Effective November 25, 2009, for dates of service on or after October 1, 2009, the subcutaneous injection port device will be a benefit of Texas Medicaid.

A subcutaneous injection port is a sterile medication delivery device through which physician-prescribed medications can be injected directly into the subcutaneous tissue using a standard syringe and needle, an injection pen, or other manual injection device. The device can be used for multiple subcutaneous injections for a period of up to 72 hours, thereby avoiding repeated needle punctures of the skin. The device cannot be used with an injection pump.

A subcutaneous injection port, such as the I-Port or Insufion, is a benefit of Texas Medicaid as a Title XIX Home Health service with prior authorization. Procedure code A4211 submitted with modifier U4 may be reimbursed for subcutaneous injection ports as follows:

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Reimbursement Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>A4211 with modifier U4</td>
<td>$9.75</td>
</tr>
</tbody>
</table>

Texas Medicaid may reimburse the device for clients who require multiple daily injections of a physician-prescribed medication and who meet the criteria outlined in this article.

The subcutaneous injection port is not a benefit of Texas Medicaid as an item of convenience or for clients already receiving the medication through an ambulatory infusion pump. The device is considered an item of convenience if the client does not meet the criteria for medical necessity that are outlined in this article.

**Authorization Requirements**

Prior authorization is required for a subcutaneous injection port.

The initial request for prior authorization must include documentation that indicates the client meets the following criteria for medical necessity:

- The client has a medical condition that requires multiple (i.e., 2 or more) subcutaneous, self-administered injections on a daily basis and has a current prescription for the injectable medication. Documentation must indicate the specific medical condition that is being treated, the name of the injectable medication, and the dosage and frequency of the injections.

  **Note:** “Self-administered” includes those injections administered by the client through a subcutaneous injection or by the caregiver to the client through a subcutaneous injection.

- The client or the caregiver has been unsuccessful with the self-administration of injections using a standard needle and syringe because the client demonstrates trypanophobia (i.e., severe needle phobia), as evidenced by documented physical or psychological symptoms. Documented symptoms may include, but are not limited to, the following:
<table>
<thead>
<tr>
<th>Condition</th>
<th>Possible Exhibited Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaso-vagal trypanophobia</td>
<td>Physical symptoms such as changes in blood pressure, syncope, sweating, nausea, pallor, and tinnitus</td>
</tr>
<tr>
<td>Associate trypanophobia</td>
<td>Psychological symptoms such as extreme anxiety, insomnia, and panic attacks</td>
</tr>
<tr>
<td>Resistive trypanophobia</td>
<td>Signs and symptoms such as combativeness, elevated heart rate, high blood pressure, and violent resistance to procedures involving needles or injections</td>
</tr>
</tbody>
</table>

The prescribing physician must include with the prior authorization request a written statement of medical necessity that identifies the client as an appropriate candidate for the subcutaneous injection port device. The physician’s statement or medical record documentation that is submitted with the prior authorization request must indicate the following:

- The client or caregiver has received instruction during an office visit on the proper placement and use of the device, with successful return demonstration. (Prior authorization requests for skilled nursing visits for the sole purpose of client instruction on the use of the subcutaneous injection port device will not be approved. Necessary instruction must be performed as part of the office visit with the prescribing physician.)
- The client has no known allergies or sensitivities to adhesives, silicone, or similar materials.
- The client has no skin infection at potential injection sites.
- The client’s most recent lab results related to the medical condition requiring treatment with daily subcutaneous injections must also be submitted with the prior authorization request. Lab results may include, but are not limited to, hemoglobin A1c (HbA1c) levels for clients with insulin dependent diabetes mellitus (IDDM) and partial thromboplastin time (PTT) for clients receiving anticoagulant therapy.

To request prior authorization for durable medical equipment (DME) or supplies, providers must submit a completed Home Health Services (Title XIX) Durable Medical Equipment (DME)/Medical Supplies Physician Order Form that has been signed and dated by a physician who is familiar with the client. All signatures and dates must be current, unaltered, original, and handwritten. Computerized or stamped signatures/dates will not be accepted. The completed Home Health Services (Title XIX) Durable Medical Equipment (DME)/Medical Supplies Physician Order Form must include the procedure codes and quantities for services requested. Copies of the completed, signed, and dated form must be maintained by the DME provider and the prescribing physician in the client’s medical record. The form with the original dated signature must be maintained by the prescribing physician.

Requests for prior authorization must be submitted to the Home Health Services Department through the TMHP website or by telephone, fax, or mail at:

Texas Medicaid & Healthcare Partnership
Home Health Services
PO Box 202977
Austin, TX 78720-2977
Telephone: 1-800-925-8957
Fax: 1-512-514-4209

To submit the authorization request through the TMHP website, providers may access www.tmhp.com and click **Submit a Prior Authorization** under the **I would like to…** section of the homepage.

**Note:** For clients who are 20 years of age or younger and who do not meet the criteria for coverage by Title XIX Home Health, the device may be considered through the Texas Health Steps-Comprehensive Care Program (THSteps-CCP). Requests for prior authorization must be submitted to the CCP Department through the TMHP website or by telephone, fax, or mail at:

Texas Medicaid & Healthcare Partnership
Comprehensive Care Program (CCP)
PO Box 200735
Austin, TX 78720-0735
Telephone: 1-800-846-7470
Fax: 1-512-514-4212

Initial prior authorizations will be issued for a trial period of up to 3 months.

Requests for the renewal of the prior authorization after the initial trial period has ended must include documentation of the following:

- Ongoing signs and symptoms associated with the client’s trypanophobia.
- Improved compliance with the physician-prescribed injection regimen.
- Successful use of the device with no persistent pattern of the client’s dislodging the device during the initial trial period.
- Results of relevant lab tests performed upon completion of the initial trial period, including, but not limited to, HbA1c levels for clients with IDDM and PTT for clients who are receiving anticoagulant therapy.

**Note:** For clients with IDDM, if the HbA1c level has not declined with use of the subcutaneous injection port, additional documentation must be submitted by the physician’s clinical determination about the lack of significant improvement in the HbA1c level. The renewal of the prior authorization will not be approved without this information.

Prior authorizations that are issued after the successful completion of the initial trial period may be issued for a period of up to 6 months.

Prior authorizations for subcutaneous injection ports are limited to a quantity of 10 individual ports per month. Additional ports will be considered for prior authorization with documentation of medical necessity.

To facilitate determination of medical necessity and to avoid unnecessary denials, the physician must provide correct and complete information, including documentation of medical necessity for the equipment or supplies that are being requested. The physician must maintain documentation of medical necessity in the client’s medical record. The requesting provider may be asked for additional information to clarify or complete the request.

Retrospective review may be performed to ensure that the documentation in the client’s medical record supports the medical necessity of the subcutaneous injection port.
For more information about Title XIX Home Health services, providers may refer to the 2009 *Texas Medicaid Provider Procedures Manual* section 24.4.15, “Durable Medical Equipment (DME) and Supplies,” on page 24-28.

**Claims Reprocessing**

Claims submitted with subcutaneous injection port procedure codes with dates of service from October 1, 2009, to November 24, 2009, will be reprocessed, and payments will be adjusted accordingly. No action on the part of the provider is required.