



Network Notification

Date: March 25, 2016
To: CareSource Medicaid and Marketplace Health Partners
From: CareSource®
Subject: Home Infusion Therapy Prior Authorization Requirements, Pharmacy Criteria and Billing Guidelines

To streamline home infusion therapy prior authorizations, CareSource recently updated requirements for Medicaid and Marketplace home infusion therapy services.

Prior Authorization

Effective April 1, 2016, **prior authorization is no longer required for most home infusion therapy services** when they meet all the below criteria:

- The services are rendered by a participating preferred home infusion therapy provider
- The services are rendered in accordance with the most updated CareSource [policy](#) on home infusion therapy.
- The services are rendered in accordance with CareSource [home infusion therapy prior authorization requirements](#)

Health partners must also confirm the medication prescribed meets plan-specific prior authorization requirements. Refer to the plan's "Medications that Require Authorization on the Medical Benefit" list:

- [Ohio Medicaid](#)
- [Marketplace](#)

Billing Guidelines

For efficient claims processing, health partners should follow the below billing guidelines:

- All compounded home infusion therapies (TPN, antibiotics, pain management, etc.) billed through the pharmacy benefit must be billed through the medical benefit using the medication's proper J-code.
- Health partners must submit home infusion therapy claims on a CMS-1500 claim form. For more efficient claims processing, CareSource prefers electronic submissions over paper submissions.
- Health partners do not need to include medical information when submitting claims. CareSource will order more information when necessary. Please keep medical information on file in your medical records.
- Health partners must submit medications with the appropriate HCPCS code and NDC with units as defined by the code description. For drugs without a specific HCPCS code, use J3490 (unclassified drugs) or J9999 (not otherwise classified antineoplastic drugs) and include the drug description, dosage, and units. The units must equal the number of doses used.

For patients receiving multiple drugs:

- Health partners must submit the most frequently administered drug therapy as the primary therapy.
- Health partners must use modifiers SH or SJ:
 - SH identifies the second concurrently administered infusion therapy.

- SJ identifies the third or more concurrently administered infusion therapy.

For patients receiving continuous infusions:

- Submit the therapy as once every twenty-four (24) hours.

Pharmacy Criteria

In order to administer home infusion therapy services, a pharmacy must meet the following criteria:

- Have an appropriate state pharmacy license to provide home infusion services
- Have the ability to provide a full range of home infusion services, including but not limited to:
 - Providing sterile product preparation following the ASHP guidelines for sterile compounding
 - Having a policy and procedure manual addressing sterile preparation of products, clinical services, drug disposal, drug dispensing, labeling, and quality assurance.
 - Meeting physical space and equipment requirements
 - Having 24-hour on-call pharmacists and nurses
 - Shipping services
 - Handling of cytotoxic agents
 - Having a process for proper pharmacy counseling and review
 - Having the ability to provide administrative and professional pharmacy services, care coordination, and all necessary supplies and equipment as defined by applicable home infusion HCPCS codes

More Information

Visit [CareSource.com](https://www.caresource.com) for more pharmacy information. Visit the “Providers” tab, then select the appropriate state and plan to access the Pharmacy page.

You may also contact the CareSource Pharmacy team for more information:

- All Ohio health partners: 1-800-488-0134
- Indiana Marketplace: 1-866-286-9949
- Kentucky Marketplace: 1-855-852-5558
- West Virginia Marketplace: 1-855-202-1091