

Marketplace National Regional Benefit Interpretation Document

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| Benefit Name | HOME INFUSION THERAPY |
| Applicable State | California, Florida, Idaho, Illinois, Kentucky, Michigan, Mississippi, Nevada, New Mexico, Ohio, South Carolina, Texas, Utah, Washington, Wisconsin |
| Benefit Definition | <p>This policy address home infusion therapy.</p> <p>Covered benefits are listed in three (3) Sections - A, B and C. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations and exclusions as stated in the member’s Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member’s EOC/SOB, the member’s EOC/SOB provision will govern.</p> <p>Essential Health Benefits for Individuals and Small Groups</p> <p>For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group plans (inside and outside of Exchanges) to provide coverage for ten categories of Essential Health Benefits (“EHBs”). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for EHBs. However, if such plans choose to provide coverage for benefits which are deemed EHBs (such as maternity benefits), the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute EHBs is made on a state by state basis. As such, when using this guideline, it is important to refer to the member specific benefit document to determine benefit coverage.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>A. FEDERAL/STATE MANDATED REGULATIONS</p> </div> <p>Note: The most current federal/state mandated regulations for each state can be found in the links below.</p> <p>CALIFORNIA: 28 CCR § 1300.67: Infusion Therapy</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>B. STATE MARKET PLAN ENHANCEMENTS</p> </div> |

None

C. COVERED BENEFITS

IMPORTANT NOTE: Covered benefits are listed in Sections A, B and C. Always refer to Sections A and B for additional covered benefits not listed in this Section.

Refer to the member’s Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.

HOME INFUSION THERAPY

CALIFORNIA, FLORIDA, IDAHO, ILLINOIS, MICHIGAN, MISSISSIPPI, NEVADA, NEW MEXICO, SOUTH CAROLINA, TEXAS, UTAH, WASHINGTON, WISCONSIN:
Molina covers Home Infusion Therapy.

KENTUCKY:

Passport covers Home Infusion Therapy.

Site of Care for Provider-administered Drugs Required Program: For Provider-administered drugs that require Prior Authorization, when coverage criteria are met for the medication, a site of care policy is used to determine the medical necessity of the requested site of care. Site of care means the physical location of injection or infusion administration of a drug for a specialized condition.

Molina covers injectable and infuse medications in an outpatient hospital setting or at a hospital-affiliated infusion suite when the level of care is determined to be medically necessary. To review the site of care policy, please visit [PassportHealthPlan.com/Marketplace].

OHIO:

Molina covers home infusion therapy include a combination of nursing, durable medical equipment, and pharmaceutical services which are delivered and administered intravenously in the home. Home IV therapy includes, but is not limited to, injections (intra-muscular, subcutaneous, and continuous subcutaneous), total parenteral nutrition, enteral nutrition therapy, antibiotic therapy, pain management, and chemotherapy.

Reference the Benefit Interpretation Policy titled **Home Health Services**.
Reference the Site of Care Policy provided within each Evidence of Coverage (EOC).

D. NOT COVERED

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| | Refer to the member’s Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility. | | | |
| | E. DEFINITIONS | | | |
| | See Glossary | | | |
| | F. POLICY HISTORY/REVISION INFORMATION | | | |
| | Date | | Action/Description | |
| | 7/1/2023 | | <ul style="list-style-type: none"> Added NV 2024 EOC Language | |
| Codification | Marketplace Benefit Interpretation Policies Codification | | | |
| Prior Authorization | <p>For the MHI PA Matrix, if a code is NOT listed, it could EITHER be:</p> <ol style="list-style-type: none"> Covered and No PA Required Not Covered <p>You cannot use the MHI PA Matrix to make coverage determinations.</p> <p>PA Lookup Tool</p> | | | |
| Approval | Departments | Product | CIM | Clinical Management |
| | Date | 2/18/2021 | 5/10/2021 | 4/7/2021 |
| | Revised (for 1/1/2022) | 11/2/2021 | 3/11/2022 | 11/5/2021 |
| | Revised (for 1/1/2023) | 11/18/2022 | 3/27/2023 | 11/10/2022 |
| | Revised (for 1/1/2024) | 11/16/2023 | 4/1/2024 | 12/8/2023 |
| | Revised (for 1/1/2025) | 11/7/2024 | - | 10/31/2024 |