

# Reimbursement Policy

**Policy Number:** RP019

**Policy Title:** Infusion Services

**Approval Date:** Aug. 31, 2026

**Effective Date:** Dec. 11, 2026

## Policy Disclaimer

If a conflict arises between a Reimbursement Policy and any Plan document under which a member is entitled to covered services, the Plan document will govern. If a conflict arises between a reimbursement policy and any provider contract pursuant to which a provider participates in and/or provides covered services to eligible member(s) and/or plans, the provider's contract will govern. "Plan documents" include, but are not limited to, Certificates of Health Care Benefits, Benefit Booklets, Summary Plan Descriptions and other coverage documents. Blue Cross and Blue Shield of Texas may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSTX has full and final discretionary authority for their interpretation and application to the extent provided under any applicable Plan documents.

Providers are responsible for submitting accurate documentation of services performed. Providers are expected to submit claims for services rendered using valid code combinations from Health Insurance Portability and Accountability Act approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing Editor, American Medical Association, Current Procedural Terminology (CPT®) Assistant, Healthcare Common Procedure Coding System, ICD-10-CM and ICD-10-PCS, National Drug Codes, Diagnosis Related Group guidelines, Centers for Medicare & Medicaid Services National Correct Coding Initiative Policy Manual, CCI table edits and other CMS guidelines.

Claims are subject to the code edit protocols for services and procedures billed. Claim submissions are subject to claim review, including but not limited to, any terms of benefit coverage, provider contract language, medical policies and reimbursement policies, as well as coding software logic. Upon request, the provider is urged to submit any additional documentation.

## Description

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The purpose of this policy is to define and clarify billing and documentation for infusion services administered in the home, a provider office or an infusion suite. Health care providers are expected to exercise independent medical judgment in providing care to members. Providers are responsible for accurately, completely, and legibly documenting the services performed. Acceptable documentation includes, but is not limited to, the original medication order, plan of care or treatment plan, pharmacy order preparation notes, medication administration records, and delivery/shipment information if applicable. Claims submitted are expected to reflect services rendered using valid codes from HIPAA-approved code sets.

## Definitions/Terms

**Drug** - A drug is defined as:

- A substance recognized by an official pharmacopoeia or formulary.
- A substance intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease.
- A substance (other than food) intended to affect the structure or any function of the body.
- A substance intended for use as a component of a medicine but not a device or a component, part, or accessory of a device.
- Biological products are included within this definition and are generally covered by the same laws and regulations, but differences exist regarding their manufacturing process (chemical process versus biological process).

**Note:** J1642, A4216 and A4218 are considered supply codes for home infusion services and are not eligible for separate reimbursement based on fee schedules and/or applicable provider contract provisions (drugs, etc.). Oral drugs, including oral nutrition; inhaled drugs; topical medications; osteoarthritis drugs; and Intradialytic Total Parental Nutrition-IDPN are also not reimbursable when billed as a home infusion services.

**Home Setting** - Includes the following-

- The member's dwelling, such as a house, apartment, or other private living space.
- A relative's home if the member lives there.
- A place of residence used as a home or place of dwelling.
- A Senior Living Community (does not include skilled nursing facility), retirement home or assisted living facility.

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**Home Infusion Therapy** - Involves the intravenous or subcutaneous administration of drugs or biologicals to an individual at home. The components needed to perform home infusion include the drug, equipment, and supplies. Nurses typically train the patient or caregiver to self-administer the drug, educate on side effects and goals of therapy, and visit periodically to assess the infusion site and provide dressing changes. The home infusion process typically requires coordination among multiple entities, including patients, physicians, hospital discharge planners, health plans, home infusion pharmacies, and, if applicable, home health agencies.

**Infusion** - The intravenous or subcutaneous injection of one of a variety of therapeutic solutions, such as a saline or glucose, in the treatment of dehydration, hypoglycemia, or other plasma electrolyte imbalance. Often referred to as a drip.

**Injection** - Is the introduction of a substance into the body using a syringe and an attached needle. Injections may be given under the skin (subcutaneous), via a vein (intravenous), deep into a muscle (intramuscular), or into the fluid surrounding the spinal cord (intrathecal).

**Per diem** - The term “per diem” represents each day that a given member is provided services for a prescribed therapy, beginning with the day the therapy is initiated and ending with the day the therapy is discontinued. The expected course and duration of the treatment shall be determined by the plan of care as prescribed by the ordering physician and documented appropriately.

**Per diem services include, but are not limited to:**

**Administrative Services**

- Coordination of benefits with other insurers
- Verification of insurance eligibility and extent of coverage
- Obtaining certificates of medical necessity and other required documentation
- Obtaining prior authorizations
- Patient financial services, billing, and account collection activities
- Licensure and regulatory compliance
- Maintenance and storage of medical and reimbursement records
- Inventory and facility maintenance
- Patient education materials
- Maintaining appropriate licensure, and/or accreditation, which may include the Joint Commission or similar-

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## **Pharmacy Professional Services**

### **(a) Dispensing:**

- Medication profile set-up and drug utilization review
- Monitoring for potential drug interactions
- Sterile procedures including intravenous admixtures, clean room upkeep, vertical and horizontal laminar flow hood certification, and all other biomedical procedures necessary for a safe environment
- USP-797 compliant sterile compounding of medications
- Patient counseling as required under OBRA 1990

### **(b) Clinical Monitoring:**

- Development and implementation of pharmaceutical care plans
- Pharmacokinetic dosing
- Review and interpretation of patient test results
- Recommending dosage or medication changes based on clinical findings
- Ongoing pharmacy patient assessment and clinical monitoring
- Other professional and cognitive services as needed to clinically manage patient's pharmacy care

### **(c) Pharmacy Professional Services:**

- Comprehensive knowledge of vascular access systems
- Continuing education to professional pharmacy staff
- Removal, storage, and disposal of infectious waste
- Maintaining accreditation requirements
- Maintaining insurance requirements {e.g., liability}, including compliance with all state and federal regulations related to minimum insurance coverage

## **Care Coordination**

- Patient admission, including communication with other medical professionals, patient assessment, and opening of the medical record
- Patient/caregiver education, including providing training and patient education materials
- Clinical coordination of infusion services care with physicians, nurses, patients, patient's family, other providers, caregivers, and case managers
- Patient discharge services, including communication with other medical professionals and closing of the medical record
- Clinical staff availability 24 hours/day, 7 days/week for questions and/or problems
- Development and monitoring of nursing care plans
- Coordination, education, training, and management of field nursing staff (or subcontracted agencies)
- Delivery of medication, supplies and equipment to patient's home or designated alternate site

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## Reimbursement Information

The Plan reserves the right to request supporting documentation to determine eligible reimbursement. Failure to adhere to coding and billing policies may impact claims processing and reimbursement. Submission of any code should be fully supported in the medical documentation.

Claims must be billed with the appropriate place of service (POS) code. For example:

- Infusion services provided in the home - POS 12
- Infusion services provided in the provider's office - POS 11
- Infusion services provided in a home infusion suite - POS 49

The Plan reimburses infusion therapy services for implanted pumps on a per diem basis only when an implanted pump is refilled, reprogrammed, or repaired by a clinician at home.

Per diem billing HCPCS codes, such as, S9490, S9494, S9497, and S9590 (home therapy services), S5497-S5498, S5501-S5502-S5517-S5518, S5520-S5523, and S9325-S9379 (home infusion therapy) include the following services and supplies:

- Administrative services
- Professional pharmacy services
- Care coordination
- All necessary supplies and equipment, including delivery for the effective administration of infusion, specialty drug and nutrition therapies which includes, but is not limited to:
  - Durable Medical Equipment/DME (pumps, poles, and accessories) for drug and nutrition administration, equipment maintenance and repair
  - Short peripheral vascular access devices, needles, gauze, non-implanted sterile tubing, catheters, dressing kits and flushing kits
  - Heparin and saline
  - Solutions used to dilute, reconstitute, or administer substances, drugs, or medications

Injectable therapies, including, but not limited to, subcutaneous or intramuscular, are payable only when billed on the same day as an approved medical intravenous therapy and/or the injectable therapy requires administration by a registered nurse. Self-administered therapies are not reimbursable, with the exception of factor/hemophilia clotting products.

**Note:** Per diem codes S9537, S9542, S9558, S9559, S9560 and S9562 are incidental to drug reimbursement and are not separately reimbursable.

**Total Parenteral Nutrition (TPN) per diem codes (S9364, S9365, S9366, S9367, S9368)**

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**The following products are included in the TPN per diem rate and are not separately reimbursable:**

- Non-specialty amino acids
- Concentrated dextrose
- Sterile water
- Electrolytes
- Standard multi-trace element solutions
- Standard multivitamin solutions
- Added trace elements not from a standard multi-trace element solution

**The following products are not included in the TPN per diem and may be billed and reimbursed separately:**

- Specialty amino acids for renal failure
- Specialty amino acids with concentrations of 15% and above when medically necessary for fluid restricted patients
- Specialty amino acids for hepatic failure
- Specialty amino acids for high stress conditions
- Lipids
- Added vitamins not from a standard multivitamin solution
- Products servicing non-nutritional services

**Enteral Nutrition (EN) per diem codes (S9340, S9341, S9342, S9343)**

**The following supplies are included in the EN per diem rate and are not separately reimbursable:**

- Enteral Access Devices
  - Nasogastric tube
  - Nasoduodenal/nasojunal tube
  - Orogastric tube
  - Oroduodenal/Orojejunal tube
  - Gastrostomy tube
  - Jejunostomy tube
- Pumps
- Syringes
- Containers
- Bags
- Dressings

- Tape
- Gravity feeding sets or kits
- All related supplies

**Note:** Compounding of parenteral nutrition and enteral nutrition formulas is not separately reimbursable when billed for Home Infusion Therapy. It would be inappropriate to bill S9430 in conjunction with a home infusion per diem code.

For purposes of demonstration, the following examples are provided:

| Prescribed Therapy                   | Units of Service for Per Diem Coding |
|--------------------------------------|--------------------------------------|
| Infusion every 4 hours for 7 days    | 7                                    |
| Infusion every 8 hours for 7 days    | 7                                    |
| Infusion every 12 hours for 7 days   | 7                                    |
| Infusion every 24 hours for 7 days   | 7                                    |
| Infusion every 10 days for 30 days   | 3                                    |
| Infusion 3 days per week for 2 weeks | 6                                    |
| Infusion once per week               | 1 (per week)                         |
| Infusion once per month              | 1 (per month)                        |

Both physician/other qualified health care professionals and facilities may only report one initial infusion service code per member encounter per day, unless the protocol or members condition requires two separate IV sites to be utilized. The difference in time and effort in providing the second IV access site may be reported using the initial service code and appending the appropriate modifier.

### **Applicable Modifiers for Multiple Therapies**

The per diem HCPCS code must be billed on the same claim as the corresponding drug for the same dates of service. Modifiers **SH** (second concurrently administered infusion therapy) and **SJ** (third or more concurrently administered infusion therapy) must be indicated with the HCPCS code, as appropriate.

### **Nursing Services**

Nursing services include the evaluation and assessment, education, catheter insertion, training for the patient or caregiver, consultation and inspection of home environment, and patient assessment. Services are reimbursed separately from the home infusion therapy code per diem.

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### **Cassette/Reservoir Change/Refill**

When a cassette/reservoir is changed/refilled in a **clinic setting**, only the provider who provides the change/refill should bill for the service. Therefore, only one (1) claim should be submitted for the cassette/reservoir change/refill service provided that day.

If the cassette/reservoir change/refill is performed in the **home setting**, the associated home infusion charges (i.e., medication, equipment, nursing services, per diem) should only be billed on the day the pump is changed/refilled in the home setting. Charges should not be billed on a daily or continuous basis e.g., HCPCS code **S9328**.

### **Infusion Coding**

The following is not an all-encompassing coding list. The inclusion of a code below does not guarantee it is a covered service or eligible for reimbursement. Exclusions may apply under benefit plans or other plan documents.

| <b>CODE</b>  | <b>Description</b>                                                                                                                                                                                                                                                                                                                                               |
|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>G0068</b> | Professional services for the administration of anti-infective, pain management, chelation, pulmonary hypertension, inotropic, or other intravenous infusion drug or biological (excluding chemotherapy or other highly complex drug or biological) for each infusion drug administration calendar day in the individual's home, each 15 minutes                 |
| <b>G0069</b> | Professional services for the administration of subcutaneous immunotherapy or other subcutaneous infusion drug or biological for each infusion drug administration calendar day in the individual's home, each 15 minutes                                                                                                                                        |
| <b>G0070</b> | Professional services for the administration of intravenous chemotherapy or other intravenous highly complex drug or biological infusion for each infusion drug administration calendar day in the individual's home, each 15 minutes                                                                                                                            |
| <b>G0088</b> | Professional services, initial visit, for the administration of anti-infective, pain management, chelation, pulmonary hypertension, inotropic, or other intravenous infusion drug or biological (excluding chemotherapy or other highly complex drug or biological) for each infusion drug administration calendar day in the individual's home, each 15 minutes |
| <b>G0089</b> | Professional services, initial visit, for the administration of subcutaneous immunotherapy or other subcutaneous infusion drug or biological for each infusion drug administration calendar day in the individual's home, each 15 minutes                                                                                                                        |
| <b>G0090</b> | Professional services, initial visit, for the administration of intravenous chemotherapy or other highly complex infusion drug or                                                                                                                                                                                                                                |

|              |                                                                                                                                                                                                                                                                                                                                                                                                      |
|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|              | biological for each infusion drug administration calendar day in the individual's home, each 15 minutes                                                                                                                                                                                                                                                                                              |
| <b>G0498</b> | Chemotherapy administration, intravenous infusion technique; initiation of infusion in the office/clinic setting using office/clinic pump/supplies, with continuation of the infusion in the community setting (e.g., home, domiciliary, rest home or assisted living) using a portable pump provided by the office/clinic, includes follow up office/clinic visit at the conclusion of the infusion |
| <b>S9325</b> | Home infusion therapy, pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem (do not use this code with S9326-S9328)                                                                                                                                 |
| <b>S9326</b> | Home infusion therapy, continuous (24 hrs or more) pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem                                                                                                                                             |
| <b>S9327</b> | Home infusion therapy, intermittent (less than 24 hrs) pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem                                                                                                                                         |
| <b>S9328</b> | Home infusion therapy, implanted pump pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem                                                                                                                                                          |
| <b>S9329</b> | Home infusion therapy, chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem (do not use this code with S9330 or S9331)                                                                                                                                 |
| <b>S9330</b> | Home infusion therapy, continuous (24 hrs or more) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem                                                                                                                                                |
| <b>S9331</b> | Home infusion therapy, intermittent (less than 24 hrs) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem                                                                                                                                            |
| <b>S9335</b> | Home infusion therapy, hemodialysis; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem                                                                                                                                                                                     |
| <b>S9336</b> | Home infusion therapy, continuous anticoagulant infusion therapy (e.g., heparin), administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem                                                                                                                                        |

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|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>S9338</b> | Home infusion therapy, immunotherapy, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem                                                                                               |
| <b>S9339</b> | Home infusion therapy, peritoneal dialysis, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem                                                                                         |
| <b>S9340</b> | Home infusion therapy, enteral nutrition, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (enteral formula and nursing visits coded separately), per diem                                                                                 |
| <b>S9341</b> | Home infusion therapy, enteral nutrition via gravity, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (enteral formula and nursing visits coded separately), per diem                                                                     |
| <b>S9342</b> | Home infusion therapy, enteral nutrition via pump, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem                                                                         |
| <b>S9343</b> | Home infusion therapy, enteral nutrition via bolus, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (enteral formula and nursing visits coded separately), per diem                                                                       |
| <b>S9345</b> | Home infusion therapy, anti-hemophilic agent infusion therapy (e.g., factor viii), administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem                                                  |
| <b>S9346</b> | Home infusion therapy, alpha-1-proteinase inhibitor (e.g., prolastin), administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem                                                              |
| <b>S9347</b> | Home infusion therapy, uninterrupted, long-term, controlled rate intravenous or subcutaneous infusion therapy (e.g., epoprostenol); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem |
| <b>S9348</b> | Home infusion therapy, sympathomimetic/inotropic agent infusion therapy (e.g., dobutamine); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem                                         |
| <b>S9349</b> | Home infusion therapy, tocolytic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem                                                                                  |

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|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>S9351</b> | Home infusion therapy, continuous or intermittent antiemetic infusion therapy, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem                                                                                                                                                            |
| <b>S9353</b> | Home infusion therapy, continuous insulin infusion therapy, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem                                                                                                                                                                               |
| <b>S9355</b> | Home infusion therapy, chelation therapy, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem                                                                                                                                                                                                 |
| <b>S9357</b> | Home infusion therapy, enzyme replacement intravenous therapy; (e.g., imiglucerase); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem                                                                                                                                                      |
| <b>S9359</b> | Home infusion therapy, anti-tumor necrosis factor intravenous therapy; (e.g., infliximab); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem                                                                                                                                                |
| <b>S9361</b> | Home infusion therapy, diuretic intravenous therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem                                                                                                                                                                                      |
| <b>S9363</b> | Home infusion therapy, anti-spasmodic therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem                                                                                                                                                                                            |
| <b>S9364</b> | Home infusion therapy, total parenteral nutrition (tpn); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, including standard tpn formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem (do not use with home infusion codes S9365-S9368 using daily volume scales) |
| <b>S9365</b> | Home infusion therapy, total parenteral nutrition (tpn); one liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, including standard tpn formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem                                                          |
| <b>S9366</b> | Home infusion therapy, total parenteral nutrition (tpn); more than one liter but no more than two liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, including standard tpn formula (lipids, specialty amino acid formulas, drugs other than in standard formula                                                                   |

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|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|              | and nursing visits coded separately), per diem                                                                                                                                                                                                                                                                                                                                                        |
| <b>S9367</b> | Home infusion therapy, total parenteral nutrition (tpn); more than two liters but no more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, including standard tpn formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem |
| <b>S9368</b> | Home infusion therapy, total parenteral nutrition (tpn); more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, including standard tpn formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem                             |
| <b>S9370</b> | Home therapy, intermittent anti-emetic injection therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem                                                                                                                                                                 |
| <b>S9372</b> | Home therapy, intermittent anticoagulant injection therapy (e.g., heparin); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem (do not use this code for flushing of infusion devices with heparin to maintain patency)                                                      |
| <b>S9373</b> | Home therapy, intermittent hydration therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem (do not use with hydration therapy codes S9374-S9377 using daily volume scales)                                                                                             |
| <b>S9374</b> | Home infusion therapy, hydration therapy; one liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem                                                                                                                                                              |
| <b>S9375</b> | Home infusion therapy, hydration therapy; more than one liter but no more than two liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem                                                                                                                        |
| <b>S9376</b> | Home infusion therapy, hydration therapy; more than two liters but no more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem                                                                                                                     |
| <b>S9377</b> | Home infusion therapy, hydration therapy; more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem                                                                                                                                                 |

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|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>S9379</b> | Home infusion therapy, infusion therapy, not otherwise classified; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem                                                                                           |
| <b>S9490</b> | Home infusion therapy, corticosteroid infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem                                                                                                              |
| <b>S9494</b> | Home infusion therapy, antibiotic, antiviral, or antifungal therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem (do not use this code with home infusion codes for hourly dosing schedules S9497-S9504) |
| <b>S9497</b> | Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 3 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem                                                                     |
| <b>S9500</b> | Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 24 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem                                                                    |
| <b>S9501</b> | Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 12 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem                                                                    |
| <b>S9502</b> | Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 8 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem                                                                     |
| <b>S9503</b> | Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 6 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem                                                                     |
| <b>S9504</b> | Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 4 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem                                                                     |
| <b>S9537</b> | Home therapy; hematopoietic hormone injection therapy (e.g., erythropoietin, g-csf, gm-csf); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem                                                                 |
| <b>S9538</b> | Home transfusion of blood product(s); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (blood product(s), drugs and nursing visits coded separately), per diem                                                                                                      |

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|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>S9542</b>  | Home injectable therapy, not otherwise classified, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem                                            |
| <b>S9558</b>  | Home injectable therapy; growth hormone, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem                                                      |
| <b>S9559</b>  | Home injectable therapy; interferon, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem                                                          |
| <b>S9560</b>  | Home injectable therapy; hormonal therapy (e.g., leuprolide, goserelin), including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem                      |
| <b>S9562</b>  | Home injectable therapy; palivizumab, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem                                                         |
| <b>S9590</b>  | Home therapy, irrigation therapy (e.g., sterile irrigation of an organ or anatomical cavity); including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem |
| <b>S9810</b>  | Home therapy; professional pharmacy services for provision of infusion, specialty drug administration, and/or disease state management, not otherwise classified, per hour (do not use this code with any per diem code)                                                            |
| <b>99601</b>  | Home Medication Infusion <ul style="list-style-type: none"> <li>• Performed by a non-physician qualified health care professional</li> <li>• Infusion up to 2 hours</li> <li>• Infusion of a specialty medication</li> </ul>                                                        |
| <b>+99602</b> | Home Infusion, additional <ul style="list-style-type: none"> <li>• Each hour beyond the first 2 hours</li> <li>• Coded in addition to 99601</li> </ul>                                                                                                                              |

### **Supply and Equipment Codes**

The following table is a list of commonly seen supply and/or equipment codes that are included in a Home Infusion “S” code and are not eligible for separate reimbursement. Supplies and equipment typically include DME items such as, pumps, poles and accessories for drug and nutrition administration, equipment maintenance, and repair (excluding member owned equipment), short peripheral vascular access devices, needles, gauze, non-implanted sterile tubing, catheters, dressing kits, and other necessary supplies for the sale

and effective administration of infusion, specialty drug(s), and nutrition therapies.

| <b>HCPCS</b>              | <b>Description</b>                                                                                                                                                                                     |
|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A4206 - A8004</b>      | Medical and surgical supplies                                                                                                                                                                          |
| <b>A4300</b>              | Implantable access catheter, (e.g., venous, arterial, epidural subarachnoid, or peritoneal, etc.) External access                                                                                      |
| <b>A4301</b>              | Implantable access total catheter, port/reservoir (e.g., venous, arterial, epidural subarachnoid, or peritoneal, etc.)                                                                                 |
| <b>A4305</b>              | Disposable drug delivery system, flow rate of 50ml or greater per hour                                                                                                                                 |
| <b>A4306</b>              | Disposable drug delivery system, flow rate of less than 50 ml per hour                                                                                                                                 |
| <b>A9270</b>              | Non-covered item or service                                                                                                                                                                            |
| <b>A9900</b>              | Miscellaneous DME supply, accessory, and/or service component of another HCPCS code                                                                                                                    |
| <b>A9999</b>              | Miscellaneous DME supply or accessory, not otherwise classified                                                                                                                                        |
| <b>B4034-B4036</b>        | Enteral feeding supply kit: per day, includes, but not limited to, feeding/flushing syringe, administration set tubing, dressings, tape. Syringe fed, pump fed, or gravity fed                         |
| <b>B4081-B4083</b>        | Nasogastric tubing with/without stylet; stomach tube – Levine type.                                                                                                                                    |
| <b>B4087-B4088</b>        | Gastrostomy/jejunostomy tube, standard or low profile, any material, any type, each                                                                                                                    |
| <b>B4148</b>              | Enteral feeding supply kit; elastomeric control fed, per day, includes, but not limited to, feeding/flushing syringe, administration set tubing, dressings, tape                                       |
| <b>B9002-B9006</b>        | Infusion pump                                                                                                                                                                                          |
| <b>B9998</b>              | NOC for enteral supplies                                                                                                                                                                               |
| <b>B9999</b>              | NOC for parenteral supplies                                                                                                                                                                            |
| <b>E0776</b>              | IV pole                                                                                                                                                                                                |
| <b>E0779</b>              | Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater                                                                                                                        |
| <b>E0780</b>              | Ambulatory infusion pump, mechanical, reusable, for infusion less than 8 hours                                                                                                                         |
| <b>E0781-E0786, E0791</b> | Infusion pumps                                                                                                                                                                                         |
| <b>J1642</b>              | Injection, heparin sodium, (heparin lock flush), per 10 units                                                                                                                                          |
| <b>J7030 - J7060</b>      | IV solutions, separate billing is dependent on whether incidental to a drug infusion (keeping a line open) or whether prescribed for medical condition, e.g., hydration. (Dependent on concurrent use) |

## Additional Resources

**Reimbursement Policy** (formerly known as Clinical Payment and Coding Policy)

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CPCP017 Wasted/Discarded Drugs and Biologicals Policy

CPCP026 Therapeutic, Prophylactic, Diagnostic, Injection, and Infusion Administration Coding

CPCP034 Unbundling Policy – Professional Provider

CPCP035 Unlisted/Not Otherwise Classified (NOC) Coding Policy

## Medical Policy

MED201.011 – Nutritional Support

## References

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Centers for Medicare & Medicaid Services (2026). [Healthcare Common Procedure Coding System \(HCPCS\)](#). Accessed April 24, 2026.

"National Home Infusion Association (NHIA), [Home Infusion Definition](#), accessed 04/16/2026.

United States Pharmacopeia (USP), [General Chapter <797>](#), Pharmaceutical Compounding – Sterile Preparations, accessed April 16, 2026. h

[Drugs@FDA Glossary of Terms](#). Accessed Feb. 27, 2026

## Policy Update History

| Approval Date | Description                                                                                                                                                                                                                                                                                                                                                                          |
|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 03/08/2019    | New Policy                                                                                                                                                                                                                                                                                                                                                                           |
| 06/17/2020    | Annual Review, Disclaimer Update                                                                                                                                                                                                                                                                                                                                                     |
| 09/07/2021    | Annual Review                                                                                                                                                                                                                                                                                                                                                                        |
| 12/22/2022    | Annual Review                                                                                                                                                                                                                                                                                                                                                                        |
| 10/23/2023    | Annual Review                                                                                                                                                                                                                                                                                                                                                                        |
| 04/11/2025    | Annual Review. Correction to Policy Update History. Policy revised to include broader scope of infusion services not limited to home setting; Policy title revised to support revisions; New definitions/terms added; Verbiage added for cassette/reservoir change/refill, POS codes, Nursing Services; Prescribed therapy UOS updated; Additional Resources and References updated. |

|            |                                                                                                                                                                                                 |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 07/16/2025 | Clarification added to: <i>Reimbursement Information</i> section, second paragraph; <i>Cassette/Reservoir Change/Refill</i> section.                                                            |
| 08/31/2026 | Annual Review; Language and guidance added for Enteral Nutrition services. Code table: added additional supply/equipment codes to support EN. MED201.011 added to Additional Resources section. |