## 7. <u>Home Health</u> (continued)

- c. Medical supplies, equipment, and appliances suitable for use in the home.
  - 3) <u>Home Infusion Therapy</u>

Self –administered Home Infusion Therapy (HIT) is covered when it is medically necessary and provided through a Medicaid enrolled HIT agency as prescribed by a physician. "Self-administered" means that the patient and/or an unpaid primary caregiver is capable, able, and willing to administer the therapy following teaching and with monitoring. An agency must be a home care agency licensed in North Carolina for the provision of infusion nursing services to qualify for enrollment as a Home Infusion Therapy Provider.

The following therapies are included in this coverage when self-administered:

- i. Total parenteral nutrition
- ii. Enteral nutrition
- iii. Intravenous chemotherapy
- iv. Intravenous antibiotic therapy
- v. Pain management therapy, including subcutaneous, epidural, intrathecal, and intravenous pain management therapy

## PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

## IV. General

Rates for supplies and equipment shall be consistent among the HIT, Home Health (HH), and DME programs, as referenced in Attachment 4.19-B, Section 7.

If, as of September 1, 2006, a rate for an individual supply or equipment usage/purchase is different in either HH or HIT from the DME rate, the DME rate will be used unless the DME rate is the lower rate. In that case, no rate increases will be applied to the item in either HIT or HH until the DME rate is equal or greater than the rate of HH or HIT in effect on September 1, 2006. Once the DME rate for the item exceeds the existing rate for HIT or HH, those programs will adopt the DME rate.

All public and private providers are paid in accordance with the same published fee schedule as provided on the NC Division of Medical Assistance Web site @ http://www.ncdhhs.gov/dma/fee/fee.htm.

There will be no retroactive payment adjustments for fee changes.

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