



# *Home Infusion Therapy Services*

*Medicaid and Other Medical  
Assistance Programs*

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**My NPI:**

# Covered Services

## General Coverage Principles

This chapter provides covered services information that applies specifically to services provided by home infusion therapy providers. Like all health care services received by Medicaid clients, services rendered by these providers must also meet the general requirements listed in the *General Information for Providers* manual, *Provider Requirements* chapter. Home infusion therapy services are covered for clients with Basic Medicaid coverage (see the *Medicaid Covered Services* chapter of the *General Information for Providers* manual).

Home infusion therapy is a comprehensive treatment program of pharmaceutical products and clinical support services provided to clients who are living in their home, a nursing facility, or any setting other than a hospital. A physician's authorization (prescription) for home infusion therapy allows Medicaid clients to avoid or leave the hospital care setting and receive medical care at home. Under the guidance of the client's physician, the licensed home infusion therapy provider develops and implements a treatment program to meet the particular requirements of the client.

### ***Services within scope of practice (ARM 37.85.401)***

Services are covered only when they are within the scope of the provider's license.

### ***Licensing (ARM 37.86.1502 and 37.85.402)***

Home infusion therapy providers must be licensed under Montana's health care service licensing laws. To obtain licensing requirements and procedures, contact the DPHHS Health Care Facility Licensure Bureau (see *Key Contacts*). Providers must be enrolled with Montana Medicaid as home infusion therapy providers. Providers who are also providing nursing services must enroll with Montana Medicaid as a nursing services provider.

### ***Services for children (ARM 37.86.2201 – 2221)***

The Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT) is a comprehensive approach to health care for Medicaid clients ages 20 and under. It is designed to prevent, identify, and then treat health problems before they become disabling. Under EPSDT, Medicaid eligible children may receive any medically necessary covered service, including all home infusion therapy services described in this manual. All applicable PASSPORT To Health and prior authorization requirements apply.

## Non-Covered Services (ARM 37.85.207)

Medicaid does not cover the following services:

- Medications which can be appropriately administered orally, through intramuscular or subcutaneous injection, or through inhalation
- Drug products that are not FDA approved or whose use in the non-hospital setting present an unreasonable health risk to the client
- Services provided to Medicaid clients who are absent from the state, with the following exceptions:
  - Medical emergency
  - Required medical services are not available in Montana. Prior authorization may be required; see the *PASSPORT and Prior Authorization* chapter in this manual.
  - If the Department has determined that the general practice for clients in a particular area of Montana is to use providers in another state
  - When out-of-state medical services and all related expenses are less costly than in-state services
  - When Montana makes adoption assistance or foster care maintenance payments for a client who is a child residing in another state

### ***Verifying coverage***

The easiest way to verify coverage for a specific service is to check the Department's fee schedule for your provider type. In addition to being listed on the fee schedule, all services provided must also meet the coverage criteria listed in this chapter and in the *General Information For Providers* manual, *Provider Requirements* chapter. Use the current fee schedule in conjunction with the more detailed coding descriptions listed in the current CPT-4 and HCPCS Level II coding books. Take care to use the fee schedule and coding books that pertain to the date of service.

Current fee schedules are available on the *Provider Information* web\ site, disk, or hardcopy. For disk or hard copy, contact Provider Relations (see *Key Contacts*).

## Items Included in the Medicaid Rate

The following products and services are included in Medicaid's per diem rate for home infusion therapy services. These items may not be billed separately to Medicaid.

- All business, overhead and operational expenses
- Home infusion therapy agency staff service
  - Case management activities including coordination of treatment with other health care providers
  - Coordination of benefits, care and services



The Department determines which therapies are allowed as home infusion therapy services in consultation with the Department's Drug Use Review Board.