



Outpatient Services • Home Health Agencies and Home and Community-Based Services

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Medi-Cal Training Seminars

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Home Infusion Therapy for Pre-Term Labor

Effective for dates of service on or after July 1, 2007, HCPCS code S9349 (home infusion therapy, tocolytic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, per diem) is a Medi-Cal benefit for Home Health Agency providers only. For Medi-Cal purposes, the per diem reimbursement for this code will include drugs and nursing visits.

Authorization Required

A *Treatment Authorization Request* (TAR) or Service Authorization Request (SAR) is required and must be submitted to the San Bernardino Medi-Cal Field Office. Providers must demonstrate that the patient meets the criteria for home infusion treatment by explaining why the requested services are medically necessary with supporting documentation or by using the new *Request for Home Tocolytic Therapy and Monitoring* form (located at the end of the *Home Health Agencies (HHA)* section of the Part 2 manual). TARs/SARs may be authorized for up to 100 units (days) of service.

Patient Criteria

Each patient's condition must be individually evaluated by the physician providing treatment. Services may only be initiated for individuals who are currently hospitalized with pre-term labor; this is not preventive treatment.

All of the following indications must be present to obtain prior authorization for the use of home tocolytic therapy:

- The gestational age is between 24 weeks, 0 days and 35 weeks, 9 days.
- There is a single or multiple fetus pregnancy.
- The patient is currently in the hospital requiring intravenous tocolytic therapy for pre-term labor as defined by regular uterine contractions and cervical change (documented by physical and/or transvaginal ultrasound exam) as:
 - A change in cervical dilation or effacement or cervical length; or
 - Cervical dilation > 2 centimeters (cm) and effacement ≥ 75 percent; or
 - Cervical length < 2.5 cm.
- Failed oral tocolytic therapy was prescribed by the treating physician, as evidenced by recurrence of contractions or cervical change (defined above).
- A fetal fibronectin test was performed in the last two weeks.
- The patient is stable for discharge as judged by the treating physician.
- The patient is a suitable candidate for home care services including the ability to understand operation of the infusion pump and infusion site care, a suitable home environment including telephone and the ability to communicate with the specialized obstetric nurse over the telephone.

Please see **Home Infusion**, page 2

Home Infusion (*continued*)**Contraindications**

None of the following contraindications may be present to obtain prior authorization for the use of home tocolytic therapy:

- Current maternal or fetal indication for delivery
- Evidence of fetal compromise or placental insufficiency
- Ruptured membranes
- Active vaginal bleeding
- Evidence of suspected chorioamnionitis
- Negative fetal fibronectin test in the last 14 days
- Preeclampsia
- Lethal congenital or chromosomal abnormalities
- Maternal or fetal contraindications to the use of terbutaline
- Known drug allergy to terbutaline

Reimbursement

Reimbursement for code S9349 is “By Report.” Reimbursement for code S9349 encompasses all of the following required services, and providers must attach documentation to justify the reimbursement rate that shows that all of the following services were provided:

- Initial assessments by a Registered Nurse (RN) with high-risk obstetrical experience. The initial assessment may be conducted in the hospital or in the patient’s home.
- Additional RN assessments as ordered by the patient’s physician.
- Additional components as ordered by the physician, including, but not limited to blood pressure and pulse monitoring, assessment, weight analysis, diabetes screening and dietary assessment.
- Initial and ongoing nurse education of the patient regarding pre-term labor, pregnancy, care plan objectives, data collection activities, uterine monitoring devices, infusion pump and supplies to be used.
- Ongoing reinforcement of the patient regarding pre-term labor and management with subcutaneous tocolytic therapy (plan of treatment)
- Patient education materials related to pre-term labor, tocolytics, subcutaneous infusion therapy, use of infusion pump and uterine monitoring device.
- Provision and delivery of tocolytic medication and related supplies and equipment as needed.
- Patient telephonic nursing assessments with nursing and pharmacy support 24 hours a day, seven days a week, in accordance with all applicable state and federal laws, rules and regulations, and agency policy.
- Routine clinical status and update reporting to the physician. Weekly, written updates, and as requested by the patient’s physician. Verbal updates per changes in the patient’s clinical status.
- Daily and “as needed” data transmission to the patient service center.
- Routine and “as needed” contraction and vital signs data collected by the patient and reported to the physician, based upon changes in the patient’s status, symptom management and the physician’s plan of treatment.

This information is reflected on manual replacement pages home hlth 3 thru 5 (Part 2) and the Request for Home Tocolytic Therapy and Monitoring form (Part 2).

HCBS Benefit Updates

Rate Change

Effective for dates of service on or after October 1, 2007, the reimbursement rate for HCPCS code T1016 (case management, each 15 minutes) is \$11.36. This service is a new benefit for Home and Community-Based Services (HCBS) non-profit proprietary agencies (provider type 95).

Non-Benefits

Also effective for dates of service on or after October 1, 2007, the following HCPCS codes are non-benefits for HCBS registered nurses (provider type 67) and benefit providers (provider type 68).

<u>HCPCS Code</u>	<u>Description</u>
S5160	Emergency response system; installation and testing
S5161	Emergency response system; service fee, per month (excludes installation and testing)

This information is reflected on manual replacement pages [home cd 3 and 5](#) (Part 2).

HCBS Waiver Program Provider Type Eligibility Updates

Effective for dates of service on or after October 1, 2007, the provider eligibility type for Home and Community-Based Services (HCBS) program HCPCS code G9012 (Transitional Case Management [TCM], per hour) changed from 95 to 69 (professional corporation). Also, provider type 95 (non-profit agency) has been added to code G9012 with a reimbursement rate of \$45.43.

This information is reflected on manual replacement page [home cd 2](#) (Part 2).

CCS/GHPP SAR Requirements Update

Retroactively effective for dates of service on or after August 1, 2007, California Children's Services (CCS) and Genetically Handicapped Persons Program (GHPP) providers must submit a Service Authorization Request (SAR) for nutritional therapy for Phenylketonuria (PKU).

This updated information is reflected on manual replacement page [cal child sar 6](#) (Part 2).

CCS Service Code Groupings Update

Retroactively effective for dates of service on or after July 1, 2006, HCPCS code Z4303 has been added to California Children's Services (CCS) Service Code Grouping (SCG) 06.

Effective for dates of service on or after September 1, 2007, code X7658 has been end-dated and code J9263 has been added to CCS SCGs 01, 02, 03 and 07.

Reminder: SCG 02 includes all the codes in SCG 01; SCG 03 includes all the codes in SCG 01 and SCG 02; and SCG 07 includes all the codes in SCG 01. These same "rules" apply to end-dated codes.

The updated information is reflected on manual replacement pages [cal child ser 1, 3 and 16](#) (Part 2).

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- Remove and replace
at front of manual: *Medi-Cal Program 1 **
- Remove: *Manual Organization A-1*
Insert: *Manual Organization A-1/A-2 **
- Remove and replace: *How to Use This Manual B-1 thru B-6 **
- Remove and replace
at the end of the *How
to Use This Manual*
section: *How Are We Doing? 1/2 **
- Remove and replace: *Manual Ordering C-1/C-2 **
- Remove and replace
at the end of the
Manual Ordering
section: *Subscriber Order Form 1/2 **
- Remove and replace: *Contents for HHA and HCBS Billing and Policy iii/iv **
*cal child 1 thru 4 **
cal child sar 5/6
cal child ser 1 thru 4, 15/16
*cal child spec 1 **
home cd 1 thru 6
- Remove: *home health 3 thru 8*
Insert: *home health 3 thru 11*
- Insert at the end
of the *Home Health
Agencies (HHA)*
section: *Request for Home Tocolytic Therapy and Monitoring*
- Remove and replace: *tar comp 5 thru 8 **

* Pages updated due to ongoing provider manual revisions.