

Home Infusion Payment Policy

Applies to the following Tufts Health Plan products:

- Tufts Health Plan Commercial (including Tufts Health Freedom Plan)¹
- Tufts Medicare Preferred HMO (a Medicare Advantage product)²
- Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)²

Applies to the following Tufts Health Public Plans products:

- Tufts Health Direct (a Massachusetts Qualified Health Plan [QHP]; a commercial product)
- Tufts Health Together (a MassHealth MCO Plan and Accountable Care Partnership Plans)
- Tufts Health RITogether (a Rhode Island Medicaid Plan)
- Tufts Health Unify (OneCare Plan; a dual-eligible product)

The following payment policy applies to Tufts Health Plan contracting home infusion service providers.

In addition to the specific information contained in this policy, providers must adhere to the information outlined in the [Professional Services and Facilities Payment Policy](#).

Note: Audit and disclaimer information is located at the end of this document.

POLICY

Tufts Health Plan covers medically necessary home infusion therapy services, in accordance with the member's benefits. Home infusion therapy services include, but are not limited to, certain intravenous drugs/biologicals, intrathecal and epidural infusions, total parenteral nutrition (TPN), and the necessary supplies, equipment, and skilled nursing visits to administer these services and/or provide training to members and caregivers, as applicable.

GENERAL BENEFIT INFORMATION

Services and subsequent payment are pursuant to the member's benefit plan document. Member eligibility and benefit specifics should be verified prior to initiating services by logging on to the secure Provider [website](#) or by contacting [Provider Services](#).

Note: There is no member responsibility for covered services for Tufts Health Plan SCO, Tufts Health Unify, Tufts Health Together or Tufts Health RITogether members.

REFERRAL/AUTHORIZATION/NOTIFICATION REQUIREMENTS

Certain procedures, items and/or services may require referral and/or prior authorization. While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you must confirm that prior authorization has been obtained. For more information refer to the [Referral, Authorization and Notification Policy](#).

The member's PCP (or provider, if the member's benefit plan does not require a PCP) must prescribe home infusion services.

Certain home infusion drugs may require prior authorization through Tufts Health Plan's Precertification Operations or Pharmacy departments, depending on whether the drugs are covered under the member's medical or pharmacy benefit. Refer to the [Pharmacy](#) section of the public Provider website for additional information.

¹ Commercial products include HMO, POS, PPO, Tufts Health Freedom Plan, and CareLinkSM when Tufts Health Plan is the primary administrator.

² Tufts Medicare Preferred and Tufts Health Plan SCO are collectively referred to in this payment policy as Senior Products.

Prior authorization should be obtained prior to the first day of service or on the next business day, if the member's infusion services are arranged after normal working hours, on a weekend, or on an emergency basis.

New-to-Market Drugs

Providers who prescribe new-to-market drugs must submit a request for coverage of medical drugs to the Precertification Operations Department in accordance with Tufts Health Plan's medical review process. Requests for coverage of pharmacy drugs must be submitted to the Pharmacy Utilization Management department. Refer to the [New-to-Market Drug Evaluation Process](#) or the Provider Manuals for [Commercial](#), [Senior Products](#), and [Tufts Health Public Plans](#) for more information.

BILLING INSTRUCTIONS

Unless otherwise stated, Tufts Health Plan follows AMA coding guidelines. Refer to current industry standard coding guidelines for a complete list of ICD, CPT/HCPCS, revenue codes, modifiers and their usage. Providers may only bill the procedure code(s) in accordance with the applicable financial exhibits of their provider agreements or applicable fee schedules. For more information, refer to the [Professional Services and Facilities Payment Policy](#).

- Submit Commercial and Senior Products home infusion and specialty pharmacy claims to NovoLogix³.
- Submit Tufts Health Public Plans home infusion and specialty pharmacy claims to Tufts Health Plan.
- Itemize each date of service, procedure code, and dosage of medication when more than one date of service is submitted on the claim, if applicable
- Submit each drug/product using standard CPT/HCPCS code, National Drug Code (NDC) number of the covered medication, description of product, dosage, and units administered

COMPENSATION/REIMBURSEMENT INFORMATION

Providers are compensated according to the applicable network contracted rates or fee schedules, regardless of the address where the service is rendered. For additional information, refer to the [Professional Services and Facilities Payment Policy](#).

Commercial and Senior Products: Some home infusion drugs may be subject to a maximum number of units per day. Providers should refer to the [Maximum Units Policy](#) for more information.

ADDITIONAL RESOURCES

- [Maximum Units Policy](#)
- [Drugs and Biologicals Payment Policy](#) (Commercial and Senior Products)
- [Drugs and Biologicals Payment Policy](#) (Tufts Health Public Plans)

DOCUMENT HISTORY

- May 2020: Policy reviewed by committee; removed procedure codes for home infusion services; clarified authorization and billing instructions; added applicable Tufts Health Public Plans content
- June 2018: Template updates
- July 2017: Reviewed policy by committee for clarity; template updates
- January 2017: Template updates
- September 2015: Template conversion, template updates
- August 2013: Updated information regarding nursing visits, template updates
- March 2013: Policy reviewed, minor content changes, template updates
- April 2012: Template updates
- March 2012: Updated CareLink disclaimer language
- September 2011: Policy reviewed, template updates, no content changes
- March 2011: Reviewed document for clarity; no content changes made
- January 2010: Removed reference to the Tufts Medicare Preferred PPO product
- January 2009: Deleted Ancillary Care Management and changed name to NovoLogix, Inc.
- March 2008: Added information about Ancillary Care Management and self-service channels

³ NovoLogix provides an online claims management system to process home infusion and specialty pharmacy medical claims for Tufts Health Plan members.

- November 2007: Added intravenous antibiotics and intravenous immunoglobulin, nursing visits/per diems and maximum unit information

AUDIT AND DISCLAIMER INFORMATION

Tufts Health Plan reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance. For more information about Tufts Health Plan's [audit policies](#), refer to the Provider website.

This policy provides information on Tufts Health Plan claims adjudication processes. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management requirements (when applicable), adherence to plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment. Claims for services subject to authorization may be reviewed for accuracy and compliance with payment policies.

This policy applies to the Tufts Health Plan products, as identified in the checkboxes on the first page, and to CareLinkSM for providers in Massachusetts and Rhode Island service areas. Providers in the New Hampshire service area are subject to Cigna's provider agreements with respect to CareLink members. This policy does not apply to the Private Health Care Systems (PHCS) network (also known as Multiplan). Tufts Health Plan reserves the right to amend a payment policy at its discretion.