



Home Infusion Excessive Charges

Chief Business Office Purchased Care
Department of Program Integrity (DPI)

July 2013

Objectives

- **Identify Key Definition Elements**
- **Describe the Growth of Home Infusion**
- **Recognize Excessive Billing Practices**

Home Infusion Therapy

▪ Definition

- Home infusion therapy is defined to include items and services furnished by a qualified home infusion therapy provider to an individual, who is under the care of physician, which are provided in an integrated manner in an individual's home under a plan established and periodically reviewed by a physician
- Home infusion therapy includes professional services as well as supplies and equipment needed to administer infusion drug therapies safely and effectively in the home

Growth of Home Infusion

- **Trends**
 - **Specialty pharmaceuticals**
 - **New drugs**
 - **Higher per unit cost**
 - **Increased utilization**



Home Infusion Claim

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)										22. MEDICAID RESUBMISSION									
1. <u>724.5</u>										CODE					ORIGINAL REF. NO.				
2. <u>722.52</u>										23. PRIOR AUTHORIZATION NUMBER									
3. <u>722.83</u>																			
4. <u>736.70</u>																			
24. A. DATE(S) OF SERVICE						B.	C.	D. PROCEDURES, SERVICES, OR SUPPLIES				E.	F.	G.	H.	I.	J.		
From To						PLACE OF SERVICE	EMG	(Explain Unusual Circumstances)				DIAGNOSIS POINTER	\$ CHARGES	DAYS OR UNITS	EPSDT Family Plan	ID. QUAL.	RENDERING PROVIDER ID. #		
MM	DD	YY	MM	DD	YY			CPT/HCPCS	MODIFIER										
ZZBupivacaine 15mg/ml 20 ml																			
05	11	11	05	11	11	12		J3490				1	400	00	1		NPI 123456789 9876543210		
Hydromorphone 10mg/ml 20ml																			
05	11	11	05	11	11	12		J1170				1	200	00	50		NPI 123456789 9876543210		
Lioresal 500mcg/ml 20ml																			
05	11	11	05	11	11	12		J0475				1	2155	54	1		NPI 123456789 9876543210		
HIT, Implanted Pain Pump, Perdiem																			
05	11	11	05	11	11	12		A4220				1	2550	00	1		NPI 123456789 9876543210		
HIT, Nursing Visit, RN																			
05	11	11	05	11	11	12		99601				1	184	00	1		NPI 123456789 9876543210		
																	NPI		

Privigen® Vial Sizes

5 g



NDC Number 44206-436-05

Fill Size (mL) 50 mL

10 g



NDC Number 44206-437-10

Fill Size (mL) 100 mL

20 g



NDC Number 44206-438-20

Fill Size (mL) 200 mL

Home Infusion Claims

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)													22. MEDICAID RESUBMISSION CODE					ORIGINAL REF. NO.						
1. <u>333.91</u>													3. <u>781.2</u>											
2. _____													4. _____					29. PRIOR AUTHORIZATION NUMBER						
24. A.		DATE(S) OF SERVICE				B.	C.	D. PROCEDURES, SERVICES, OR SUPPLIES				E.	F.	G.	H.	I.	J.							
		From	To			PLACE OF SERVICE	EMG	(Explain Unusual Circumstances)				DIAGNOSIS	\$ CHARGES	DAYS OR UNITS	EPICDT Family Plan	ID.	RENDERING PROVIDER ID. #							
MM	DD	YY	MM	DD	YY			CPT/HCPCS	MODIFIER							QUAL								
CATHCARE SUPPLIES																								
06	22	11	06	22	11	12		A4221				1	142	46	1		NPI	123456789 9876543210						
ADMIN SUPPLIES																								
06	22	11	06	22	11	12		A4222				1	567	80	1		NPI	123456789 9876543210						
N444206043820PRIVIGEN																								
06	22	11	06	22	11	12		J1459				1	8323	26	40		NPI	123456789 9876543210						

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)													22. MEDICAID RESUBMISSION CODE					ORIGINAL REF. NO.						
1. <u>333.91</u>													3. <u>781.2</u>											
2. <u>728.87</u>													4. <u>728.85</u>					29. PRIOR AUTHORIZATION NUMBER						
24. A.		DATE(S) OF SERVICE				B.	C.	D. PROCEDURES, SERVICES, OR SUPPLIES				E.	F.	G.	H.	I.	J.							
		From	To			PLACE OF SERVICE	EMG	(Explain Unusual Circumstances)				DIAGNOSIS	\$ CHARGES	DAYS OR UNITS	EPICDT Family Plan	ID.	RENDERING PROVIDER ID. #							
MM	DD	YY	MM	DD	YY			CPT/HCPCS	MODIFIER							QUAL								
N444206043820PRIVIGEN																								
08	03	11	08	04	11	12		J1459				1	8323	26	30		NPI	123456789 9876543210						
ADMIN SUPPLIES																								
08	03	11	08	04	11	12		A4222				1	634	46	2		NPI	123456789 9876543210						
CATHCARE SUPPLIES																								
08	03	11	08	04	11	12		A4221				1	142	30	1		NPI	123456789 9876543210						

Conclusion

- **Key Definition Elements**
- **Growth of Home Infusion**
- **Excessive Billing Practices**

References

Veterans Affairs manages several health care programs that reimburse private health care providers for caring for our Veterans and their eligible family members. Unfortunately these health care programs have a different statutory and regulatory authority, which creates diverse payment methodologies. The majority of VA health care programs utilize Medicare's payment methodologies or something very similar.

Therefore, providers and facilities that utilize Medicare's billing and coding guidelines will greatly minimize claim delays or rejections as a result of the Program Integrity Tools fraud and abuse review.

The following Medicare link is an excellent source of billing and coding guidance for all providers and facilities:

Medicare Claim Processing Guide

<http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c01.pdf>