

Network Notification

Date: March 25, 2016
To: CareSource Medicaid and Marketplace Health Partners
From: CareSource®
Subject: Home Infusion Therapy Prior Authorization Requirements, Pharmacy Criteria and Billing Guidelines

To streamline home infusion therapy prior authorizations, CareSource recently updated requirements for Medicaid and Marketplace home infusion therapy services.

Prior Authorization

Effective April 1, 2016, **prior authorization is no longer required for most home infusion therapy services** when they meet all the below criteria:

- The services are rendered by a participating preferred home infusion therapy provider
- The services are rendered in accordance with the most updated CareSource [policy](#) on home infusion therapy.
- The services are rendered in accordance with CareSource [home infusion therapy prior authorization requirements](#)

Health partners must also confirm the medication prescribed meets plan-specific prior authorization requirements. Refer to the plan's "Medications that Require Authorization on the Medical Benefit" list:

- [Ohio Medicaid](#)
- [Marketplace](#)

Billing Guidelines

For efficient claims processing, health partners should follow the below billing guidelines:

- All compounded home infusion therapies (TPN, antibiotics, pain management), 02 5 -0.00be ai:

- SJ identifies the third or more concurrently administered infusion therapy.

For patients receiving continuous infusions:

- Submit the therapy as once every twenty