2024 HOME AND ALTERNATE SITE INFUSION CONTRACTING RECOMMENDATIONS FOR PAYORS

National Home Infusion Association

Introduction

The National Home Infusion Association (NHIA) has developed the following recommendations for commercial, Medicaid, and Medicare Advantage payors to reduce administrative burden and remove barriers to accessing certain infusion services. By removing barriers to outpatient infusion services, payors can reduce the total cost of care by avoiding hospital stays and emergency room visits, limiting hospital outpatient department use, and preventing admission to long-term care facilities[1]. Additionally, the benefits of home infusion for patients are well documented and have shown improvements in adherence, better quality of life, and lower infection rates[2].

These recommendations were initially presented at NHIA's second annual **Home and Specialty Infusion Payor Summit** where payor representatives with responsibilities for benefit structure, network decisions, value-based programing, and specialty pharmacy policy were invited to attend and discuss ways to improve access and efficiencies associated with home and alternate site infusion services. The meeting's objectives were to provide education, discuss industry trends, and present recommendations aimed at helping plans to better leverage infusion services to lower the total cost of care. The content was provided by NHIA staff, as well as representatives from NHIA's Board of Directors and provider organizations.

Throughout the summit, payor representatives were encouraged to ask questions, offer feedback, and make suggestions for how home and alternate site infusion providers could demonstrate value for plans. Every effort was made to incorporate feedback from summit participants into these recommendations, which build on the 2023 framework[3]. Finally, the 2024 recommendations include proposed metrics where applicable to promote data collection as a means of assessing the success and impacts of these proposed policy changes

Questions or comments related to these recommendations may be sent to Bill Noyes, Senior Vice President, Reimbursement Policy at bill.noyes@nhia.org.

[1] Note: These recommendations can also apply to the federal government, however the gaps in coverage for traditional Medicare beneficiaries are so significant that initial steps to establish basic coverage need to be taken before applying the concepts in this document.

[2] Polinski JM, Kowal MK, Gagnon M, Brennan TA, Shrank WH. Home infusion: Safe, clinically effective, patient preferred, and cost saving. Healthc (Amst). 2017 Mar;5(1-2):68-80. doi: 10.1016/j.hjdsi.2016.04.004. Epub 2016 Apr 29. PMID: 28668202. https://pubmed.ncbi.nlm.nih.gov/28668202/

[3] NHIA 2023 Payor Recommendations

Recommendation	Rationale	Proposed Metrics
1. Develop value-based incentive programs for parenteral nutrition (PN) patients to improve access and lower the total cost of care by reducing unplanned re-hospitalizations and emergency department use. NHIA to facilitate a task group made up of payer representatives and home infusion providers to create value-based pilot programs. Applicable codes: PN codes: S9364, S9365, S9366, S9367, S9368 Nursing: 99601, 99602 De-clot kit: S5517 Alteplase recombinant (Cathflo) 1 mg: J2997	• The all-cause 30-day unplanned hospital re-admission rate for home PN therapy ranges from 30-45%[4]. • Remove disincentives that discourage the use of products and services that prevent central line catheter infections and occlusions[5]. • There are fewer qualified home infusion providers available to serve patients resulting in delayed discharges from acute care facilities. • Access to care is at risk from lack of incentives for providers to develop and invest in clinician training programs[6].	• 30-day unplanned hospital readmission rates • Percentage of all catheter occlusions resolved by home infusion provider without ER or HOPD visit. • Catheter infection rates
2. Enteral formula and nutrition support services are included in infusion contracts as a covered benefit for all tube-fed patients. Applicable codes: Enteral bundled codes: S9340-S9343 Enteral pump: B9002 Enteral kits and supplies: B4034-B4088 Enteral Formulae: B4100-B4162	• Patients on enteral nutrition, particularly long-term users, have high mortality, high rates of rehospitalization, and generally lack support and resources to manage nutrition needs[7,8]. • Enteral nutrition is a medically based therapy and patients will benefit from nutrition support services aimed at preventing complications, improving tolerance and outcomes, reducing ED visits and hospitalizations. • Home infusion providers offer a multi-disciplinary nutrition support model inclusive of dietitians, nurses, and pharmacists able to support the wide range of needs of this population. • Next to anti-infectives, enteral patients are the second largest population served by home infusion providers. Payors should leverage the nutrition support services to improve outcomes for this population.	• Hospitalization rates • ED visit rates • Patient reported outcomes at the end of therapy

[4] Simpson M and Haines D. Home parenteral nutrition patient experience and clinical outcomes. Presented at ASPEN Nutrition Science and Practice; March 2-5, 2024; Tampa, FL.
https://nhia.org/home-parenteral-nutrition-patient-experience-and-clinical-outcomes/

[5] Kinder L, Allen P, Thoman S, Kramer N (2022). Extreme cost of dehydrated alcohol resulting from FDA unapproved drug initiative: Impact on catheter lock therapy for home infusion patients with central venous access [White paper]. Optum.

[6] Mirtallo J, Blackmer A, Hennessy K, Allen P, and Nawaya A. Parenteral nutrition insecurity: ASPEN survey to assess the extent and severity of parenteral nutrition access and reimbursement issues. Nutrition in Clinical Practice.2023;39(2):396-408. DOI: 10.1002/ncp.11110
https://aspenjournals.onlinelibrary.wiley.com/doi/10.1002/ncp.11110

[7] Baird Schwartz D, Barrocas A, Annetta M, Stratton K, McGinnis C, et al. Ethical aspects of artificially administered nutrition and hydration: An ASPEN position paper. Nutrition in Clinical Practice.2021;36(2):254-267. doi.org/10.1002/ncp.10633
https://aspenjournals.onlinelibrary.wiley.com/doi/10.1002/ncp.10633

[8] Gramlich L, Hurt R, Jin J, and Mundi M. Home enteral nutrition: Towards a standard of care. Nutrients. 2018;10(8):1020. doi:10.3390/nu10081020
https://www.mdpi.com/2072-6643/10/8/1020

Recommendation	Rationale	Proposed Metrics

3. Allow for direct billing to secondary insurance for items and services statutorily excluded from Medicare FFS coverage.
 	
Contracting:
Append the GY modifier to each claim line to indicate items are statutorily non-covered by Medicare.
 	
Applicable codes:
Home Infusion S-code
Drug J-codes
Nursing codes: 99601, 99602
	• Most home infusion therapies (antibiotics, monoclonal antibodies) are statutorily excluded from the Medicare program.
	  • Example: All anti-infectives, with exception of ganciclovir, foscarnet, and amphotericin B, lack Medicare FFS coverage.
	• The need to bill Medicare for denial adds administrative burden for the provider, secondary payor, and Medicare.
	• Billing for denial results in patient confusion related to the receipt of multiple explanation of benefits (EOB).
	  • A Medicare denial of statutorily non-covered service prompts an EOB to the beneficiary showing the patient is responsible for payment.
		• Infusion claims with GY modifier

4. Create consistency within Medicare Advantage (MA) coverage policies for home infusion by specifying the codes to use for billing and authorization requirements. 4a. Mirror commercial health plan coverage by using the S Code billing system to offer home infusion coverage for the widest range of infused drugs, facilitate timely discharge from facilities, and improve access for rural patients and those with disabilities Applicable codes: See NHIA 2024 National Coding Standard.[9]	• Traditional Medicare fee for service (FFS) coverage of home infusion is limited to about 37 drugs that require the use of an infusion pump to administer. • Lack of clarity for MA plan coverage for home infusion results in deferring patients to facility settings due to uncertainty around payment for services. • Medicare Advantage plans can, and often do, leverage the home site of care for infusion services by applying the commercial code set to beneficiaries with MA, however this is often not clear in infusion contracts with providers.	• Use of S Codes within MA contracts
5. Add home infusion provider affiliated sites (including out of state) to contracts to build in redundancies and ensure continuation of care during natural disasters, cleanroom operation disruptions, severe product shortages, cyberattacks, and to remove barriers for patients to access therapies when traveling. Contracting: Include each home infusion pharmacy location NPI in the contract and apply the same contract terms to all sites.	• A narrow contract service area prevents home infusion providers from building in redundancies to maintain patient services due to an inability to bill for products delivered from affiliate locations during disasters and disruptions. • This practice will improve provider ability to support patients that need or want to travel.	• Contracts with multiple site redundancy

[9] NHIA Coding Standard https://nhia.org/learn/reimbursement/coding/

Recommendation	Rationale	Proposed Metrics
6. Remove all prior authorization requirements for infusion nursing and discontinue policies that place limits on the number of infusion nursing visits. Applicable Codes: Nursing: 99601, 99602	• Prior authorization for infusion nursing is unnecessary and results in delays in discharge from hospital settings. • Prior authorization is often required for infusion drugs, therefore requiring PA for the associated nursing services is duplicative and adds administrative burden for payors and providers. • PA for nursing is often obtained from a different benefit from drug authorization resulting in delays in care. • Caps on the number of home visits can limit beneficiary access to the home site of care. • Nursing shortages create a natural incentive for providers to conserve nurses to meet high demand for home services.	• # of nursing visits • Ratio of nursing visits home infusion therapy days
7. Remove all references to parenteral nutrition "home mix" B-codes from coverage policies Applicable codes: B4164, B4168, B4172, B4176, B4178, B4180, B4222	• Home mixing of PN is unsafe and non-compliant with current sterile compounding standards. • The home mix codes are a remnant of past practices that have evolved. Mixing of all PN ingredients in the home is not considered safe, is not complaint with current standards and puts patients at risk. • NHIA is working to formally retire the PN home mix HCPCS codes.	• Review of claims to confirm elimination of the home mix codes.

NHIA is a trade association that represents companies that provide medically necessary infusion therapies to patients with acute and chronic health conditions, as well as companies that manufacture and supply infusion related products and services.

Learn more

Payors: To learn more about NHIA's Home and Specialty Infusion Payor Summit and recommendations and/or request to be involved, please visit nhia.org/payors. Questions or comments related to these recommendations may be sent to Bill Noyes, Senior Vice President, Reimbursement Policy at bill.noyes@nhia.org.

View 2023 Payor Summit Recommendations.

Infusion providers and industry suppliers: To learn more about the benefits of NHIA membership, please visit nhia.org/membership.