<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guidelines</td>
<td>2</td>
</tr>
<tr>
<td>Coverage</td>
<td>2</td>
</tr>
<tr>
<td>Description</td>
<td>2</td>
</tr>
<tr>
<td>Billing</td>
<td>3</td>
</tr>
<tr>
<td>General Coverage Criteria</td>
<td>5</td>
</tr>
<tr>
<td>Precertification Requirements</td>
<td>6</td>
</tr>
<tr>
<td>Billing Example 1</td>
<td>7</td>
</tr>
<tr>
<td>Billing Example 2</td>
<td>8</td>
</tr>
<tr>
<td>Billing Example 3</td>
<td>9</td>
</tr>
</tbody>
</table>
Guidelines

This document is provided as a supplement to the Blue Cross Blue Shield of Illinois (BCBSIL) Contract Agreement with Home Infusion Therapy (HIT) Providers to familiarize you with BCBSIL policies concerning HIT, particularly billing of services. All HIT Providers are required to abide by these BCBSIL policies and are accountable to deliver services and bill accordingly. Electronic billing of claims is required. In addition, all HIT Providers must be accredited by one of the nationally recognized accreditation organizations (JCAHO, ACHC or CHAP) in order to contract with BCBSIL.

Drugs considered as self injectable are covered under the BCBSI member’s drug prescription card, in most cases, and may not be delivered or billed by the HIT provider.

Many intravenous/injectable therapies will have specific medical necessity criteria in order to be eligible for coverage. All providers are encouraged to review relevant BCBSIL medical policies (found on the BCBSIL Web site at www.bcbsil.com) prior to rendering services. Submitting a request for pre-determination of benefit along with the appropriate medical necessity documentation may also be appropriate.

Coverage

Intravenous (IV) solutions and/or injectable medications may be considered medically necessary if all of the following are met:

1. Prescription drug is FDA approved or meets coverage criteria for off-label use;
2. The provision of services in the home is not primarily for the convenience of the member, the member’s caregivers or the provider;
3. Therapy is managed by a physician; or nursing visits are provided in the home under the direction of a physician; **AND**
4. Treatment can be safely administered in the home.

Description

Home infusion and injectable therapy involves the administration of:

1. Nutrients
2. Medications
3. Solutions

These items may be administered intravenously, intramuscularly, enterally, subcutaneously or epidurally.

Infusion therapy originates with a prescription from a physician who is overseeing the care of the patient and is designed to achieve physician defined beneficial outcomes.
Home Infusion Therapy (cont.)

Description (cont.)

Specific therapies provided may include, but are not limited to:

1. Anti-infectives
2. Blood transfusions
3. Chemotherapy
4. Growth hormone
5. Hydration therapy
6. Immunotherapy
7. Inotropic therapy
8. Pain management
9. Parenteral and enteral nutrition (refer to medical policy: Alternative Modes of Nutrition in the Outpatient and Home Setting)
10. Tocolytic therapy

Billing

All claims must be submitted with the appropriate drug code and units (per the description of the HCPCS code and drug dosage ordered and administered).

Drugs without a valid HCPCS code should be billed using the HCPCS code J3490 with the appropriate NDC number and units ordered and administered.

Physician orders must include:

- Date of order
- Patient name and address
- Suppliers name, address and telephone #
- Diagnosis warranting infusion therapy treatment
- Name of drug, dosage, administration route, frequency of administration, duration of treatment
- Physician name, address and telephone #
- Physician signature and date

Infusion therapy supplies should be billed utilizing the appropriate per diem HCPCS codes (S codes) for the specific drug or drug category. All per diem codes are inclusive of the following:

- Administrative services
- Professional pharmacy services
- Care coordination
- Delivery
- All necessary supplies and equipment
- IV solutions and diluent
Home Infusion Therapy (cont.)

Billing (cont.)

The per diem HCPCS code must be billed on the same claim as the corresponding drug for the same dates of service. Modifiers SH (second concurrently administered infusion therapy) and SJ (third or more concurrently administered infusion therapy) must be indicated with the HCPCS code, as appropriate. Reimbursement for the second or subsequent concurrent infusion of same therapy class will be at 50% of normal per diem for that code.

Nursing visits may only be billed by a licensed home health agency with a BCBSIL Coordinated Home Care agreement (on a UB-04 claim form).

All providers are encouraged to review relevant BCBSIL medical policies (found on the BCBSIL Web site at www.bcbsil.com) prior to rendering services. It may be appropriate in some cases to complete a Predetermination Form to assure benefit and medical necessity criteria. This form may be submitted along with the appropriate medical necessity documentation.

BCBSIL reserves the right to update these guidelines as necessary.
Home Infusion Therapy (cont.)

When the patient is under a Plan of Treatment and the Blue Cross Coordinated Home Care (CHC) benefit, home infusion and supplies are billed with the skilled nursing visits on a UB-04 utilizing your National Provider Identifier (NPI) number.

When the patient is not under the Blue Cross CHC benefit, home infusion drugs and supplies are billed on the CMS-1500 (08/05) utilizing your NPI number.

Infusion therapy can be defined as the therapeutic introduction of a fluid into the vein in order to nourish or medicate the body. When it is more feasible for the patient to receive this therapy in the comfort of their home surroundings, it becomes Home Infusion Therapy.

Home Infusion Therapy may include, but is not limited to:

I.V. Antibiotic Therapy: Numerous diseases and wound infections can be treated at home with intravenous antibiotic therapy including urinary tract infections, osteomyelitis, cystic fibrosis and soft tissue infections.

I.V. Chemotherapy: Some intravenous drugs used in cancer treatment can be administered in a home care infusion program. Such treatments at home can save the ambulatory cancer patient money, time and energy from frequent visits to the doctor’s office.

I.V. Pain Management: Hospice patients or patients experiencing chronic pain from debilitating illnesses or the effects of trauma can control or minimize their pain with in-home infusions of analgesic medications.

Hyperalimentation (TPN): Patients who are unable to receive their daily nutrients orally or have malabsorption difficulties can receive their total daily nutritional requirements through intravenous feedings.

Hydration Therapy: Patients with severe diarrhea or vomiting who become dehydrated can be hydrated at home through intravenous fluids.

General Coverage Criteria

The types of services that are covered by employee contracts vary considerably. Therefore, providers should always check eligibility and benefits for patients before rendering services by calling the Provider Telecommunications Center (PTC) at (800) 972-8088 or by accessing NDAS Online.
Home Infusion Therapy (cont.)

When it is determined that home infusion therapy is a benefit of the patient’s employer contract, the following must be met:

- The home infusion therapy must be medically necessary
- There must be physician’s orders for all treatments including, but not limited to, diagnosis, infusion to be administered, frequency and anticipated time patient will need home infusion therapy.
- Services must be rendered by a skilled professional nurse trained in home infusion therapy and/or taught to the patient/caregiver for self-administration, as appropriate.

Precertification Requirements

Many employer groups require notification and approval prior to rendering any home infusion services. Providers should inquire whether precertification is necessary when checking the patient’s eligibility and benefits.

Most employer group contracts require members to utilize in-network providers for maximum benefit. Home Infusion Therapy companies wishing to participate contractually as a PPO/HMO provider must be accredited by a nationally recognized accrediting organization and be state licensed as a retail pharmacy and/or Home Health Agency.

HMO Illinois, BlueAdvantage HMO and BlueAdvantage Entrepreneur HMO Precertification

All services must have Medical Group/IPA approval. The Primary Care Physician must authorize all referrals to infusion therapy providers within the HMO contracted network.

Home Infusion Therapy Billing Example

Home infusion agents and supplies are billed with the skilled nursing visits on a UB-04 utilizing your 4 or 5 digit Blue Cross number when the patient is under a Plan of Treatment and the Blue Cross Coordinated Home Care Benefit (CHC).

The 1\textsuperscript{st} billing example on the following page demonstrates the method used to bill home care nursing visits and the I.V. medication and supplies utilized in administering the drug during the nursing visits.

The 2\textsuperscript{nd} and 3\textsuperscript{rd} billing examples demonstrate the method used when the home infusion provider is acting as the supplier of the infusion agents and supplies only (i.e., not under the CHC benefit.)
### Billing Example 1

<table>
<thead>
<tr>
<th>Home Infusion Agency</th>
<th>Home Infusion Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>123 Main Street</td>
<td>P.O. Box 123</td>
</tr>
<tr>
<td>Anytown, IL 60000</td>
<td>My Town, IL 60000</td>
</tr>
<tr>
<td>312-123-4567</td>
<td>654-567-8907</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>E. Patient Name</th>
<th>Doe, Jane</th>
</tr>
</thead>
<tbody>
<tr>
<td>E. Patient Address</td>
<td>456 Main Street</td>
</tr>
<tr>
<td></td>
<td>Anytown IL 60000</td>
</tr>
</tbody>
</table>

#### Date of Service:
- Date: 01-01-08
- Duration: 30 days

#### Procedure Codes:

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Description</th>
<th>Units</th>
<th>Rate</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>250</td>
<td>Vancomycin</td>
<td>48</td>
<td>489.00</td>
<td></td>
</tr>
<tr>
<td>264</td>
<td>IV Peridium</td>
<td>14</td>
<td>1120.00</td>
<td></td>
</tr>
<tr>
<td>551</td>
<td>SN Visits</td>
<td>1</td>
<td>250.00</td>
<td></td>
</tr>
<tr>
<td>551</td>
<td>SN Visits</td>
<td>1</td>
<td>150.00</td>
<td></td>
</tr>
<tr>
<td>551</td>
<td>SN Visits</td>
<td>1</td>
<td>150.00</td>
<td></td>
</tr>
<tr>
<td>551</td>
<td>SN Visits</td>
<td>1</td>
<td>150.00</td>
<td></td>
</tr>
</tbody>
</table>

#### Total:
- Total Amount: 2609.00

#### Patient Information:
- Name: Doe, Jane
- Date of Birth: 02-01-08
- Group Name: XYZ Company

#### Remarks:
- None
### Billing Example 2

**Home Infusion Therapy**

**Claim Form**

**Insured Information**
- Name: John Doe
- Address: 456 Main St, Anytown, IL 60000
- Phone: (312) 1234567

**Physician Information**
- Name: Dr. Jane Smith
- Address: 456 Main St, Anytown, IL 60000
- Phone: (312) 5678901

**Provider Information**
- Name: John Doe
- Address: 456 Main St, Anytown, IL 60000
- Phone: (312) 1234567

**Claim Details**
- Date of Service: 02/02/2023
- Claim Number: 123456789

**Additional Information**
- **Diagnosis:** Anemia NOS
- **Procedures:**
  - Intestine Postop Nona
  - Intestine Postop Nonad

**Signature**
- Signature: John Doe, M.D.
- Date: 02/02/2023

**Insurance Information**
- Policy Number: 123456789
- Issuer: Blue Cross Blue Shield of Illinois

**Filing Instructions**
- **Required Documents:**
  - Claim Form
  - ID Card
  - Medical Bills

**Contact Information**
- Customer Service: (800) 123-4567
- Provider Services: (800) 765-4321

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**Note:** This example is for demonstration purposes only and does not reflect actual claim form details.
Billing Example 3