

# HOME INFUSION THERAPY SERVICES

## ELIGIBLE PROVIDERS

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In order to receive payment, all eligible servicing and billing provider's National Provider Identifiers (NPI) must be enrolled with South Dakota Medicaid. Servicing providers acting as a locum tenens provider must enroll in South Dakota Medicaid and be listed on the claim form. Please refer to the [provider enrollment chart](#) for additional details on enrollment eligibility and supporting documentation requirements.

South Dakota Medicaid has a streamlined enrollment process for eligible ordering, referring, and attending providers that may require no action on the part of the provider as submission of claims constitutes agreement to the [South Dakota Medicaid Provider Agreement](#).

Home infusion therapy services are reimbursable under the durable medical equipment (DME) home health benefit. Providers, including pharmacies, desiring to provide home infusion therapy must be enrolled as durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) providers under taxonomy code 251F00000X and meet specific eligibility criteria. Providers and their given locations must be actively recognized and in good standing with Medicare as a supplier.

## ELIGIBLE RECIPIENTS

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Providers are responsible for checking a recipient's Medicaid ID card and verifying eligibility before providing services. Eligibility can be verified using South Dakota Medicaid's [online portal](#).

The following recipients are eligible for medically necessary services covered in accordance with the limitations described in this chapter:

Coverage Type	Coverage Limitations
Medicaid/CHIP Full Coverage	Medically necessary services covered in accordance with the limitations described in this chapter.
Unborn Children Prenatal Care Program (79)	Coverage restricted to pregnancy related services only including medical issues that can harm the life of the mother or baby.

Refer to the [Recipient Eligibility](#) manual for additional information regarding eligibility including information regarding limited coverage aid categories.

## COVERED SERVICES AND LIMITS

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### General Coverage Principles

Providers should refer to the [General Coverage Principles](#) manual for basic coverage requirements all services must meet. These coverage requirements include:

- The provider must be properly enrolled;

- Services must be medically necessary;
- The recipient must be eligible; and
- If applicable, the service must be prior authorized.

The manual also includes non-discrimination requirements providers must abide by.

### **Medical Necessity Requirements**

Home infusion therapy services must be medically necessary for the treatment of a recipient's illness, injury, or medical condition as determined and documented by the physician or other licensed practitioner who orders the service. The recipient must be under the care of the ordering provider.

In addition, the ordering physician or other licensed practitioner must have determined and documented that the need for home infusion of a drug is appropriate due to at least one of the criteria stated below:

- Home infusion therapy is more effective than oral or injectable administration;
- The medication is not available in an oral form or the medication cannot be tolerated orally; or
- The recipient has a medical condition that prohibits adequate oral intake of nutrients, including the inability to ingest, tolerate and absorb sufficient oral nourishment to maintain or improve health status.

### **Covered Settings**

Home infusion service must be provided in the recipient's private residence or in an adult care home and it must be able to be furnished safely in the living environment.

### **Home Infusion Covered Services**

Home infusion therapy providers can only bill for home infusion service codes when furnished by skilled professional in the recipient's home and on an infusion drug administration calendar day. Any services furnished on a day that a home infusion drug administration does not occur are considered included in the reimbursement paid for skilled professional home infusion days and are not separately billable.

#### Home Infusion/Specialty Drug Administration

For Home Infusion/Specialty Drug Administration (HCPCS Codes 99601 and 99602) codes to be reimbursed, home infusion and specialty drug administration must be performed by a skilled infusion nurse with specialized education and training in the alternate-site administration of drugs and biologics through infusion. Skilled nursing services provided in the home, constitute an in-home visit, and are subject to Electronic Visit Verification (EVV) requirements as discussed later in this manual.

#### Catheter Care / Maintenance

Catheter Care / Maintenance (HCPCS Codes S5498 and S5501-S5502) per diem includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment such as pumps, IV poles, tubing, and IV catheters. Drugs and nursing visits for the services above should be coded and billed separately on a medical claim.

### Antibiotic, Antiviral, or Antifungal Therapy

Antibiotic, Antiviral, or Antifungal Therapy (HCPCS Codes S9500-S9504) per diem includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment such as pumps, IV poles, tubing, and IV catheters. Drugs and nursing visits for the services above should be coded and billed separately on a medical claim.

### Hydration Therapy

Hydration Therapy (HCPCS S9374-S9375) per diem includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment such as pumps, IV poles, tubing, and IV catheters. Drugs and nursing visits for the services above should be coded and billed separately on a medical claim.

### Nutritional Therapy

Parenteral and enteral nutritional therapy (HCPCS Code S9340-S9343 and S9364-S9368) is covered when the criteria for coverage provided in the [Nutritional Therapy Services](#) manual is met with an approved [prior authorization](#).

### **Drugs**

Providers should refer to the [Physician Administered Drugs, Vaccines, and Immunizations](#) manual for specific billing guidance for covered drugs.

### **Remote Patient Monitoring**

Although remote monitoring is a covered Medicaid service, a qualified home infusion therapy supplier may not bill separately for any services furnished via remote monitoring. This service is considered bundled into the payment made for an infusion drug administration calendar day.

### **Out-of-State Services**

Services provided outside of South Dakota are generally not covered due to the residence requirement. Services will be covered if the following conditions are met:

- Services provided are covered per this manual;
- The home infusion therapy provider has signed a provider agreement with the South Dakota Medicaid;
- All [out-of-state prior authorization](#) requirements are met; and
- The home infusion therapy provider is a participating provider in the Medicaid program in the state in which the services are provided.

## **NON-COVERED SERVICES**

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### **General Non-Covered Services**

Providers should refer to [ARSD 67:16:01:08](#) or the [General Coverage Principles](#) manual for a general list of services that are not covered by South Dakota Medicaid.

### **Home Infusion Therapy Non-Covered Services**

The following services are not covered services:

- Home infusion therapy services for drug products that are not covered;
- Drugs which can be appropriately administered orally, through intramuscular or subcutaneous injection, or through inhalation are not covered;
- Home infusion therapy services for drug products that are not FDA-approved or whose use in the non-hospital setting present an unreasonable health risk to the member are not covered;
- Home infusion therapy services in a hospital, nursing facility, intermediate care facility for individuals with developmental disabilities, or any setting in which payment is or could be made under Medicaid for inpatient services that include room and board are not covered;
- Services furnished that do not occur on an infusion drug administration calendar day are not covered.

## **DOCUMENTATION REQUIREMENTS**

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### **General Requirements**

Providers must keep legible medical and financial records that fully justify and disclose the extent of services provided and billed to South Dakota Medicaid. These records must be retained for at least 6 years after the last date a claim was paid or denied. Please refer to the [Documentation and Record Keeping](#) manual for additional requirements.

### **Electronic Visit Verification (EVV) Requirements**

Delivery, set-up, and/or instruction on the use of medical supplies, equipment or appliances do not constitute an in-home visit, and therefore are not subject to EVV requirements. Skilled nursing services require an in-home visit and are subject to EVV. Providers of skilled nursing services under home infusion must comply with federal 21<sup>st</sup> Century Cures Act EVV requirements and collect EVV data at the time services are rendered. South Dakota Medicaid has purchased an EVV system for providers to utilize at no cost to the provider. If the provider determines utilization of South Dakota Medicaid's purchased EVV system is not feasible, the provider may choose another third party.

EVV requirements include:

1. Type of service performed;
2. Individual receiving the service;
3. The date of the service;
4. The location of service delivery;
5. The individual providing the service; and
6. The time the service begins and ends.

Providers must submit the skilled nursing services (CPT 99601 and 99602) claim through the SD Medicaid Online Portal and attach a copy of the EVV data requirements. The copy should be a screen-print from the EVV system or other third party system that demonstrates a date and time stamp that the EVV data was electronically captured. A manual entry to correct any of the EVV data associated to the visit is acceptable; however, an associated manual entry reason will also be required with the submission. Manual entries are a last resort and should not be utilized unless necessary.

For questions related to EVV, email [programintegrity@state.sd.us](mailto:programintegrity@state.sd.us).

## REIMBURSEMENT AND CLAIM INSTRUCTIONS

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### Timely Filing

South Dakota Medicaid must receive a provider's completed claim form within 6 months following the month the service was provided. Requests for reconsiderations will only be considered if they are received within the timely filing period or within 3 months of the date a claim was denied. The time limit may be waived or extended by South Dakota Medicaid in certain circumstances. Providers should refer to the [General Claim Guidance](#) manual for additional information.

### Third-Party Liability

Medicaid recipients may have one or more additional source of coverage for health services. South Dakota Medicaid is generally the payer of last resort. Providers must pursue the availability of third-party payment sources and should use the Medicare Crossover or Third-Party Liability billing instructions when applicable. Providers should refer to the [General Claim Guidance](#) manual for additional information.

### Reimbursement

A claim for home infusion therapy services must be submitted at the provider's usual and customary charge. Payment is limited to the provider's usual and customary charge or the fee contained on South Dakota Medicaid's applicable [fee schedule](#).

### Claim Instructions

Home Infusion Therapy services must be billed on a CMS 1500 claim form or via an 837P electronic transaction. Detailed claim form instructions are available on our [website](#). If the individual is covered by Medicare or private health insurance, a copy of the denial or evidence of payment from Medicare or the private insurance carrier must accompany paper or portal claims. For an electronic claim the provider must maintain and submit evidence of claim payments, or rejections to South Dakota Medicaid upon request.

## DEFINITIONS

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1. "Home," a place of residence used as the home of an individual, including an institution that is used as a home. An institution that is used as a home may not be a hospital, critical access hospital, or nursing facility as defined in [SDCL 34-12-1](#);
2. "Infusion drug administration calendar day," the day on which home infusion therapy services are furnished by skilled professionals in the individual's home on the day of infusion drug administration. The skilled services provided on such day must be so inherently complex that they can only be safely and effectively performed by, or under the supervision of, professional or technical personnel;
3. "Medical equipment," equipment which withstands repeated use, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, and is appropriate for use in the recipient's home; and

4. "Medical supplies," health care related items that are consumable or disposable that are required for care of a medical condition. This does not include personal care items (such as deodorants, talcum powders, bath powders, soaps, eyewashes, contact solutions) or oral or injectable over-the-counter drugs and medications.

## REFERENCES

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- [Administrative Rule of South Dakota \(ARSD\)](#)
- [South Dakota Medicaid State Plan](#)
- [Code of Federal Regulations](#)

## QUICK ANSWERS

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1. **Can a home infusion therapy provider bill South Dakota Medicaid for DME provided to recipients residing in a nursing facility?**

No, home infusion therapy services are only covered for recipients in their residence. A residence does not include a nursing facility per [ARSD 67:16:29:04](#) and [42 CFR 440.70\(c\)](#). The components of home infusion therapy for a recipient residing in a nursing facility is provided by the nursing facility per [ARSD 67:16:04:41](#). For Medicare crossover claims, South Dakota Medicaid will reimburse coinsurance/deductible if Medicare paid for the item.