DHS Oregon Department of Human Services

Division of Medical Assistance Programs

Home Enteral/Parenteral Nutrition and IV Services Rulebook

Includes:

1) Table of Contents
2) Current Update Information (changes since last update)
3) Other Provider Resource Information
4) Complete set of Home IV Services Administrative Rules

Home IV Services Rulebook

Update Information

for

July 1, 2007

DMAP updated this Rulebook by amending administrative rules 410-148-0020, 410-148-0040, 410-148-0100 and 410-148-0300.

These rules are amended to clarify a national standard designation related to *Home infusions provided in Ambulatory Infusion Suite* of the home infusion therapy provider (AIS).

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and the Centers for Medicare and Medicaid Services (CMS) approved a new designation and modifier for the purpose of identifying when services were performed in an AIS of a Home infusion provider. The amendments recognize the CMS and JCAHO designation that became effective for use starting October 1, 2004.

If you have questions, contact a Provider Services Representative toll-free at 1-800-336-6016 or direct at 503-378-3697.

DEPARTMENT OF HUMAN SERVICES

MEDICAL ASSISTANCE PROGRAMS

DIVISION 148

HOME ENTERAL/PARENTERAL NUTRITION AND IV SERVICES

410-148-0000 Foreword

410-148-0020 Home Enteral/Parenteral Nutrition and IV Services

410-148-0040 Requirements for Home Enteral/Parenteral Nutrition and IV Services

410-148-0060 Authorization

410-148-0080 Equipment Rental/Purchase/Repair

410-148-0090 Standard Benefit Package

410-148-0095 Client Copayments

410-148-0100 Reimbursement

410-148-0120 Reimbursement Limitations for Clients in a Nursing Facility

410-148-0140 Billing Information

410-148-0160 Billing for Clients Who Have Both Medicare and Basic Health Care Coverage

410-148-0260 Home Enteral Nutrition

410-148-0280 Home Parenteral Nutrition

Table 148-0280-1

410-148-0300 Other Home IV and Enteral/ Parenteral Administration Services

410-148-0320 Billing Quantities, Metric Quantities and Package Sizes

Other Provider Resources

DMAP has developed the following additional materials to help you bill accurately and receive timely payment for your services.

Supplemental Information

The Home Enteral / Parenteral and IV (EPIV) Services Supplemental Information booklet contains important information not found in the rulebook, including:

- ✓ Billing instructions (CMS-1500, OMAP 505, 5.1 UCF)
- ✓ Electronic claims information
- ✓ Third Party Resource codes
- ✓ Forms
- ✓ Prior authorization information
- ✓ Specific billing requirements for certain services
- ✓ Other helpful information not found in the rulebook

Be sure to download a copy of the EPIV Services Supplemental Information booklet at:

http://www.dhs.state.or.us/policy/healthplan/guides/homeiv/main.html

Note: DMAP revises the supplement booklet throughout the year, without notice. Check the Web page regularly for changes to this document.

Provider Contact Booklet

This booklet lists general information phone numbers, frequent contacts, phone numbers to use to request prior authorization, and mailing addresses.

Download the Provider Contact Booklet at:

http://www.oregon.gov/DHS/healthplan/data_pubs/add_ph_conts.pdf

Other Resources

We have posted other helpful information, including provider announcements, at:
http://www.oregon.gov/DHS/healthplan/tools_prov/main.shtml

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http://www.oregon.gov/DHS/govdelivery.shtml

410-148-0000 Foreword

(1) The Home Enteral/Parenteral Nutrition and IV Services rules are a user's manual designed to assist providers in preparing health claims for medical assistance program clients. The Home Enteral/Parenteral Nutrition and IV Services provider rules are to be used in conjunction with the General Rules for Oregon Medical Assistance Programs, the Oregon Health Plan Administrative Rules, the Pharmaceutical Services Administrative Rules, and other relevant provider rules and supplemental information.

(2) The Home Enteral/Parenteral Nutrition and IV Services provider rules include procedure codes with restrictions, and limitations. The Home EPIV code and fee schedule, which is not a part of these rules, is not an exhaustive list of OHP covered service codes. Please consult the Prioritized List of Health Services for the Oregon Health Plan and the DMAP Maximum Allowable Table.

(3) The Division of Medical Assistance Programs (DMAP) endeavors to furnish medical providers with up-to-date billing, procedural information, and guidelines to keep pace with program changes and governmental requirements.

(4) Providers should always follow the DMAP Administrative Rules in effect on the date of service.

Stat. Auth.: ORS 409

Stats. Implemented: ORS 409.010

1-1-07

410-148-0020 Home Enteral/Parenteral Nutrition and IV Services

(1) The Division of Medical Assistance Programs (DMAP) will make payment for medically appropriate goods, supplies and services for home enteral/parenteral nutrition and IV therapy on written order or prescription.
(a) The order or prescription must be dated and signed by a licensed prescribing practitioner, legible and specify the service required, the ICD-9-CM diagnosis codes, number of units and length of time needed.

(b) The prescription or order must be retained on file by the provider of service for the period of time specified in DMAP General Rules.

(c) An annual assessment and a new prescription are required once a year for ongoing services.

(d) Also covered are services for subcutaneous, epidural and intrathecal injections requiring pump or gravity delivery.

(2) All claims for Enteral/Parenteral Nutrition and IV services require a valid ICD-9-CM diagnosis code.

(a) It is the provider's responsibility to obtain the actual diagnosis code(s) from the prescribing practitioner.

Reimbursement will be made according to covered services on funded lines of the Health Services Commission's Prioritized List of Health Services, and these rules.

(3) DMAP requires one nursing service visit to assess the home environment and appropriateness of enteral/parenteral nutrition or IV services in the home setting and to establish the client's treatment plan. This nursing service visit for assessment purposes does not require payment authorization and is not required when the only service provided is oral nutritional supplementation.

(4) Nursing service visits specific to this Home Enteral/Parenteral and IV services program are provided in the home, and will be reimbursed by DMAP only when prior authorized, and performed by a person who is licensed by the Oregon State Board of Nursing to practice as a Registered Nurse. All registered nurse delegated or assigned nursing care tasks must

comply with the Oregon State Board of Nursing, Nurse Practitioner Act and Administrative Rules regulating the practice of nursing.

(5) Payment for services identified in the Home Enteral/Parenteral Nutrition and IV Services provider rules will be made only when provided in the client's place of residence, i.e., home or nursing facility.

Stat. Auth.: ORS 409

Stats. Implemented: ORS 414.065

1-1-07

410-148-0040 Requirements for Home Enteral/Parenteral Nutrition and IV Services

(1) Home Enteral/Parenteral Nutrition and IV Services:

(a) Home enteral/parenteral and IV nutrition services must include training and/or education of client or support person on nutritional supplement and /or equipment operation;

(b) When enteral/parenteral and IV nutrition services are initiated in a hospital setting, reimbursement for training is included in the hospital reimbursement and will not be made separately;

(c) Reimbursement for enteral/parenteral and IV services training when done in the home is included in the payment for the nursing visit(s);

(d) Per diem reimbursement includes: administrative service, pharmacy professional and cognitive services, including drug admixture, patient assessment, clinical monitoring, and care coordination, and all necessary infusion related supplies and equipment. Enteral/parenteral formula, drugs and nursing visits are not included in per diem rates and must be billed separately.

(2) Home enteral nutrition:

(a) Home enteral nutrition is considered medically appropriate to maintain body mass and prevent nutritional depletion, which occurs with some illnesses or pathological conditions;

(b) Home enteral therapy may be administered orally or by enteral tube feeding, i.e., nasogastric, jejunostomy or gastrostomy delivery systems.

(3) Home parenteral nutrition:

(a) is considered medically appropriate for treatment of gastrointestinal dysfunction such as severe short bowel syndrome, chronic radiation enteritis, severe Crohn's disease, or other conditions where adequate nutrition by the oral and enteral routes is not possible:

(b) Initiation of home parenteral nutrition services must include client or support person education on catheter care, infusion technique, solution preparation, sterilization technique, and equipment operation;

(c) Parenteral nutrition is appropriate only when oral or enteral feeding is inadequate or contraindicated.

(4) Home intravenous (IV) services:

(a) Home intravenous (IV) services are covered by the Division of Medical Assistance Programs (DMAP) for the administration of antibiotics, analgesics, chemotherapy, hydrational fluids or other intravenous medications in a client's residence or nursing home.

(b) In addition, the provision of all goods and services needed for maintaining venous or arterial access and required monitoring is covered.

Stat. Auth.: ORS 409
Stats. Implemented: ORS 414.065
1-1-07

410-148-0060 Authorization

(1) Authorization of payment is required for the following items or services:

(a) All enteral/parenteral or IV infusion pumps, the provider is required to submit documentation with each request that other (non-pump) methods of delivery do not meet the client's medical need;

(b) All nursing service visits, except the assessment nursing visit, associated with home enteral/parenteral nutrition or IV services;

(c) All oral nutritional supplements;

(d) All drugs/goods identified as requiring payment authorization in the Pharmaceutical Services Guide. Contact First Health Services for those items that require prior authorization.

(2) Approval for payment for the above home enteral/parenteral nutrition and/or IV services entities will be made when considered to be "medically appropriate."

(3) Authorization of payment is required for those services that require authorization even though the client has other insurance that may cover the service. Authorization of payment is not required for Medicare covered services.

(4) For services requiring authorization, providers must contact the Division of Medical Assistance Programs (DMAP) or the Medically Fragile Children’s Unit for authorization within five working days following initiation of services. Authorization will be given based on medical appropriateness, appropriateness of level of care given, cost and/or effectiveness.

(5) How to Obtain Payment Authorization:

(a) Services for clients identified as Medically Fragile Children's Unit clients will be authorized by the Department of Human Service's (DHS) Medically Fragile Children's Unit;

(b) Request oral nutrition supplements from First Health Services, Managed Access Program;

(c) All other authorization may be obtained by contacting, either by phone or in writing, the DMAP -- Medical Unit;

(d) Payment authorization does not guarantee reimbursement**.**

Stat. Auth.: ORS 409
Stats. Implemented: ORS 414.065
1-1-07

410-148-0080 Equipment Rental/Purchase/Repair

(1) The following equipment shall be authorized, if medically appropriate and when cost effective, on a rental basis only:

(a) IV infusion pumps;

(b) Enteral formulae pumps.

(2) The equipment provider is responsible for providing working equipment including replacement if repairs are necessary.

(3) Pump rental payment will not be made beyond the purchase price, but no more than 15 consecutive months when the period of use extends beyond 15 consecutive months:

(a) Consecutive months are defined as "any period of continuous use where no more than a 60-day break occurs";

(b) Division of Medical Assistance Programs (DMAP) considers that the maximum rental period toward purchase price is - 15 consecutive months of pump rental. The purchase price has been met at the earlier of the purchase price or 15 consecutive months;

(c) Having met the purchase price as described in (2)(b), the pump becomes property of the client, and the patient is responsible for all maintenance and repairs.

(A) DMAP can still allow for medically necessary repairs on equipment that the patient owns.

(B) The provider may bill DMAP for maintenance and servicing of the pump (as long as that maintenance and servicing is not covered under any manufacturer/supplier warranty) when a period of at least six months has elapsed since the final month of pump rental. Payment for the maintenance service will only be made one time during every six-month period.

(C) For a purchased pump, a rental pump may be prior authorized for up to one month during equipment repair for a client requiring medically necessary, continuous service.

(4) All other equipment for home enteral/parenteral nutrition and IV services will be authorized as either purchase or based on length of need and medical appropriateness.

(5) All rental or purchase of equipment, full services warranty, pickup, delivery, set-up, fitting and adjustments are included in the reimbursement. Individual consideration may be given in specific circumstances upon written request to DMAP.

(6) Repair of rental equipment is the responsibility of the provider.

(7) DMAP will not make payment for rental of pumps that are supplied by any manufacturer at no cost to the provider.

Stat. Auth.: ORS 409

Stats. Implemented: ORS 414.065

1-1-07

410-148-0090 Standard Benefit Package

(1) Some procedure codes/services are not covered for the Standard Benefit Package population. See General Rules 410-120-1210 for additional information.

(2) The OHP Standard benefit package includes limited Home Enteral/Parenteral and IV services:

(a) Drugs that are usually self-administered by the patient such as oral pill form or self-injected medications, are not covered;

(b) Oral nutrition services and supplies are not covered, except when the nutritional supplement meets the criteria specified in 410-148-0260(3), and is the sole source of nutrition for the client;

(c) Nursing assessment and nursing visits must be directly related to administration of the home enteral/parenteral nutrition and intravenous services pursuant to Oregon's Nurse Practices Act (OAR 851-001-0000). Home Health and Private Duty Nursing are not covered services under the Standard benefit package (General Rules 410-120-1210), except nursing assessment and nursing visits under this limited Home Enteral/Parenteral and IV benefit are covered.

Stat. Auth. ORS 409
Stat. Implemented: 414.065

1-1-07

410-148-0095 Client Copayments

Copayments may be required for non-American Indian/Alaska Native clients for certain services. See OAR 410-120-1230 for specific details.

Stat. Auth.: ORS 409
Stats. Implemented: ORS 414.065
1-1-07

410-148-0100 Reimbursement

(1) Drug ingredients (medications) shall be reimbursed as defined in the Pharmaceutical Services Guide.

(2) The following service/goods will be reimbursed on a fee-for-service basis according to the Division of Medical Assistance Programs (DMAP) Maximum Allowable Fees found in the Pharmaceutical Services Guide on the DMAP website: www.dmap.hr.state.or.us/providernfo/:

(a) Enteral Formula;

(b) Oral Nutritional Supplements which are medically appropriate and meet the criteria specified in 410-148-0260(3);

(c) Parenteral Nutrition Solutions;

(3) Reimbursement for services will be based on the lesser of the amount billed, the DMAP maximum allowable rate. When the service is covered by Medicare, reimbursement will be based on the lesser of the amount billed, Medicare's allowed amount, or the DMAP maximum allowable rate.

(4) Reimbursement for supplies that require authorization or services/supplies that are listed as Not Otherwise Classified (NOC) or By Report (BR) must be billed to DMAP at the providers' Acquisition Cost, and will be reimbursed at such rate.

(a) For purposes of this rule, Acquisition Cost is defined as the actual dollar amount paid by the provider to purchase the item directly from the manufacturer (or supplier) plus any shipping and/or postage for the item. Submit documentation identifying acquisition cost with your authorization request;

(b) Per diem, as it relates to reimbursement, represents each day that a given patient is provided access to a prescribed therapy. This definition is valid for per diem therapies of up to and including every 72 hours.

(c) Per diem reimbursement includes, but is not limited to:

(A) Professional Pharmacy services:

(i) Initial and ongoing assessment/clinical monitoring;

(ii) Coordination with medical professionals, family and other caregivers;

(iii) Sterile procedures, including IV admixtures, clean room upkeep and all biomedical procedures necessary for a safe environment;

(iv) Compounding of medication/medication set-up.

(B) Infusion therapy related supplies:

(i) Durable, reusable or elastomeric disposable infusion pumps;

(ii) All infusion or other administration devices;

(iii) Short peripheral vascular access devices;

(iv) Needles, gauze, sterile tubing, catheters, dressing kits, and other supplies necessary for the safe and effective administration of infusion therapy.

(C) Comprehensive, 24-hour per day, seven days per week delivery and pickup services (includes mileage).

(5) Reimbursement will not be made for the following:

(a) Central Catheter insertion or transfusion of blood/blood products in the client's home;

(b) Central Catheter insertion in the Nursing Facility;

(c) Intradialytic parenteral nutrition in the client's home or Nursing Facility;

(d) Oral Infant formula that is available through the WIC program;

(e) Oral nutritional supplements that are in addition to consumption of food items or meals.

(f) Tocolytic pumps for pre-term labor management;

(g) Home Enteral/Parenteral Nutrition or IV services outside of the client's home or place of residence.

Stat. Auth.: ORS 184.750 & ORS 184.770

Stats. Implemented: ORS 414.065

1-1-07

410-148-0120 Reimbursement Limitations for Clients in a Nursing Facility

(1) The Division of Medical Assistance Programs (DMAP) will not reimburse for the following services/supplies for clients residing in a nursing facility:

(a) Nursing service visits (including assessment visit). Refer to Seniors and People with Disabilities (SPD) administrative rule covering All-Inclusive Rate;

(b) Supplies and items covered in the nursing facility All-Inclusive Rate. Refer to the Supplemental Information section of the Home Enteral/Parenteral Nutrition and IV Services provider website (www.dhs.state.or.us/policy/healthplan/guides/homeiv/) for a listing of those supplies and items;

(c) Oral nutritional supplements that are in addition to consumption of food items or meals.

(2) DMAP will reimburse for the following:

(a) Oral nutritional supplements are covered by DMAP for nursing facility clients when medically appropriate, i.e., the client cannot consume food items or meals;

(b) Tube fed enteral nutrition formula, when medically appropriate;

(c) Patient controlled pump for pain control medication (CADD).

Stat. Auth.: ORS 409

Stats. Implemented: ORS 414.065

1-1-07

410-148-0140 Billing Information

(1) For medications:

(a) Those pharmacies billing electronically shall bill through First Health Services point-of-sale. For more information on Point-of-Sale, contact the First Health Service Help Desk;

(b) The 5.1 Universal Claim Form may be used only by those pharmacies and EPIV providers billing manually for any medications and home IV drug ingredients that are not billed through Point-of-Sale**;**

(c) Providers who bill by paper will be required to complete a new 5.1 Universal Claim Form.

(2) For home enteral/parenteral and IV services other than medications:

(a) Home enteral/parenteral nutrition and IV services identified with a five-digit HCPCS or CPT must be billed on the CMS-1500 using the billing instructions found in the Home Enteral/Parenteral Nutrition and IV Services supplemental materials;

(b) See rule 410-148-0160 for billing clients with Medicare coverage;

Stat. Auth.: ORS 409
Stats. Implemented: ORS 414.065
1-1-07

410-148-0160 Billing for Clients Who Have Both Medicare and Basic Health Care Coverage

(1) The Division of Medical Assistance Programs (DMAP) may be billed directly for services provided to a client when the provider has established and clearly documented in the client's record that the service provided does not qualify for Medicare reimbursement.

(2) When the service qualifies for Medicare reimbursement, bill as follows:

(a) When billing for Home Enteral/Parenteral Nutrition Services:

(A) Bill in the usual manner to the local or designated Medicare Intermediary;

(B) After Medicare makes a payment determination, bill DMAP on the DMAP 505 form following the billing instructions and using the procedure codes listed for the Home Enteral/Parenteral Nutrition and IV Services in the fee schedule and supplemental materials;

(b) When billing for Home IV services:

(A) Bill the local Medicare Intermediary in the usual manner;

(B) After Medicare makes payment determination, bill DMAP following the billing instructions and using the procedure codes listed for the Home Enteral/Parenteral Nutrition and IV Services fee schedule and supplemental materials.

[Publications: Publications referenced are available from the agency.]

Stat. Auth.: ORS 409
Stats. Implemented: ORS 414.065
1-1-07

410-148-0260 Home Enteral Nutrition

(1) Codes that have "PA" indicated require prior authorization. Codes with "BR" indicated are covered by report.

(2) Enteral Nutrition Formula. Use B4150 through B4156 when billing for tube fed nutritional formulae. If the product dispensed is not shown in HCPCS description, select a category equivalent when billing the Division of Medical Assistance Programs (DMAP).

(3) Oral Nutritional Supplements:

(a) Prior authorization is required on all oral supplements;

(b) Oral nutritional supplements can be billed through the on-line Point of Sale pharmacy system, or by paper using the 5.1 Universal Claim Form. Use the product's NDC when billing;

(c) If the product dispensed is not shown in one of the listed categories, select a category that is equivalent when billing DMAP;

(d) Oral nutritional supplements may be approved when the following criteria has been met:

(A) Clients age 6 and above:

(i) Must have a nutritional deficiency identified by one of the following:

(I) Recent low serum protein levels; or

(II) Recent Registered Dietician assessment shows sufficient caloric/protein intake is not obtainable through regular, liquefied or pureed foods.

(III) The clinical exception to the requirements of (I) and (II) must meet the following:

III-a. Prolonged history (i.e. years) of malnutrition, and diagnosis or symptoms of cachexia, and

III-b. Client residence in home, nursing facility, or chronic home care facility, and

III-c. Where (I) and (II) would be futile and invasive

(ii) And have a recent unplanned weight loss of at least 10%, plus one of the following:

(I) Increased metabolic need resulting from severe trauma; or

(II) Malabsorption difficulties (e.g., short-gut syndrome, fistula, cystic fibrosis, renal dialysis; or

(III) Ongoing cancer treatment, advanced AIDS or pulmonary insufficiency.

(iii) Weight loss criteria may be waived if body weight is being maintained by supplements due to patient's medical condition (e.g., renal failure, AIDS)

(B) Clients under age 6:

(i) Diagnosis of 'failure to thrive';

(ii) Must meet same criteria as above, with the exception of % of weight loss.

(4) Enteral Nutrition Equipment:

(a) All repair and maintenance is subject to rule 410-1480-0080;

(b) Procedure Codes:

(A) S5036, Repair of infusion device (each 15 minutes = 1 unit) -- PA;

(B) B9998, Enteral Nutrition Infusion Pump Replacement parts will be reimbursed at provider's acquisition cost (including shipping and handling) -- PA/BR;

(C) B9000, Enteral Nutrition Infusion Pump, without alarm -- rental (1 month = 1 unit) -- PA;

(D) B9002, Enteral Nutrition Infusion Pump, with alarm -- rental (1 month = 1 unit) -- PA;

(E) E0776, IV Pole -- Purchase;

(F) E0776, modifier RR, IV Pole -- Rental (1 day = 1 unit);

(G) S9342, Enteral Nutrition via pump (1 day = 1 unit) --PA.

(5) Home Infusion Therapy:

(a) S9325, Home infusion, pain management (do not use with code S9326, S9327 or S9328) -- PA

(b) S9326, Home infusion, continuous pain management -- PA;

(c) S9327, Home infusion, intermittent pain management -- PA;

(d) S9328, Home infusion, implanted pump pain management -- PA.

(6) Not Otherwise Classified (NOC):

(a) B9998, NOC For Enteral Supplies — PA/BR

(b) S9379, Home infusion therapy, NOC -- PA/BR.

Stat. Auth.: ORS 409

Stats. Implemented: ORS 414.065

1-1-07

410-148-0280 Home Parenteral Nutrition

(1) Codes that have “PA” indicated require prior authorization. Codes with “BR” indicated are covered by report.

(2)Standard Total Parenteral Nutrition (TPN):

(a) Bill using HCPCS codes S9365 through S9368;

(b) Home infusion for stand TPN includes the following drugs and products in the per diem rate:

(A) Non-specialty amino acids (e.g., aminosyn, freeamine, travasol)

(B) Concentrated dextrose (e.g., D10, D20, D40, D50, D60, D70)

(C) Sterile water;

(D) Electrolytes (e.g., CaC12, KCL, KPO4, MgSo4, NaAc, NaCl, NaPO4);

(E) Standard multi-trace elements (e.g., MTE4, MTE5, MTE7);

(F) Standard multi-vitamin solutions (e.g., MVI-13).

(c) The following items are not included in the per diem and should be billed separately:

(A) Specialty amino acids for renal failure, hepatic failure or for high stress conditions (e.g., aminess, aminosyn-RF, nephramine, RenAmin, HepatAmine, Aminosyn-HBC, BranchAmin, FreeAmine HBC, Trophamine);

(B) Specialty amino acids with concentrations of 15% and above when medically necessary for fluid restricted patients (e.g., Aminosyn 15%, Novamine 15%, Clinisol 15%);

(C) Lipids

(D) Added trace elements, vitamins not from standard multitrace element or multivitamin solution;

(E) Products serving non-nutritional purposes (e.g., heparin, insulin, iron dextran).

(2) Parenteral Nutrition Solutions:

(a) Bill using HCPCS codes B4164 through B5200. See HCPCS book for description.

(b) Note: Reimbursement for compounding, admixture and administrative fees is included in the unit price.

(3) Parenteral Supply Kits/Supplies – Procedure Codes

(4) Parenteral Nutrition Equipment – Procedure Codes–Table 0280-1.

(5) Not Otherwise Classified (NOC) – B9999, NOC For Parenteral Supplies – PA/BR.

Stat. Auth.: ORS 409

Stats. Implemented: ORS 414.065

1-1-07

Table 148-0280-1

S5036 Parenteral Nutrition Infusion Pump Repair – each 15 minutes = 1 Unit – PA

B9999 Parenteral Nutrition Infusion Pump Replacement Parts – Will be reimbursed at provider's acquisition cost (including shipping and handling) – PA/BR

B9004 Parenteral Nutrition Infusion Pump – Portable – Rental – 1 month = 1 Unit – PA

B9006 Parenteral Nutrition Infusion Pump – Stationary – Rental – 1 month – 1 Unit – PA

E0776 IV Pole – Purchase

E0776 modifier RR

IV Pole - Rental – 1 day = 1 Unit

410-148-0300 Other Home IV and Enteral/ Parenteral Administration Services

(1) Codes that have "PA" indicated require prior authorization. Codes with "BR" indicated are covered by report.

(2) Catheter Care Kits. All catheter care kit allowable amounts are determined on a per diem basis (1 day = 1 unit):

(a) When performed as a stand alone therapy, or during days not covered under per diem by another therapy, bill using catheter care codes S5497 through S5521;

(b) The following supplies for non-routine catheter procedures may be billed separately from per diem reimbursement:

(A) S5517 Catheter declotting supply kit, 1 day=1 unit;

(B) S5518 Catheter repair supply kit, 1 day = 1 unit;

(C) S5520 PICC insertion supply kit, 1 day=1 unit;

(D) S5521 Midline insertion supply kit, 1 day=1 unit.

(E) E0776 IV Pole -- Purchase

(F) E0776 with modifier RR IV Pole -- Rental , 1 day = 1 unit

(3) Home Nursing Visits:

(a) When enteral/parenteral services are performed in the home, only a single provider of skilled home health nursing services may obtain authorization and/or bill for such services for the same dates of service;

(b) Requests made by providers for any intravenous or enteral/parenteral related skilled nursing services, either solely or in combination with any other skilled nursing services in the home are to be reviewed for prior authorization by the Division of Medical Assistance Programs (DMAP) Medical Unit;

(c) Procedure Codes:

99601, Home infusion/specialty drug administration, per visit (up to 2 hours) – 1 visit = 1 unit – PA;

(B) 99602, each additional hour. List separately in addition to code for primary procedure). Use 99602 in conjunction with 99601 – PA;

(C) T1001, Home Nursing Visit for Assessment -- 1 visit = 1 Unit.

(4) Not Otherwise Classified (NOC) -- S9379, NOC for Home IV Supplies -- PA/BR.

Stat. Auth.: ORS 409

Stats. Implemented: ORS 414.065

1-1-07

410-148-0320 Billing Quantities, Metric Quantities and Package Sizes

(1) Use the following metric conversions when billing;

(a) Fluid Ounce -- 30 ml;

(b) Pint -- 480 ml;

(c) Quart -- 960 ml;

(d) Gallon -- 3,840 ml;

(e) Ounce (solids) -- 30 gm;

(f) Pound (solids) -- 454 gm.

(2) Use the following units when billing products:

(a) Solid substances (e.g., powders, creams, ointments, etc.), bill per gram;

(b) Solid substances that are reconstituted with a liquid (e.g., dry powder ampules and vials) such as antibiotic vials or piggybacks must be billed in metric quantity of one each;

(c) Tablets, capsules, suppositories, lozenges, packets bill per each unit. Oral contraceptives are to be billed per each table;

(d) Diagnostic supplies (e.g., chemstrips, clinitest tabs), bill per each unit;

(e) Injectables that are prepackaged syringe (e.g., tubex, carpujects), bill per ml;

(f) Medical Supplies (e.g., Testape, Cordran tape) bill in metric quantity of one each;

(g) Prepackaged medications and unit doses must be billed per unit (tablet or capsule). Unit dose liquids are to be billed by ml;

(h) Fractional ml liquid doses (e.g., flu vaccine, pneumovax, etc.) use unique codes and bill per each dose;

(i) Fractional units: If no unique codes are available, round quantity up to the next whole unit (e.g., 3.5 gm to 4.0 gm; 7.2 ml up to 8 ml).

Stat. Auth.: ORS 184.750 & ORS 184.770
Stats. Implemented: ORS 414.065
1-1-07