Limitations and Guidelines Revised for Elastomeric Devices and IV Supplies and Equipment

Information posted January 8, 2007

Effective for dates of service on or after March 1, 2007, benefit limitations will be updated for elastomeric devices and new documentation guidelines will be established for intravenous (IV) supplies and equipment for the Texas Medicaid Program.

Elastomeric Devices

Effective for dates of service on or after March 1, 2007, elastomeric devices for intermittent intravenous infusions will require prior authorization. When prior authorized, procedure code 9-A4305 will be considered for the reimbursement rate of $19.99 and procedure code 9-A4306 will be considered for the reimbursement rate of $60.00. Elastomeric devices will no longer be prior authorized using procedure code J/L-E1399.

Intravenous (IV) Supplies and Equipment

Effective for dates of service on or after March 1, 2007, new documentation guidelines will be established for supporting medical necessity for intravenous (IV) supplies and equipment.

The following procedure codes for equipment and supplies utilized in the delivery of intravenous (IV) therapy will be benefits of the Title XIX Home Health Services Program:

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Additional supply procedure codes may be considered with documentation of medical necessity.

To be considered for reimbursement of a home health benefit:

- The client must be eligible for home health benefits.
- The criteria for the requested supplies/equipment must be met.
- The supplies/equipment requested must be medically necessary.
- Federal financial participation must be available.
- The requested supplies/equipment must be safe for use in the home.

Types of intravenous access devices include but are not limited to:

- Peripheral IV lines.
• Central IV lines, such as peripherally inserted central catheters, subclavian, and vena cava catheters.

• Central venous lines, such as Broviac and Hickman catheter.

• Implantable ports, such as Port-a-Cath.

Stationary infusion pumps are electrical devices without a battery or with a battery that requires frequent recharging (more frequently than every four hours) and are used to deliver an intravenous solution or parenteral drugs at a steady flow rate. Stationary infusion pumps may be a benefit when the infusion rate must be more consistent than can be obtained with gravity drainage.

Ambulatory infusion pumps are electrical devices with an extended battery life (four hours or longer without recharging) and are used to deliver an intravenous solution or parenteral drugs at a steady flow rate. Ambulatory infusion pumps may be a benefit under the following conditions:

• When the length of infusion is greater than two hours

• When the client must be involved in activities away from home

• When the infusion rate must be more consistent than can be obtained with gravity drainage

Elastomeric infusion pumps are non-electrical, single use, simplified devices that deliver parenteral drugs at a fixed volume and flow rate. Elastomeric infusion pumps may be a benefit for short-term use when the caregiver cannot administer the infusion using a pump.

Repair of purchased equipment is a benefit. All repairs within the first six months after delivery are considered part of the purchase price.

Needleless systems are not medically necessary, and therefore, not a benefit of Title XIX Home Health Services.

IV supplies and equipment that do not meet the criteria for coverage through Title XIX Home Health Services may be considered through Texas Health Steps-Comprehensive Care Program (THSteps-CCP) for clients younger than 21 years of age.

Prior authorization of IV equipment and supplies may be considered when administration of the drug in the home is medically necessary and is appropriate in the home setting. Prior authorization is required for:

• Durable medical equipment (DME) and related accessories

• IV supplies

The following documentation must be provided when requesting prior authorization for IV supplies and equipment:

• Diagnostic information pertaining to the underlying diagnosis/condition

• A physician’s order and documentation supporting medical necessity
• The medication being administered, the duration of drug therapy, and the frequency of administration

The following standards are used when considering prior authorization of IV supplies:

• Aseptic technique is acceptable for the IV catheter insertion and site care; the sterile technique is not required. Non-sterile gloves are acceptable for insertion of a peripheral IV catheter and for changing any IV site dressing. The sterile technique may be medically necessary under certain conditions (e.g. clients who are immunocompromised).

• A peripheral IV site is rotated no more frequently than every 72 hours but at least once a week.

• The IV administration set, extension set, and any add-on devices are changed every 72 hours.

• One IV access catheter is used per insertion.

• For locked catheters, use one syringe to flush the catheter before administration of an intermittent infusion to assess patency. Use two syringes to flush the catheter after the intermittent infusion—one to clear the medication and one to infuse the anticoagulant or other medication used to maintain IV patency between doses (e.g. heparin).

• An injection port is cleaned prior to administering an intermittent infusion and capped after the infusion.

• To care for the IV catheter site, disinfect the site with an appropriate antiseptic such as two percent chlorhexidine-based preparation, tincture of iodine, or 70 percent alcohol. Cover with sterile gauze, transparent dressing, or semi-permeable dressing. Replace the dressing if it becomes damp, loosened, or visibly soiled.

• Stopcocks increase the risk for infection and should not be routinely used for infusion administration.

• Routine use of in-line filters is not recommended for infection control.

• Non-sterile/sterile gloves for use by a health care provider such as a registered nurse (RN), licensed vocational nurse (LVN), or attendant in the home setting, are not a benefit of Texas Medicaid Title XIX Home Health Services.

If additional supplies are needed beyond these standards, prior authorization may be considered with documentation supporting medical necessity.

Supporting documentation for additional IV access catheters includes but is not limited to dehydration, vein scarring, and fragile veins (including, but not limited to, infant and elderly clients).

Supporting documentation for more frequent IV site changes includes but is not limited to phlebitis, infiltration, and extravasation.
Supporting documentation for more frequent IV tubing or add-on changes includes but is not limited to phlebitis, IV catheter-related infection, and cases where the administered infusion requires more frequent tubing changes.

Elastomeric devices are specialized infusion devices that may be considered for prior authorization under the following conditions:

- When the device is used for short-term medication administration (less than two weeks duration)
- When the device is expected to increase client compliance
- When the device will better facilitate drug administration
- When the device costs less than the cost pump rental/tubing
- When the caregiver can not administer infusion via pump

The following criteria must be met for prior authorization of a stationary infusion pump:

- An infusion pump is required to safely administer the drug.
- Standard method of administration of the drug is by prolonged infusion or intermittent infusion, and the infusion rate must be more consistent than can be obtained with gravity drainage
- The drug being administered requires IV infusion (i.e., the drug cannot be administered orally, intramuscularly, or by push technique).

The following criteria must be met for prior authorization of an ambulatory infusion pump:

- An infusion pump is required to safely administer the drug.
- Standard method of administration of the drug is by prolonged infusion or intermittent infusion and the infusion rate must be more consistent than can be obtained with gravity drainage.
- The drug being administered requires IV infusion (i.e., the drug cannot be administered orally, intramuscularly, or by push technique)
- The infusion administration is more than two hours and the client is involved in activities away from home (such as physician visits).

Prior authorization may be considered for purchase of a pump (ambulatory or stationary) with documentation of medical necessity supporting chronic use.

For clients who require cardiovascular medications, infusion pumps will not be purchased, but will be rented.

Repairs to client-owned equipment may be prior authorized as needed with documentation of medical necessity. Technician fees are considered part of the cost of the repair. Providers are responsible for maintaining documentation in the client’s medical record specifying the repairs and supporting medical necessity. All repairs within the first six months after delivery are considered part of the purchase price. Additional documentation, such as the purchase date, serial number, and manufacturer's information, may be required.
IV therapy supplies and equipment are not considered a benefit when the infusion/medication being administered meets one or more of the following conditions:

- The infusion/medication is not considered medically necessary to the treatment of the client's illness.
- The administration exceeds the frequency and/or duration ordered by the physician.
- The infusion/medication is a chemotherapeutic agent or blood product.
- The infusion/medication is not approved by the Food and Drug Administration (FDA). Exception: For the service to be considered for reimbursement, the physician must document why the off-label use is medically appropriate and not likely to result in an adverse reaction. In order to consider coverage of an off-label (non-FDA approved) use of a drug, documentation must include why a drug usually indicated for the specific diagnosis or condition has not been effective for the client.

Elastomeric devices may be considered for reimbursement using procedure codes 9-A4305 and 9-A4306.

Infusion pump rental is limited to once per month for a maximum of four months per lifetime.

Purchase of an infusion pump may be considered when the client has a chronic need for infusion therapy.

For more information, call the TMHP Contact Center at 1-800-925-9126.