

INFUSION DRUG THERAPY DELIVERED IN THE HOME

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AUTHORITY: [32 CFR 199.2](#) and [32 CFR 199.6\(f\)](#)

I. CPT¹ PROCEDURE CODES

99601, 99602

II. HCPCS CODE

S9430

III. BACKGROUND

A. [32 CFR 199.2](#) defines appropriate medical care as:

1. Services performed in connection with the diagnosis or treatment of disease or injury, pregnancy, mental disorder, or well-baby care which are in keeping with the generally accepted norms for medical practice in the United States;

2. The authorized individual professional provider rendering the medical care is qualified to perform such medical services by reason of his or her training and education and is licensed or certified by the state where the service is rendered or appropriate national organization or otherwise meets CHAMPUS standards; and

3. The services are furnished economically. For purposes of this part, "economically" means that the services are furnished in the least expensive level of care or medical environment adequate to provide the required medical care regardless of whether or not that level of care is covered by CHAMPUS.

B. [32 CFR 199.2](#) defines homebound as:

A beneficiary's condition is such that there exists a normal inability to leave home and, consequently, leaving home would require considerable and taxing effort. Any absence of an individual from the home attributable to the need to receive health care treatment--including regular absences for the purpose of participating in therapeutic, psychosocial, or medical treatment in an adult day-care program that is licensed or certified by a state, or accredited to furnish adult day-care services in the--state shall not disqualify an individual

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from being considered to be confined to his home. Any other absence of an individual from the home shall not disqualify an individual if the absence is infrequent or of relatively short duration. For purposes of the preceding sentence, any absence for the purpose of attending a religious service shall be deemed to be an absence of infrequent or short duration. Also, absences from the home for non-medical purposes, such as an occasional trip to the barber, a walk around the block or a drive, would not necessarily negate the beneficiary's homebound status if the absences are undertaken on an infrequent basis and are of relatively short duration. An exception is made to the above homebound definitional criteria for beneficiaries under the age of 18 and those receiving maternity care. The only homebound criteria for these special beneficiary categories is written certification from a physician attesting to the fact that leaving the home would place the beneficiary at medical risk. In addition to the above, absences, whether regular or infrequent, from the beneficiary's primary residence for the purpose of attending an educational program in a public or private school that is licensed and/or certified by a state, shall not negate the beneficiary's homebound status.

C. In addition to infusion therapy provided in the home, infusion therapy may also be provided in alternative settings which include hospital outpatient departments, ambulatory infusion suites, physician's offices, or in inpatient settings.

IV. DESCRIPTION

Infusion therapy delivered in the home may include:

- A. Skilled nursing services to administer the drug;
- B. The drug and associated compounding services; and
- C. Medical supplies and Durable Medical Equipment (DME).

V. POLICY

Coverage may be extended for infusion therapy delivered in the home when preauthorized by the Managed Care Support Contractor (MCSC). Preauthorization shall be required when:

- A. Homebound Beneficiaries.

Contractors shall ensure the following criteria are met for homebound beneficiaries receiving Home Health Care (HHC) under a Plan of Care (POC) as described in the TRICARE Reimbursement Manual (TRM), [Chapter 12](#):

1. Homebound beneficiaries who require skilled services (e.g., skilled nursing) for administration of a home infusion drug must receive those skilled services from a Home Health Agency (HHA), in accordance with the policy described in the TRM, [Chapter 12](#). See TRM [Chapter 2, Addendum A](#) for beneficiary cost shares for HHC services. See TRM [Chapter 12, Section 2, Figure 12-2-1](#) for beneficiary cost-shares for services reimbursed outside the Home Health Agency Prospective Payment System (HHA PPS) when receiving home health services under a POC.

2. Homebound beneficiaries who desire to self-administer (or have a caregiver administer) an infusion drug obtained from a TRICARE authorized pharmacy under the TPharm contract may do so when a physician or other authorized individual professional provider certifies that self-administration is medically appropriate. Physician or other authorized individual professional provider certification that self-administration is medically appropriate will be noted in the patient's POC described in the TRM, [Chapter 12](#) or in the medical record.

3. The MCSC shall be responsible for beneficiary and provider education on cost-share requirements associated with infusion therapy provided in the home and cost-sharing advantages of self-administration, if self-administration is medically appropriate. See TRM, [Chapter 2, Addendum A](#) for beneficiary cost-shares for HHC services. See TRM, [Chapter 2, Addendum B](#) for beneficiary cost-shares for TPharm Benefits Program.

B. Non-Homebound Beneficiaries.

MCSC shall provide preauthorization for non-homebound beneficiaries to receive infusion therapy in the home when:

1. Long-term infusion therapy services are needed (more than five sequential infusions). The MCSC shall preauthorize infusion therapy in the home when all of the following criteria are met:

a. Individual Professional Provider Certification.

The attending physician certifies that the non-homebound beneficiary (or caregiver, such as a spouse) is capable and willing to learn to self-administer the infusion drug, and that self-administration in the home is medically appropriate; and

b. Skilled Nursing.

The MCSC shall preauthorize up to five sequential skilled nursing visits (CPT² procedure codes 99601 and 99602) by a TRICARE authorized provider to administer and instruct the non-homebound beneficiary or caregiver to self-administer the drug. Additional visits may be authorized when medically necessary and appropriate (i.e., a change in condition requires additional visits). Claims for skilled nursing are the responsibility of the MCSC; and

c. Drug and Compounding Services.

The MCSC shall coordinate and provide a referral to the TPharm for the drug and compounding services. If the drug is available from the TPharm, it must be provided through the TPharm Benefits Program. In the case that the drug is not available through the TPharm, the MCSC shall coordinate provision of the drug through an appropriate TRICARE authorized provider or direct the non-homebound beneficiary to care in an alternative setting; and

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d. Medical Supplies and DME.

The MCSC is responsible for ensuring the beneficiary has a referral to all medically necessary and appropriate services and supplies for infusion therapy in the home, including medical supplies and DME. Claims for medical supplies and DME are the responsibility of the MCSC; and

e. Coordination of Services.

The MCSC shall coordinate delivery of infusion therapy in the home between the referring individual professional provider, the beneficiary, and necessary TRICARE authorized providers to meet the requirement of this policy of delivering care in the most medically appropriate and economical manner.

NOTE: See TRM, [Chapter 2, Addendum A](#) for information on beneficiary cost-shares for services of individual professional providers. See TRM, [Chapter 2, Addendum B](#) for beneficiary cost-shares for TPharm Benefits Program.

2. Short-term (five or fewer) therapy services are needed. If a non-homebound beneficiary requires five or fewer sequential infusions, the MCSC shall preauthorize up to five sequential skilled nursing visits (CPT³ procedure codes 99601 and 99602) to administer the drug. The beneficiary is not required to learn to self-administer. The MCSC will coordinate and provide a referral for the infusion drug, DME and medical supplies in accordance with paragraphs [V.B.1.c.](#), [V.B.1.d.](#), and [V.B.1.e.](#)

C. See [Section 6.1](#) for coverage and policy related to medical supplies, [Section 2.1](#) for coverage and policy related to DME, and [Section 5.1](#) for coverage and policy related to medical devices.

D. **In cases where the drug is not available from TPharm, or the beneficiary is not required to use TPharm to obtain the drug,** see the TRM, [Chapter 3, Section 7](#) for information on the processing and payment of home infusion claims for home-based services provided by Corporate Service Providers (CSPs), and the TRM, [Chapter 1, Section 15](#) for information on legend drugs and insulin reimbursement.

E. See [Section 9.1](#) for information on the Pharmacy Benefits Program.

F. Provider payments are reduced for the failure to comply with the preauthorization requirements in this section. See TRM, [Chapter 1, Section 28](#).

VI. EXCEPTIONS

In the event that a non-homebound beneficiary:

A. **Is unable or unwilling to learn to self-administer and requires skilled services to administer the infusion drug;**

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TRICARE POLICY MANUAL 6010.54-M, AUGUST 1, 2002

CHAPTER 8, SECTION 20.1

INFUSION DRUG THERAPY DELIVERED IN THE HOME

B. Requires long-term infusion therapy; and

C. Infusion therapy in the home is requested and is medically appropriate, the MCSC shall preauthorize infusion therapy in the home when it is determined that infusion in the home setting, provided in the same manner as described in [paragraph V.B.2.](#) without the limit of five visits, is less costly to the government than infusion in an alternative setting.

VII. EXCLUSIONS

A. "S" codes, except those described in [Chapter 1, Section 17.1.](#)

B. Long-term infusion therapy in the home for non-homebound beneficiaries who are unwilling to learn to self-administer.

C. TRICARE dual-eligible beneficiaries are not subject to the requirements in this policy.

D. TRICARE Overseas Program (TOP) beneficiaries are not subject to the requirements of this policy.

E. Beneficiaries with Other Health Insurance (OHI), where TRICARE is not the primary payor, are not subject to the requirements of this policy.

- END -

