

Home Infusion Therapy

Applies to Iowa and South Dakota:

Blue Medicare Advantage PPO, Blue Medicare Advantage Enhanced PPO,
Blue Medicare Advantage PPO | Avera, and Blue Medicare Advantage Valor PPO



Wellmark Advantage Health Plan, Inc. is an independent licensee of the Blue Cross and Blue Shield Association.

Home Infusion Therapy

Home Infusion therapy involves the intravenous or subcutaneous administration of drugs or biologicals to an individual. It is the continuous flow administration of controlled drug, nutrient, antibiotic or other fluid into a vein or other tissue on a daily, weekly, or monthly basis, depending on the condition and type of therapy being treated.

Original Medicare

Original Medicare cover home infusion therapy services under Part A, Part B and Part D benefit provisions. These benefit provisions include drugs, parenteral nutrition solutions, durable medical equipment, supplies, and home health services.

Coverage criteria for infusion services, including drugs, durable medical equipment and supplies are based on national coverage determinations mandated by the Centers for Medicare & Medicaid Services and local coverage determinations established by Durable Medical Equipment Medicare Administrative Contractors. Home health services, including those related to home infusion therapy, are available when the Medicare beneficiary:

- Is confined to the home
- Is under the care of a physician
- Is receiving services under a plan of care established and periodically reviewed by a physician
- Needs skilled nursing care on an intermittent basis or physical therapy or speech–language pathology
- Has a continuing need for occupational therapy

Home infusion therapy coverage under Original Medicare is limited and subject to specific coverage criteria.

Wellmark Advantage Health Plan PPO Enhanced Benefits

Wellmark Advantage Health Plans (WAHP) are Medicare Advantage plans, which provides at least the same level of benefit coverage as Original Medicare (Part A and Part B) and may provide enhanced benefits beyond the scope of Original Medicare. This flexibility allows WAHP to offer enriched plans by using Original Medicare as the base program and adding desired benefit options. Since Original Medicare has very limited coverage for home infusion therapy, enhanced coverage is provided by WAHP. Coverage for enhanced home infusion therapy service components is provided as the member's condition dictates and consistent with Original Medicare benefits.

The enhanced home infusion therapy benefit provides coverage whether the patient is confined in home or not or the Original Medicare coverage criteria aren't met. The patient's medical records must reflect the need for the care provided. The documentation must be available to WAHP upon request.

Coverage is available when the infusion therapy is:

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<https://www.WellmarkAdvantageHealthPlan.com>

- Prescribed by a physician within his or her scope of practice to:
 - Manage an incurable or chronic condition
 - Treat a condition that requires acute care if it can be managed safely at home
- Certified by the physician as medically necessary for the treatment of the condition
- Appropriate for use in the patient's home
- Medical IV therapy, injectable therapy, or total parenteral nutrition therapy
- Nursing visits
- Durable medical equipment (DME), medical supplies and solutions
- Catheter care
- Injectable therapy
- Drugs

Conditions for Payment

The following codes are to be considered medically necessary when applicable criteria have been met.

Conditions for Payment	
Eligible provider	Home Infusion therapy providers
Payable location	Home, Home infusion suite
Frequency	As Medically necessary
DME/CPT/HCPCS codes	Services that meet Original Medicare coverage criteria
Enhanced DME/CPT/HCPCS codes	99601, 99602, S5497, S5498, S5501, S5502, S5517, S5518, S5520, S5521, S5522, S5523, S9329, S9330, S9331, S9336, S9338, S9345, S9346, S9347, S9348, S9351, S9353, S9355, S9357, S9359, S9361, S9363, S9370, S9372, S9373, S9374, S9375, S9376, S9377, S9379, S9490, S9494, S9497, S9500, S9501, S9502, S9503, S9504, S9542, S9590
Diagnosis restrictions	Consistent with Original Medicare
Modifiers	As needed
Prior Authorization	Not required
Age restrictions	Consistent with Original Medicare

Reimbursement

WAHP Providers who have signed an Enhanced Home Infusion Therapy reimbursement agreement will be paid based on WAHP contracted agreed amounts. Medicare eligible providers who have not signed an Enhanced Home Infusion Therapy agreement will be paid based on WAHP Enhanced Benefit Fee Schedule. This represents payment in full and providers are not allowed to balance bill the member for the difference between the allowed amount and the charge.

Member Cost Sharing

Wellmark Advantage Health Plan (WAHP) providers should collect the applicable cost sharing from the member at the time of the service when possible. Cost sharing refers to a flat-dollar copayment, percent, or deductible. Providers can only collect the appropriate WAHP cost sharing amount from the member. Reference your Evidence of Coverage (EOC) or Summary of Benefits (SOB) for specific cost share amounts.

If the member elects to receive a non-covered service, he or she is responsible for the entire charge associated with the non-covered service.

To verify member eligibility, benefits, and cost share, go to the Wellmark Advantage Health Plan Blue Medicare Advantage secure website at www.WellmarkAdvantageHealthPlan.com or call Provider Inquiry **1-855-716-2556 (TTY:711)**.

Billing Instructions for Providers

- Bill services on the CMS-1450 (UB-04), or 837 equivalent claim form.
- Use the Wellmark Advantage Health Plan unique billing requirements.
- Report CPT/HCPCS/Revenue codes and diagnosis codes to the highest level of specificity.
- Report your National Provider Identifier and Taxonomy numbers on all claims.
- Use electronic billing.
- Submit claims to:

Wellmark Advantage Health Plan
Station 1E238
PO Box 9291
Des Moines, IA 50306

Revision History

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