BlueCross BlueShield of Illinois

Blue Cross and Blue Shield of Illinois
Provider Manual

Home Infusion

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

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Verification of benefits and/or approval of services after prior authorization or predetermination are not a guarantee of payment of benefits. Payment of benefits is subject to several factors, including, but not limited to, eligibility at the time of service, payment of premiums/contributions, amounts allowable for services, copayments, coinsurance and deductibles, supporting medical documentation and other terms, conditions, limitations and exclusions set forth in the member's policy certificate and/or benefits booklet and/or summary plan description as well as any pre-existing conditions waiting period, if any.

Home Infusion Therapy Guidelines

The information in this section is provided as a supplement to the Blue Cross and Blue Shield of Illinois (BCBSIL) agreement with the independently contracted Home Infusion Therapy (HIT) providers participating in the various health benefit products offered by BCBSIL. This section is to familiarize providers 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 on a CMS-1500 claim form. Electronic billing of claims is required. In addition, all HIT providers must meet all credentialing requirements which include current accreditation by one of the nationally recognized accreditation organizations (Joint Commission, ACHC, CHAP. etc.) in order to contract with BCBSIL.

Specialty Pharmacy injectable/infusible medications may be required to treat complex medical conditions such as immune deficiency, hemophilia, multiple sclerosis and rheumatoid arthritis. Specialty medication coverage is based on the member's benefit. Prior Authorization or Predetermination approval may apply to specific specialty medications. In accordance with their benefits, some members may be required to use a specific preferred specialty pharmacy in order for benefits to apply.

Self-Administered Specialty Medications

Specialty medications that are U.S. Food and Drug Administration (FDA) approved for self-administration are typically covered under the member's pharmacy benefit and may not be billed by the HIT provider to BCBSIL. Some members' plans may require them to obtain these medications from a specific preferred specialty pharmacy for benefit consideration. Information pertaining to the BCBSIL Specialty Pharmacy Program may be found at https://www.bcbsil.com/provider/pharmacy/specialty_pharmacy.html.

Many intravenous/injectable therapies are subject to specific medical necessity criteria in order to be eligible for benefits. All providers are encouraged to review relevant BCBSIL Medical Policies, which are located in the Standards and Requirements section of our Provider website, prior to rendering services. For BCBSIL non-HMO members, it is highly recommended to complete a Predetermination Request Form, located in the Education and Reference Center/Forms section of our Provider website. The Predetermination Request Form may be submitted along with the appropriate medical necessity documentation, as required.

Services normally considered eligible

Intravenous (IV) solutions and/or injectable medications may be considered eligible for benefits, if all of the following as well as Medical Policy criteria are met:

1. Prescription drug is U.S. Food and Drug Administration (FDA) approved or meets benefit 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 as part of a written treatment plan for a covered medical condition;
4. Home care is provided by a specialized home infusion company; and
5. Infusion in the home must be safe and medically appropriate.

Description

Home infusion and injectable therapy involves the administration of any of the following items:

- Nutrients
- Medications
- Solutions

These items may be administered intravenously, intramuscularly, enterally, subcutaneously or epidurally, as medically appropriate and ordered by the member's physician.

Infusion therapy originates with a prescription from a physician who is overseeing the care of the member and is designed to achieve physician defined beneficial outcomes.

Specific infusion therapies may include, but are not limited to, the following:

- Anti-infectives
- Blood transfusions
- Chemotherapy
- Immunosuppressive therapy
- Hydration therapy
- Immunotherapy
- Inotropic therapy
- Pain management
- Parenteral and enteral nutrition (refer to BCBSIL Medical Policy (MED201.011) Nutritional Support)

Prior Authorization Requirements

Many benefit plans require notification and approval prior to the provision of any home infusion services. Providers should inquire whether prior authorization/pre-certification is necessary when checking the member's eligibility and benefits. In order to help members maximize their benefits, most benefit plans require members to utilize in-network providers.

Refer to the Utilization Management page located on the BCBSIL Provider website for additional information.

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Important Note for all HMO Illinois®, Blue Advantage HMO℠, Blue Precision HMO℠, BlueCare Direct℠ and Blue FocusCare℠ Members: All services must have Medical Group/Independent Practice Association approval. The PCP must authorize all referrals to home infusion therapy providers within the independently contracted HMO network.

Billing Guidelines

All claims for home infusion therapy must be submitted on a CMS-1500 Claim form or electronically with the appropriate National Drug Code (NDC) with total units of measurement dispensed as well as the Healthcare Common Procedure Coding System (HCPCS) drug code with appropriate units (per the description of the HCPCS code) per the dosage ordered and administered.

Here are some guidelines for appropriate submission of valid NDCs and related information:

- Submit the NDC along with the applicable HCPCS or CPT procedure code(s)
- The NDC must be in the proper format (11 numeric characters, no spaces or special characters)
- The NDC must be active for the date of service
- The appropriate qualifier, unit of measure, number of units and price per unit also must be included, as indicated below

Electronic Claims Guidelines

Field Name	Field Description	ANSI (Loop 2410) – Ref Desc
Product ID Qualifier	Enter **N4** in this field.	LIN02
National Drug CD	Enter the 11-digit NDC (without hyphens) assigned to the drug administered.	LIN03
Drug Unit Price	Enter the price per unit of the product, service, commodity, etc.	CTP03
NDC Units	Enter the quantity (number of units) for the prescription drug.	CTP04
NDC Unit / MEAS	Enter the unit of measure of the prescription drug given. (Values: **F2** – international unit; **GR** – gram; **ML** – milliliter; **UN** – unit)	CTP05-1

Paper Claims Guidelines
In the **shaded portion** of the line-item field 24A-24G on the CMS-1500, enter the qualifier **N4** (left-justified), immediately followed by the NDC. Next, enter the appropriate qualifier for the correct dispensing unit (**F2** – international unit; **GR** – gram; **ML** – milliliter; **UN** – unit), followed by the quantity and the price per unit, as indicated in the example below. (The HCPCS/CPT code corresponding to the NDC is entered in field 24D)

Example:

New drugs without a valid HCPCS code should be billed using the HCPCS code J3490 or J3590, as applicable, with the appropriate NDC number and units ordered and administered.

Physician orders must include, at a minimum, the following elements:

- Date of order
- Member name and address
- Diagnosis warranting infusion therapy treatment
- Name of drug, dosage, administration route, frequency of administration and duration of treatment
- Physician name, address and telephone number
- 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 diluents

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 percent of normal per diem for that code.

Nursing visits provided in tandem with HIT services, may only be billed, electronically or on a UB-04 claim form, by a licensed home health agency, separate and apart from the HIT services which must be billed on a CMS-1500 or electronically.

In order to help members maximize their benefit, nursing services should be performed by a provider that has a Coordinated Home Care (CHC) Agreement with BCBSIL. Please review the BCBSIL Coordinated Home Care section of the Provider Manual for additional CHC billing guidelines.

Remember to refer to the BlueCard Program Provider Manual for important information to assist you when you are providing care and services to out-of-area Blue Cross and Blue Shield members.

This material is for educational purposes only and is not intended to be a definitive source for what codes should be used for submitting claims for any particular disease, treatment or service. Health care providers are instructed to submit claims using the most appropriate code based upon the medical record documentation and coding guidelines and reference materials.

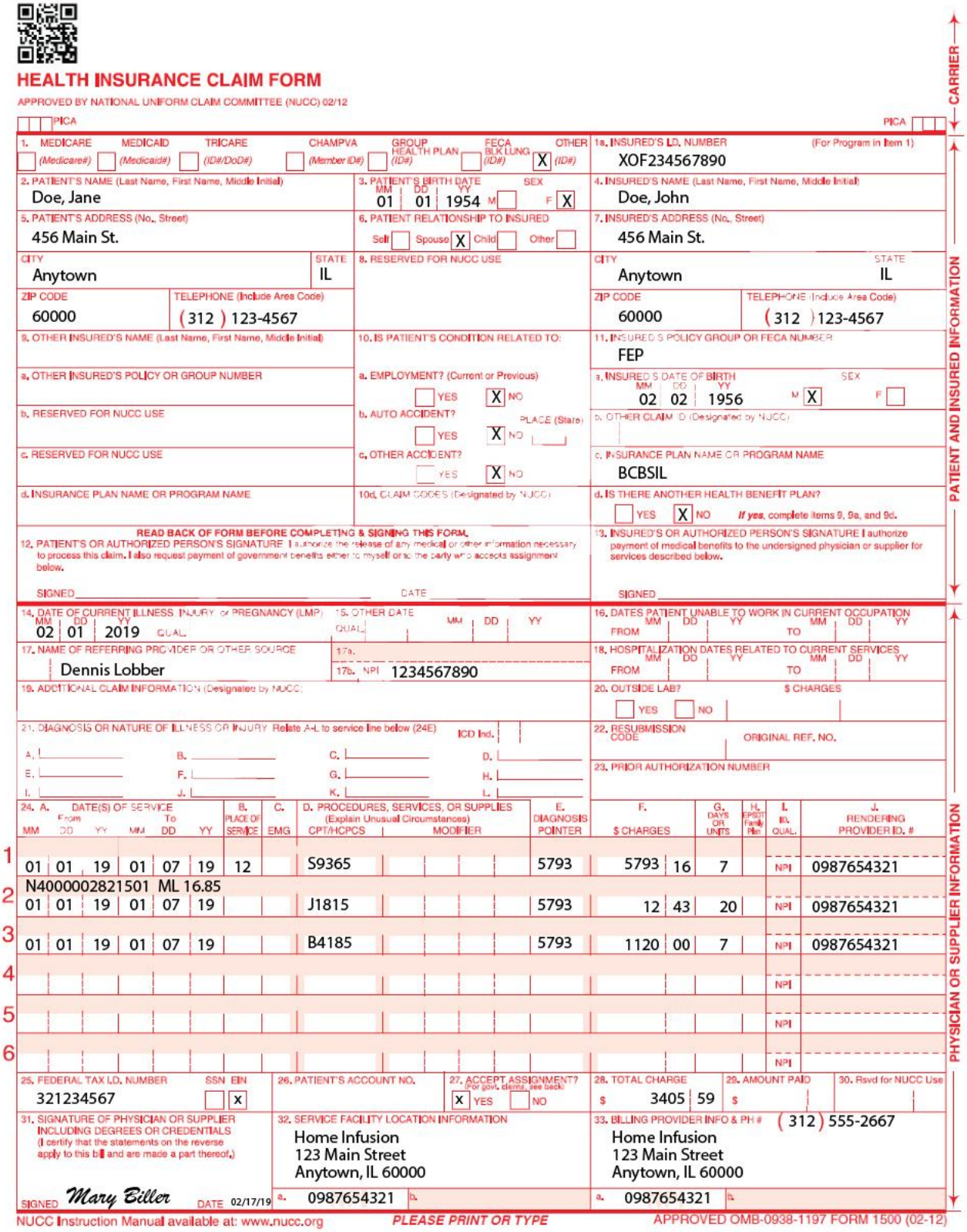
Home Infusion Therapy Billing Examples

The following billing examples are provided as a reference only. BCBSIL requires electronic submission of all claims.

Note: BCBSIL reserves the right to update these guidelines as necessary. Providers should review the guidelines posted in the BCBSIL Standards and Requirements section on the BCBSIL Provider website periodically to ensure compliance.

Reviewed 11/2022

Billing Example 1



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA

1. MEDICARE (Medicare#) MEDICAID (Medicaid#) TRICARE (ID#/DoD#) CHAMPVA (Member ID#) GROUP HEALTH PLAN (ID#) FECA BLK LUNG (ID#) OTHER (ID#) [X]

1a. INSURED'S I.D. NUMBER (For Program in Item 1): XOF234567890

2. PATIENT'S NAME (Last Name, First Name, Middle Initial): Doe, Jane

3. PATIENT'S BIRTH DATE: 01 01 1954 SEX: M [ ] F [X]

4. INSURED'S NAME (Last Name, First Name, Middle Initial): Doe, John

5. PATIENT'S ADDRESS (No., Street): 456 Main St.

6. PATIENT RELATIONSHIP TO INSURED: Self [ ] Spouse [X] Child [ ] Other [ ]

7. INSURED'S ADDRESS (No., Street): 456 Main St.

CITY: Anytown STATE: IL

8. RESERVED FOR NUCC USE

CITY: Anytown STATE: IL

ZIP CODE: 60000 TELEPHONE (Include Area Code): (312) 123-4567

ZIP CODE: 60000 TELEPHONE (Include Area Code): (312) 123-4567

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER: FEP

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (Current or Previous) YES [ ] NO [X]

a. INSURED'S DATE OF BIRTH: 02 02 1956 SEX: M [X] F [ ]

b. RESERVED FOR NUCC USE

b. AUTO ACCIDENT? YES [ ] NO [X] PLACE (State)

b. OTHER CLAIM ID (Designated by NUCC)

c. RESERVED FOR NUCC USE

c. OTHER ACCIDENT? YES [ ] NO [X]

c. INSURANCE PLAN NAME OR PROGRAM NAME: BCBSIL

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. CLAIM CODES (Designated by NUCC)

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES [ ] NO [X] *If yes*, complete items 9, 9a, and 9d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED _____ DATE _____

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED _____

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP): 02 01 2019 QUAL.

15. OTHER DATE QUAL. MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION: MM DD YY FROM MM DD YY TO

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE: Dennis Lobber

17a.

17b. NPI 1234567890

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES: MM DD YY FROM MM DD YY TO

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? YES [ ] NO [ ] $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.

A. B. C. D.
E. F. G. H.
I. J. K. L.

22. RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1 01 01 19	01 07 19	12		S9365		5793	5793 16	7		NPI	0987654321
2 N4000002821501 ML 16.85 01 01 19	01 07 19			J1815		5793	12 43	20		NPI	0987654321
3 01 01 19	01 07 19			B4185		5793	1120 00	7		NPI	0987654321
4										NPI	
5										NPI	
6										NPI	

25. FEDERAL TAX I.D. NUMBER: 321234567 SSN [ ] EIN [X]

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES [X] NO [ ]

28. TOTAL CHARGE $ 3405 59

29. AMOUNT PAID $

30. Rsvd for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

SIGNED Mary Biller DATE 02/17/19

32. SERVICE FACILITY LOCATION INFORMATION
Home Infusion
123 Main Street
Anytown, IL 60000

a. 0987654321 b.

33. BILLING PROVIDER INFO & PH # (312) 555-2667
Home Infusion
123 Main Street
Anytown, IL 60000

a. 0987654321 b.

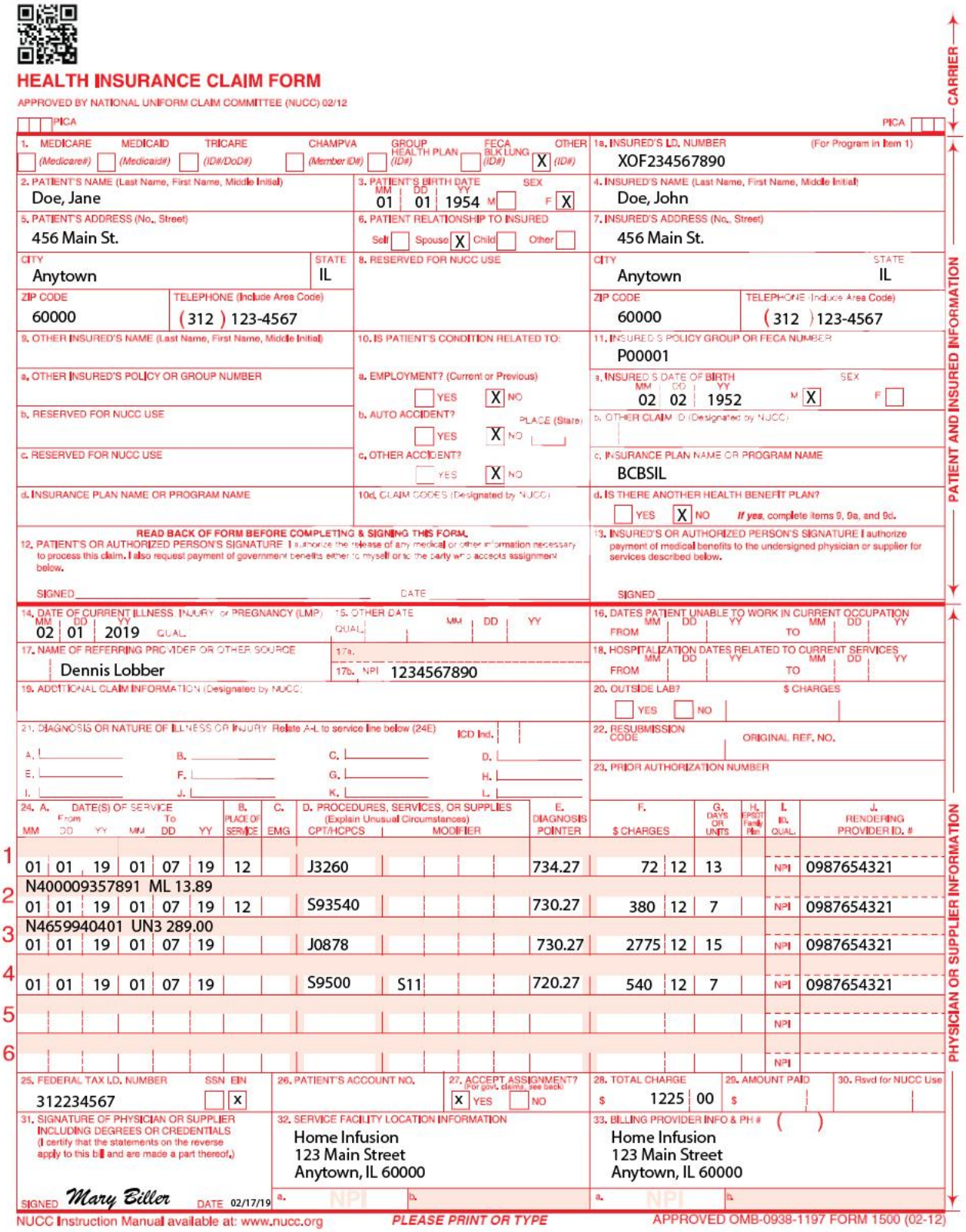
NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

Billing Example 2



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CITY: Anytown — STATE: IL	8. RESERVED FOR NUCC USE
CITY: Anytown — STATE: IL	
ZIP CODE: 60000 — TELEPHONE (Include Area Code): (312) 123-4567	
ZIP CODE: 60000 — TELEPHONE (Include Area Code): (312) 123-4567	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)	10. IS PATIENT'S CONDITION RELATED TO:
11. INSURED'S POLICY GROUP OR FECA NUMBER: P00001	
a. OTHER INSURED'S POLICY OR GROUP NUMBER	a. EMPLOYMENT? (Current or Previous) YES [ ] NO [X]
a. INSURED'S DATE OF BIRTH MM DD YY: 02 02 1952 — SEX M [X] F [ ]	
b. RESERVED FOR NUCC USE	b. AUTO ACCIDENT? YES [ ] NO [X] PLACE (State)
b. OTHER CLAIM ID (Designated by NUCC)	
c. RESERVED FOR NUCC USE	c. OTHER ACCIDENT? YES [ ] NO [X]
c. INSURANCE PLAN NAME OR PROGRAM NAME: BCBSIL	
d. INSURANCE PLAN NAME OR PROGRAM NAME	10d. CLAIM CODES (Designated by NUCC)
d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES [ ] NO [X] *If yes*, complete items 9, 9a, and 9d.	

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1 01 01 19 01 07 19	12		J3260		734.27	72 12	13		NPI	0987654321
2 N400009357891 ML 13.89 01 01 19 01 07 19	12		S93540		730.27	380 12	7		NPI	0987654321
3 N4659940401 UN3 289.00 01 01 19 01 07 19			J0878		730.27	2775 12	15		NPI	0987654321
4 01 01 19 01 07 19			S9500	S11	720.27	540 12	7		NPI	0987654321
5									NPI	
6									NPI	

25. FEDERAL TAX I.D. NUMBER SSN EIN: 312234567 [X]	26. PATIENT'S ACCOUNT NO.	27. ACCEPT ASSIGNMENT? (For gov. claims, see back) YES [X] NO [ ]	28. TOTAL CHARGE $ 1225 00	29. AMOUNT PAID $	30. Rsvd for NUCC Use
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) SIGNED Mary Biller DATE 02/17/19	32. SERVICE FACILITY LOCATION INFORMATION: Home Infusion, 123 Main Street, Anytown, IL 60000 — a. NPI — b.		33. BILLING PROVIDER INFO & PH # ( ): Home Infusion, 123 Main Street, Anytown, IL 60000 — a. NPI — b.		

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