

AETNA BETTER HEALTH®

d/b/a Aetna Better Health of Louisiana

Policy

Policy Name:	<u>Home Health/Home Infusion</u>	Page:	1 of 2
Department :		Policy Number:	ABHLA-RP-3018
Subsection:		Effective Date:	00/00/2020
Applies to:	Aetna Better Health of Louisiana		

PURPOSE:

To provide guidance for the reimbursement of home infusion and home therapy services for members with an inpatient status.

STATEMENT OF OBJECTIVE/OVERVIEW:

Aetna Better Health is in alignment with the Centers for Medicare and Medicaid Services (CMS) policy regarding reimbursement of home infusion/home therapy services for members with an inpatient status. When home infusion or home therapy services are performed while the patient is confined to an inpatient hospital or skilled nursing facility (SNF), the following home infusion/therapy services are not covered:

HCPCS Code(s)	Description
<u>S5497-S5502</u>	Home infusion therapy, catheter care/maintenance, per diem
<u>S5517-S5521</u>	Home infusion therapy, catheter supplies
<u>S5522-S5523</u>	Home infusion therapy, catheter insertion, nursing service only
<u>G0068-G0070, S9325-S9331, S9336-S9338, S9345-S9363, S9370-S9372, S9373-S9379, S9490-S9504, S9537, S9542-S9562, S9590</u>	Home infusion therapy, infusion, intermittent injection, or irrigation therapy, per diem
<u>S9335, S9339</u>	Home therapy, dialysis, per diem
<u>S9340-S9343, S9364-S9368</u>	Home therapy, enteral or parenteral nutrition, per diem
<u>S9538</u>	Home transfusion of blood products, per diem
<u>S9810</u>	Home therapy, professional pharmacy services, per hour

Aetna Better Health of Louisiana will deny home infusion or home therapy services billed on the same date of service as subsequent inpatient hospital or skilled nursing facility care, when initial inpatient hospital or skilled nursing care is present the day prior and there is not a facility discharge service on the same day by any tax ID, provider ID, or specialty.

Exception



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Subsequent hospital care (99231-99233) and inpatient consultation (99251-99255) services in place of service (POS) 52 (Psychiatric facility-partial hospitalization) billed on the same day as the home infusion/therapy service are covered.

DEFINITIONS:

<u>Home Infusion Therapy</u>	The intravenous or subcutaneous administration of drugs or biologicals to a person in the home setting.
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LEGAL/CONTRACT REFERENCE:

[**Centers for Medicare and Medicaid Services Internet Only Manuals \(IOMs\)**](#)

Review/Revision History	
<u>8/1/2021</u>	<u>Initial draft</u>