.

The table may not include all provider claim codes related to home infusion therapy.