

<b>TITLE:</b>	HOME INFUSION THERAPY POLICY AND PROCEDURE
<b>POLICY #:</b>	MM-PNP-004
<b>VERSION #:</b>	02
<b>DEPARTMENT:</b>	MEDICAL MANAGEMENT
<b>ORIGINAL EFFECTIVE DATE:</b>	06/01/2022
<b>CURRENT REVISION DATE:</b>	02/06/2023

## 1. PURPOSE

To ensure consistency and compliance regarding the implementation of the policy, procedure, and training of utilization review staff for Home Infusion Therapy. Curative will follow this Policy and Procedure and will ensure that any delegated entities will also adhere.

## 2. SCOPE

Describe the department and personnel responsible for performing the policy.

## 3. DEFINITIONS

Include any applicable definitions for this policy. Enter definitions and acronyms in alphabetical order in the above table. Ensure that definitions and acronyms are consistent across documents.

### 3.1. TERM - Definition

## 4. POLICY

Curative will provide coverage for Home Infusion Therapy when it is determined to be medically necessary because the medical criteria and guidelines shown below are met.

Home infusion therapy is the administration of prescription legend drugs

- through intravenous, intraspinal, epidural, or subcutaneous routes,
- under a plan prescribed by a physician, and
- determined by the Plan to be medically necessary, and
- supervised by a qualified health care professional,
- to a member in a place of temporary or permanent residence that is used as their home, excluding a hospital, skilled nursing facility, clinic settings, infusion suites and/or physician's offices.

Home infusion drugs are often not readily available through standard pharmacies and are frequently high cost. Most are obtained through hospital pharmacies, licensed home infusion agencies, or mail-order discount drug supply companies which can express delivery of the drugs directly to the patient's home.

### Limitations and exclusions:

Noted in the What the Plan Covers section of the Benefit Booklet, Curative Plan does not cover the following medical expenses: (Please refer to number #23 under the Limitation and exclusions section)

- **Home Infusion Therapy** is not covered unless those services would be routinely provided in a facility.

## 5. PROCEDURE

### 5.1. When Home Infusion Therapy Services are covered:

Home infusion services are medically necessary when they meet all of the following criteria:

- 5.1.1. Infusion services must be prescribed by a provider who has a current DEA (Drug Enforcement Agency) licensure as part of a treatment plan for a covered medical condition; **And**
- 5.1.2. The drug must be medically necessary to treat a member's medical condition and be covered under the member's policy. Home infusion services to administer an investigational or an otherwise excluded drug are non-covered; **And**
- 5.1.3. Administration of the drug via infusion must be medically necessary. Home infusion services for drugs which can be administered orally, topically, or self-injected and achieve the same or equivalent therapeutic effect are not medically necessary; **And**
- 5.1.4. Administration in the home must be safe and medically appropriate. Drugs which are hazardous and require extensive monitoring should be administered in a facility which has appropriate provisions for acute intervention; **And**
- 5.1.5. Administration in the home must be cost-effective. Each case should be evaluated in light of the total number of home health services being requested. Some patients may require multiple services which can be more cost-effectively delivered in a facility (inpatient or outpatient) or in a physician's office.

Home infusion drugs that are considered medically necessary may fall into several categories:

**5.2. Self Infusion**

These drugs do not require nursing supervision in the home but can be administered by the patient and/or family.

**5.3. Limited Nursing Supervision**

Some drugs require supervision by a nurse for initiation of therapy, but the patient and/or family can be trained in administration. Intermittent home health visits may be required to monitor the patient on an ongoing basis. Drugs in this category are included, but not limited to:

- 5.4. IV hydration therapy for patients with hyperemesis gravidarum (in lieu of hospitalization), or for rehydration of a chronically ill patient maintained at home. IV hydration provided as part of a continuous administration of an IV drug (e.g., anti-emetic) is considered an integral part of the drug treatment and additional reimbursement is not allowed.
- 5.5. Total parenteral nutrition (TPN)
- 5.6. Home infusion pain management in chronic disease states such as cancer, AIDS, or other end stage disease.

**C. Intensive Nursing Supervision**

These services require continuous monitoring for adverse reactions and /or the presence of a nurse in the home until the infusion is complete. Due to the risk of adverse consequence, a letter of medical necessity is required from the treating physician which includes a statement that home administration is appropriate for the following but not limited to examples:

- IV Amphotericin B in chronically ill patients
- Blood transfusion, usually in terminal adult patients requiring chronic/frequent transfusion
- IV Dobutamine therapy for patients awaiting cardiac transplant or with end-stage cardiac disease.

When medical necessity requirements for home infusion therapy have been met, Nursing visits may be allowed as follows:

**5.7. Low intensity**

- 5.7.1. One training visit and nursing visits of up to 2 hours per week for IV antibiotics, home TPN administered via peripheral line.
- 5.7.2. One training visit and up to 4 hours of nursing visits per week for IV Chemotherapy, IV hydration, Home TPN administered via central line.

**5.8. High intensity**

- 5.8.1. One time visit with prolonged nursing supervision:
- 5.8.2. Blood transfusion, up to four hours
- 5.8.3. IV aminophylline

**5.9. Daily visits by RN up to 2 hours: IV dobutamine**

**Requests for other or additional nursing services should be reviewed on an individual basis.**

**External infusion pumps** may be considered medically necessary under the following conditions:

- A prolonged infusion (at least 8 hours) is medically necessary, or the drug must be infused at a controlled rate to avoid toxicity and other means of accomplishing this are not acceptable. Drugs for which a pump may be considered medically necessary include Acyclovir, 5-FU, Foscarnet, Amphotericin B, Vancomycin, and Ganciclovir. Requests for pumps for other drugs should be reviewed on an individual basis.
- Pediatric requests should be reviewed on an individual basis, with consideration of volume of infusate versus body surface area.

**When Home Infusion Therapy Services are not covered:**

- 5.10.** When the medical criteria and guidelines listed above the “When Home Infusion Services are Covered” section are not met.
- 5.11.** When the infusion services are not prescribed by a provider who has a current DEA licensure as part of a treatment plan for a covered medical condition.
- 5.12.** When the drug is not medically necessary to treat a member's medical condition and/or is not covered under the member's policy. Home infusion services to administer an investigation or an otherwise excluded drug are non-covered.
- 5.13.** When the administration of the drug via infusion is not medically necessary. Home infusion services for drugs which can be administered orally, topically, or self-injected and achieve the same or equivalent therapeutic effect are not medically necessary.
- 5.14.** When administration in the home is not safe and medically appropriate. Drugs which are hazardous and require extensive monitoring should be administered in a facility which has appropriate provisions for acute intervention.
- 5.15.** When administration in the home is not cost-effective. Each case should be evaluated in light of the total number of home health services being requested. Some patients may require multiple services which can be more cost-effectively delivered in a facility (inpatient or outpatient) or in a physician's office.
- 5.16.** Anticoagulants. Home IV infusion of heparin for thromboembolic disease is considered investigational. IV heparin or other anticoagulants used for line maintenance are considered an integral part of home infusion services and additional reimbursement is not allowed. Self-administered subcutaneous heparin or enoxaparin (Lovenox) injections do not require limited nursing services.

- 5.17.** IV chemotherapy. Home administration of chemotherapy infused at a frequency of once daily or less and which requires direct nursing supervision is not appropriate. (This service may be delivered in an Outpatient Clinic or Physician's Office.)
- 5.18.** Short term IV pain management postoperatively or for acute episodes of pain (such as following a tonsillectomy) is not medically necessary in the home. (Patients should be weaned from IV infusion prior to discharge from a facility.)

**Guidelines**

- Non-prescription Legend Drugs or other services non-covered by the plan remain non-covered regardless if provided by a home infusion company.
- Charges for routinely included supplies such as gauze, infusion sets, needles, cassettes, tape, cleansing solutions (betadine, alcohol), heparin and saline flushed, diluents for mixing drugs, and splints are included in the infusion reimbursement.
- Catheter care may be reported separately when used as a stand-alone therapy, or during days not covered under per diem by another therapy. PICC line care will only be allowed as a separate charge if there is no other therapy in the last 30 days in the home.
- Home infusion therapy includes all of the components related to such therapy, such as, but not limited to, nursing services, durable medical equipment, supplies, Prescription and non-Prescription Legend Drugs and solutions, pharmacy compounding and dispensing, specimen collection, patient and family education, delivery of drugs and supplies, and management of emergencies arising from said therapy.

**Applicable Codes:**

The following list(s) of procedure codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code®	Description
99506	Home visit for intramuscular injections
99601	Home infusion/specialty drug administration, per visit (up to 2 hours)
99602	Home infusion/specialty drug administration, per visit (up to 2 hours); each additional hour (List separately in addition to code for primary procedure)

Current Procedural Terminology (CPT) copyrighted by American Medical Association. All Rights Reserved.

HCPSCS	Description
G0068	Professional services for the administration of anti-infective, pain management, chelation, pulmonary hypertension, inotropic, or other intravenous infusion drug or biological (excluding chemotherapy or other highly complex drug or biological) for each infusion drug administration calendar day in the individual's home, each 15 minutes

G0069	Professional services for the administration of subcutaneous immunotherapy or other subcutaneous infusion drug or biological for each infusion drug administration calendar day in the individual's home, each 15 minutes
G0070	Professional services for the administration of intravenous chemotherapy or other intravenous highly complex drug or biological infusion for each infusion drug administration calendar day in the individual's home, each 15 minutes
G0088	Professional services, initial visit, for the administration of anti-infective, pain management, chelation, pulmonary hypertension, inotropic, or other intravenous infusion drug or biological (excluding chemotherapy or other highly complex drug or biological) for each infusion drug administration calendar day in the individual's home, each 15 minutes
G0089	Professional services, initial visit, for the administration of subcutaneous immunotherapy or other subcutaneous infusion drug or biological for each infusion drug administration calendar day in the individual's home, each 15 minutes
G0090	Professional services, initial visit, for the administration of intravenous chemotherapy or other highly complex infusion drug or biological for each infusion drug administration calendar day in the individual's home, each 15 minutes
G0498	Chemotherapy administration, intravenous infusion technique; initiation of infusion in the office/clinic setting using office/clinic pump/supplies, with continuation of the infusion in the community setting (e.g., home, domiciliary, rest home or assisted living) using a portable pump provided by the office/clinic, includes follow up office/clinic visit at the conclusion of the infusion
HCPCS	Description
S9325	Home infusion therapy, pain mgmt infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem
S9326	Home infusion therapy, continuous (24 hrs or more) pain mgmt infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem
S9327	Home infusion therapy, intermittent (less than 24 hrs) pain mgmt infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem

S9328	Home infusion therapy, implanted pump pain mgmt infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem
S9329	Home infusion therapy, chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem (do not use this code with s9330)
S9330	Home infusion therapy, continuous (24 hrs or more) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem
S9331	Home infusion therapy, intermittent (less than 24 hrs) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem
S9335	Home infusion therapy, hemodialysis; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem
S9336	Home infusion therapy, continuous anticoagulant infusion therapy (e.g. heparin), administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem
S9338	Home infusion therapy, immunotherapy, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem
S9339	Home infusion therapy, peritoneal dialysis, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem
S9340	Home infusion therapy, enteral nutrition, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (enteral formula and nursing visits coded separately), per diem
HCPCS	Description
S9341	Home infusion therapy, enteral nutrition via gravity, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (enteral formula and nursing visits

	coded separately), per diem
S9342	Home infusion therapy, enteral nutrition via pump, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (enteral formula and nursing visits coded separately), per diem
S9343	Home infusion therapy, enteral nutrition via bolus, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (enteral formula and nursing visits coded separately), per diem
S9345	Home infusion therapy, antihemophilic agent infusion therapy (e.g. factor viii), administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem
S9346	Home infusion therapy, alpha - 1 -proteinase inhibitor (e.g., prolastin), administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem
S9347	Home infusion therapy, uninterrupted, long -term, controlled rate intravenous or subcutaneous infusion therapy (e.g. epoprostenol); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem
S9348	Home infusion therapy, sympathomimetic/inotropic agent infusion therapy (e.g. dobutamine); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem
S9349	Home infusion therapy, tocolytic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem
S9351	Home infusion therapy, continuous or intermittent antiemetic infusion therapy, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem
S9353	Home infusion therapy, continuous insulin infusion therapy, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem
S9355	Home infusion therapy, chelation therapy, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately),

	per diem
S9357	Home infusion therapy, enzyme replacement intravenous therapy; (e.g. imiglucerase); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem
HCCPS	Description
S9359	Home infusion therapy, anti -tumor necrosis factor intravenous therapy; (e.g. infliximab); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem
S9361	Home infusion therapy, diuretic intravenous therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem
S9363	Home infusion therapy, antispasmodic therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem
S9364	Home infusion therapy, total parenteral nutrition (tpn); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, including standard tpn formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem (do not use with home infusion codes s9365 -s9368 using daily volume scales)
S9365	Home infusion therapy, total parenteral nutrition (tpn); one liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, including standard tpn formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem
S9366	Home infusion therapy, total parenteral nutrition (tpn); more than one liter but no more than two liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, including standard tpn formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem
S9367	Home infusion therapy, total parenteral nutrition (tpn); more than two liters but no more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, including standard tpn formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem



S9368	Home infusion therapy, total parenteral nutrition (tpn); more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, including standard tpn formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem
S9370	Home therapy, intermittent anti -emetic injection therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem
S9372	Home therapy, intermittent anticoagulant injection therapy (e.g. heparin); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem (do not use this code for flushing of infusion devices with heparin to maintain patency )
HCPCS	Description
S9373	Home therapy, intermittent hydration therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem (do not use with hydration therapy codes s9374 -s9377 using daily volume scales)
S9374	Home infusion therapy, hydration therapy; one liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem
S9375	Home infusion therapy, hydration therapy; more than one liter but no more than two liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem
S9376	Home infusion therapy, hydration therapy; more than two liters but no more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem
S9377	Home infusion therapy, hydration therapy; more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem
S9379	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

S9490	Home infusion therapy, corticosteroid infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem
S9494	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem (do not use this code with home infusion codes for hourly dosing schedules s9497 -s9504)
S9497	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 3 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem
S9500	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 24 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem
S9501	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 12 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem
HCPCS	Description
S9502	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 8 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem
S9503	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 6 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem
S9504	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 4 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per die
S9537	Home therapy; hematopoietic hormone injection therapy (e.g. erythropoietin, g -csf, gm -csf); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem
S9538	Home transfusion of blood product(s); administrative services,

	professional pharmacy services, care coordination, and all necessary supplies and equipment, (blood product(s), drugs and nursing visits coded separately), per diem
S9542	Home injectable therapy, not otherwise classified, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem
S9558	Home injectable therapy; growth hormone, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem
S9559	Home injectable therapy; interferon, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem
S9560	Home injectable therapy; hormonal therapy (e.g. leuprolide, goserelin), including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem
S9562	Home injectable therapy; palivizumab, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem
S9590	Home therapy, irrigation therapy (e.g., sterile irrigation of an organ or anatomical cavity); including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem
S9810	Home therapy; professional pharmacy services for provision of infusion, specialty drug administration, and/or disease state management, not otherwise classified, per hour (do not use this code with any per diem code)

### Supply and Equipment Codes:

The following table is a list of commonly seen supply and/or equipment codes and are subject to inclusion as a supply when billed with the Home Infusion S code. Supplies and equipment typically include 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 other necessary supplies for the sale and effective administration of infusion, specialty drug and nutrition therapies.

HCPSC	Description
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A4206 - A8004	Medical and surgical supplies
A4300	Implantable access catheter, (e.g. venous, arterial, epidural subarachnoid, or peritoneal, etc.) External access
A4301	Implantable access total catheter, port/reservoir (e.g., venous, arterial, epidural subarachnoid, or peritoneal, etc.)
A4305	Disposable drug delivery system, flow rate of 50 ml or greater per hour
A4306	Disposable drug delivery system, flow rate of less than 50 ml per hour
A9270	Non-covered item or service
A9900	Miscellaneous dme supply, accessory, and/or service component of another hcpcs code
A9999	Miscellaneous dme supply or accessory, not otherwise classified
E0779	IV Pole
E0779	Ambulatory infusion pump, mechanical, reusable, for infusion less than 8 hours
E0780	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administration equipment worn by patient
E0781	Infusion pump, implantable, non-programmable (includes all components, e.g., pump, catheter, connectors, etc.)
E0782	Infusion pump, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.)
E0783	External ambulatory infusion pump, insulin
E0784	External ambulatory infusion pump, insulin
E0791	Parenteral infusion pump, stationary, single or multi-channel
J1642	Injection, heparin sodium, (heparin lock flush), per 10 units
J7030 - J7060	Iv solutions, separate billing is dependent on whether incidental to a drug infusion (keeping a line open) or whether prescribed for medical condition i.e. hydration. (dependent on concurrent use)

**\*\*Note:** Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the contract language that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and Curative reserves the right to review and revise its medical policies periodically.

## 6. TRAINING REQUIREMENT

- 6.1. All Curative Employees are responsible for reading and comprehending this procedure. Employees are also responsible for contacting management or Privacy and Compliance with any questions or concerns regarding the information contained within this procedure.

## 7. ENFORCEMENT

Violations of this controlled document will cause the imposition of sanctions in accordance with the Curative sanctions controlled document. This may include verbal/written warning, suspension, up to termination of employment or volunteer, intern, contractor status with Curative. Additional civil, criminal and equitable remedies may apply.

## 8. DOCUMENTATION

Provide details regarding any specific documentation required for this policy or to meet any legal or regulatory requirements related to this policy.

## 9. REFERENCE DOCUMENTS AND MATERIALS

### 9.1. Regulatory Authority

- 9.1.1. N/A

### 9.2. Internal - N/A

### 9.3. External -

- 9.3.1. **CMS; National Coverage Determination (NCD):** No NCD reference noted for Home Infusion Therapy. Accessed 5/31/2022
- 9.3.2. **CMS; Local Coverage Determination (LCD):** No LCD reference noted for the state of Texas for Home Infusion Therapy. Accessed 5/31/2022
- 9.3.3. **CMS.gov: White Paper: Home Infusion Therapy Services Benefit Beginning January 2021:** Accessed 5/
- 9.3.4. **H.R.34 - 21st Century Cures Act; Sec. 5012; 114th Congress:** Medicare expanded to include home infusion therapy, including training and monitoring. Accessed 5/31/2022
- 9.3.5. **42 CFR 424.57(c)(12):** Patient training and education not otherwise paid for as DME: Accessed 5/31/2022

## 10. COLLABORATING DEPARTMENTS

- 10.1. Example Department

## 11. DOCUMENT CONTROL

APPROVED BY:		
(Printed Name)	(Date)	(Signature)

REVISION HISTORY			
Date	Author	Version	Comments
			Initial Version

## APPENDICES

Any applicable attachments, resources or other materials should be included as appendices in this section. Label each appendix as follows:

**Appendix A:**