



Home Infusion Coverage

The FDA has recently approved the first new ALS drug in over 20 years that requires IV (intravenous) infusion therapy for administration. As you may be aware, IV therapy can be administered in multiple sites of care: your doctor’s office, a clinic, the hospital, or your home. Where you receive treatment will be a decision based on clinical input from your physician, your insurance coverage, and your personal preference.

Many patients with ALS may be eligible for Medicare, and the coverage for the different sites of care may vary depending on the type of Medicare plan. Original Medicare (also known as “traditional” or “fee-for-service” Medicare) has a limited home infusion benefit, and the new ALS drug is not covered under this benefit. If receiving infusion therapy at home is your goal, understanding how home infusion therapy services are covered by Medicare will help inform your Medicare plan selection during the Open Enrollment process.

Home infusion therapy providers bill three service components on a claim to your health insurance plan: the drug, the professional pharmacy services and supplies, and skilled infusion nursing (unless the patient is certified as “homebound” by their doctor, in which case nursing may be covered under the original Medicare home health agency benefit). **Drug coverage for home infusion therapy may be covered under a Medicare prescription drug plan. This includes a Medicare Part D prescription drug plan or a Medicare Part C Medicare Advantage Plan that also provides Medicare prescription drug coverage.***

Professional pharmacy services and supplies are billed as S-codes called a “Per Diem”, and skilled infusion nursing is billed as a CPT-code. The most common codes and descriptions of the services are below for your reference:

Billing Code	Description
CPT Code-99601	Home infusion/specialty drug administration, per visit (up to 2 hours)
CPT Code-99602	Home infusion/specialty drug administration, each additional hour
S Code- S9379	Home infusion therapy, not otherwise classified
S Code- S5501	Home Infusion therapy, catheter care/maintenance, complex

As original Medicare does not cover these codes, in order to have coverage as a Medicare beneficiary, you may wish to consider a Medicare Advantage Plan. The codes above are for your reference to help better inform you during the Open Enrollment process. Not all Medicare Advantage Plans cover these codes, and even with coverage there may be quantity limits or authorization requirements that need to be met before services would be covered. It is important to verify that the drug, nursing and related home infusion services and supplies are covered under the plan(s) you choose. Note that coverage may be available under different codes than the ones listed above. Before finalizing your selection, ensure that your current health care providers participate with whichever plan you may choose.

Understanding health insurance can be complicated, and making decisions regarding the appropriate basic plan and supplemental coverages may require additional information. Questions regarding Medicare plans can be directed to your current provider, plan administrator, and/or Medicare directly. We recommend that prior to making a final decision on purchasing insurance, you compare your options based on factors including physician participation, health care needs, inclusion and exclusion criteria, costs, and other potential coverage. 1-800-MEDICARE (1-800-633-4227) can help. TTY users can call 1-877-486-2048. For more information please visit: www.medicare.gov/Pubs/pdf/11386-Medicare-questions-answered.pdf

To Learn More:

Through a generous grant made by Option Care, you can learn more about home infusion basics by visiting www.alsa.org/als-care/resources/home-infusion-information.html



* A Medicare Advantage Plan is defined as follows: "A type of Medicare health plan offered by a private company that contracts with Medicare to provide you with all of your Part A and Part B benefits. Medicare Advantage Plans include Health Maintenance Organizations, Preferred Provider Organizations, Private Fee-for-Service Plans, Special Needs Plans, and Medicare Medical Savings Account Plans. If you are enrolled in a Medicare Advantage Plan, most Medicare services are covered through the plan and are not paid for under original Medicare. Most Medicare Advantage Plans offer prescription drug coverage." See www.Medicare.gov.