

**Government Business Division
Policies and Procedures**

Section (Primary Department) Health Care Management		SUBJECT (Document Title) Infusion Administration – Facility – LA	
Effective Date	Date of Last Review	Date of Last Revision	Dept. Approval Date
Department Approval/Signature:			

Policy applies to health plans operating in the following State(s). Applicable products noted below.

Products	<input type="checkbox"/> Arkansas	<input type="checkbox"/> Iowa	<input type="checkbox"/> Nebraska	<input type="checkbox"/> South Carolina
<input checked="" type="checkbox"/> Medicaid/CHIP	<input type="checkbox"/> California	<input type="checkbox"/> Kansas	<input type="checkbox"/> Nevada	<input type="checkbox"/> Tennessee
<input type="checkbox"/> Medicare/DSNP	<input type="checkbox"/> Colorado	<input type="checkbox"/> Kentucky	<input type="checkbox"/> New Jersey	<input type="checkbox"/> Texas
	<input type="checkbox"/> District of Columbia	<input checked="" type="checkbox"/> Louisiana	<input type="checkbox"/> New York	<input type="checkbox"/> Virginia
	<input type="checkbox"/> Florida	<input type="checkbox"/> Maryland	<input type="checkbox"/> New York (WNY)	<input type="checkbox"/> Washington
	<input type="checkbox"/> Georgia	<input type="checkbox"/> Minnesota	<input type="checkbox"/> North Carolina	<input type="checkbox"/> West Virginia
	<input type="checkbox"/> Indiana	<input type="checkbox"/> Missouri	<input type="checkbox"/> Ohio	<input type="checkbox"/> Wisconsin

POLICY:

The policy outlines how the Plan reimburses facilities for infusion administration services.

DEFINITIONS:

Infusion - the intravenous administration of therapeutic, prophylactic, or diagnostic fluids and/or drugs over a defined period of time, typically more than 15 minutes.

Nursing Procedure or Services – routine patient care services performed by bedside nurses (RNs and/or LPN), respiratory therapists, certified nursing assistants, perfusionists, or other technical staff as part of their routine daily responsibilities are considered integral part of patient care.

Facility Fee – represents the technical or infrastructure component of healthcare services. It accounts for the use of the facility space, equipment, staff, and supplies necessary to deliver care.

PROCEDURE:

- **The facility fee reimbursement is inclusive of all routine nursing, ancillary, and technician services.**
- **Services related to routine nursing procedures, such as infusion administration services must not be reported separately, as they are included in the facility payment.**
- **Nursing services performed during inpatient admission or outpatient visits are not eligible for separate reimbursement.**

REFERENCES:

- **Centers for Medicare & Medicaid Services (CMS) Provider Reimbursement Manual, Part I, Chapter 22**
- **CPT® and HCPCS Level II Coding Guidelines**

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RESPONSIBLE DEPARTMENTS:

Primary Department:
Health Care Management

Secondary Department(s):

EXCEPTIONS:

REVISION HISTORY:

<u>Review Date</u>	<u>Changes</u>
	<ul style="list-style-type: none">• <u>New Policy</u>