

CLINICAL PAYMENT AND CODING POLICY

If a conflict arises between a Clinical Payment and Coding Policy (CPCP) and any plan document under which a member is entitled to Covered Services, the plan document will govern. If a conflict arises between a CPCP 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 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 (BCBSTX) 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 submission of accurate documentation of services performed. Providers are expected to submit claims for services rendered using valid code combinations from the Health Insurance Portability and Accountability Act (HIPAA) approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to Uniform Billing (UB) Editor, American Medical Association (AMA), Current Procedural Terminology (CPT®), CPT® Assistant, Healthcare Common Procedure Coding System (HCPCS), ICD-10 CM and PCS, National Drug Codes (NDC), Diagnosis Related Group (DRG) guidelines, Centers for Medicare and Medicaid Services (CMS) National Correct Coding Initiative (NCCI) Policy Manual, CCI table edits and other CMS guidelines.

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

Home Infusion

Policy Number: CPCP019

Version 2.0

Enterprise Clinical Payment and Coding Policy Committee Approval Date: June 17, 2020

Plan Effective Date: October 10, 2020 (Blue Cross and Blue Shield of Texas Only)

Description

The purpose of this document is to define and clarify home infusion billing and documentation. Health care providers are expected to exercise independent medical judgment in providing care to patients. 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, delivery/shipment information if applicable. The billing office is expected to submit claims for services rendered using valid codes from HIPAA-approved code sets.

Definitions:

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 service.

Per diem: The term “per diem” represents each day that a given patient is provided access to 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.

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 JCAHO or similar

Pharmacy Professional Services:

(a) Dispensing

- Medication profile setup 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
- Compounding of medications
- Patient counseling as required under Omnibus Budget Reconciliation Act of 1990 (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

Reimbursement Information:

The Plan reimburses home infusion therapy services on a per diem basis only when an actual drug infusion is administered that day. Per diem billing codes HCPCS: Home Therapy Services S9490-S9590; Home Infusion Therapy S5497-S5523 and S9325-S9379 include:

- 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, including 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 or the injectable therapy requires administration by a registered nurse. Self-administered therapies are not reimbursable, with the exception of factor/hemophilia clotting products.

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

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

- The following products are included in the TPN Per Diem rate and are not separately reimbursable:
 - Non-specialty amino acids (e.g., Travasol[®], Aminosyn[®], FreAmine[®])
 - Concentrated dextrose (e.g., D10, D20, D40, D50, D60, D70)
 - Sterile water
 - Electrolytes (e.g., CaCl₂, KCl, KPO₄, MgSO₄, NaAcetate, NaCl, NaPO₄)
 - Standard multi trace element solutions (e.g., MTE3, MTE4, MTE5, MTE7)
 - Standard multivitamin solutions (e.g., MVI12 or MVI13)
 - Added trace elements not from a standard multi trace element solution (e.g., chromium, copper, iodine, manganese, selenium, zinc).

- The following products are not included in the TPN Per Diem and may be billed and reimbursed separately:
 - Specialty amino acids for renal failure (e.g., Aminosyn-RF[®], Aminess[®], NephAmine[®], RenAmin[®])
 - Specialty amino acids with concentrations of 15% and above when medically necessary for fluid restricted patients (e.g., Aminosyn[®] 15%, Clinisol[®] 15%, Novamine[®] 15%, Prosol[®] 20%, Plenamine[®] 15%).
 - Specialty amino acids for hepatic failure (e.g., HepatAmine[®], Hepatasol[®] 8%)
 - Specialty amino acids for high stress conditions (e.g., Aminosyn-HBC[®], BranchAmin[®], FreAmin[®], Freamine HBC[®], Premasol[®], TrophAmine[®])
 - Lipids (e.g., Intralipid[®], Liposyn[®], Smoflipid[®], Omegaven[®])
 - Added vitamins not from a standard multivitamin solution (e.g., folic acid, vitamin C, vitamin K)

Products servicing non-nutritional services (e.g., insulin, iron dextran, famotidine, octreotide, ondansetron)

Examples: For purpose of demonstration, the following examples are provided:

Prescribed Therapy	Units of Service
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 once per week	1 (per week)
Infusion once per month	1 (per month)

HOME INFUSION MODIFIERS:

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.

HOME INFUSION CODES:

Listing and defining codes does not constitute a statement of coverage or reimbursement.

HCPCS	DESCRIPTION
S9325	HOME INFUSION THERAPY, PAIN MGMT INFUSION; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT, (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM
S9326	HOME INFUSION THERAPY, CONTINUOUS (24 HRS OR MORE) PAIN MGMT INFUSION; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT, (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM
S9327	HOME INFUSION THERAPY, INTERMITTENT (LESS THAN 24 HRS) PAIN MGMT INFUSION; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT, (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM
S9328	HOME INFUSION THERAPY, IMPLANTED PUMP PAIN MGMT INFUSION; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT, (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM
S9329	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)
S9330	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
S9331	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
S9335	HOME INFUSION THERAPY, HEMODIALYSIS; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION,



HCPCS	DESCRIPTION
S9335, cont.	AND ALL NECESSARY SUPPLIES AND EQUIPMENT, (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM
S9336	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
S9338	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
S9339	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
S9340	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
S9341	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
S9342	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
S9343	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
S9345	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
S9346	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
S9347	HOME INFUSION THERAPY, UNINTERRUPTED, LONG-TERM, CONTROLLED RATE INTRAVENOUS OR SUBQUTANEOUS INFUSION



HCPCS	DESCRIPTION
S9347, cont.	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
S9348	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
S9349	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
S9351	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
S9353	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
S9355	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
S9357	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
S9359	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
S9361	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
S9363	HOME INFUSION THERAPY, ANTI-SPASMOTIC THERAPY; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND



HCPCS	DESCRIPTION
S9363, cont.	EQUIPMENT, (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM
S9364	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)
S9365	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
S9366	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 AND NURSING VISITS CODED SEPARATELY), PER DIEM
S9367	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
S9368	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
S9370	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
S9372	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



HCPCS	DESCRIPTION
S9372, cont.	SEPARATELY), PER DIEM (DO NOT USE THIS CODE FOR FLUSHING OF INFUSION DEVICES WITH HEPARIN TO MAINTAIN PATENCY)
S9373	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)
S9374	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
S9375	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
S9376	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
S9377	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
S9379	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
S9490	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
S9494	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)
S9497	HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THERAPY; ONCE EVERY 3 HOURS; ADMINISTRATIVE SERVICES,



HCPCS	DESCRIPTION
S9497, cont.	PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT, (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM
S9500	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
S9501	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
S9502	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
S9503	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
S9504	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
S9537	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
S9538	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
S9542	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
S9558	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

HCPCS	DESCRIPTION
S9559	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
S9560	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
S9562	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
S9590	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
S9810	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)

Note: The billing of 99601 (HOME INFUSION VISIT 2 HRS) and 99602 (HOME INFUSION EACH ADDTL HR); each additional hour (List separately in addition to primary code for procedure), requires a qualified healthcare professional to administer.

SUPPLY AND EQUIPMENT CODES:

The following table is a list of commonly seen supply and/or equipment codes and are subject to inclusion as a supply when billed with the Home Infusion S code. Supplies and equipment typically include DME (pumps, poles and accessories) for drug and nutrition administration equipment maintenance and repair (excluding patient 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 and nutrition therapies.



HCPCS	DESCRIPTION
A4206 – A8004	MEDICAL AND SURGICAL SUPPLIES
A4300	IMPLANTABLE ACCESS CATHETER, (E.G., VENOUS, ARTERIAL, EPIDURAL SUBARACHNOID, OR PERITONEAL, ETC.) EXTERNAL ACCESS
A4301	IMPLANTABLE ACCESS TOTAL CATHETER, PORT/RESERVOIR (E.G., VENOUS, ARTERIAL, EPIDURAL SUBARACHNOID, OR PERITONEAL, ETC.)
A4305	DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE OF 50ML OR GREATER PER HOUR
A4306	DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE OF LESS THAN 50 ML PER HOUR
A9270	NON-COVERED ITEM OR SERVICE
A9900	MISCELLANEOUS DME SUPPLY, ACCESSORY, AND/OR SERVICE COMPONENT OF ANOTHER HCPCS CODE
A9999	MISCELLANEOUS DME SUPPLY OR ACCESSORY, NOT OTHERWISE CLASSIFIED
E0776	IV POLE
E0779	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION LESS THAN 8 HOURS
E0780	AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS, ELECTRIC OR BATTERY OPERATED, WITH ADMINISTRATION EQUIPMENT WORN BY PATIENT
E0781	INFUSION PUMP, IMPLANTABLE, NON-PROGRAMMABLE (INCLUDES ALL COMPONENTS, E.G., PUMP, CATHETER, CONNECTORS, ETC.)
E0782	INFUSION PUMP, IMPLANTABLE, PROGRAMMABLE (INCLUDES ALL COMPONENTS, E.G., PUMP, CATHETER, CONNECTORS, ETC.)
E0783	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN
E0784	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN
E0785	IMPLANTABLE INTRASPINAL (EPIDURAL/INTRATHECAL) CATHETER USED WITH IMPLANTABLE INFUSION PUMP, REPLACEMENT
E0786	IMPLANTABLE PROGRAMMABLE INFUSION PUMP, REPLACEMENT (EXCLUDES IMPLANTABLE INTRASPINAL CATHETER)
E0791	PARENTAL INFUSION PUMP, STATIONARY, SINGLE OR MULTI CHANNEL
J1642	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS
J7030 – J7060	IV SOLUTIONS, SEPARATE BILLING IS DEPENDENT ON WHETHER INCIDENTAL TO A DRUG INFUSION (KEEPING A LINE OPEN) OR WHETHER PRESCRIBED FOR MEDICAL CONDITION I.E., HYDRATION. (DEPENDENT ON CONCURRENT USE)

References:

Clinical Payment and Coding Policy, **CPCP017** Wasted/Discarded Drugs and Biologicals Guideline

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American Medical Association, 2019 HCPCS Level II, Professional Edition

U.S. Food & Drug Administration: <https://www.fda.gov/Drugs/InformationOnDrugs/ucm079436.htm>



Policy Update History:

Approval Date	Description
11/27/2018	New policy
03/08/2019	CPT Code descriptor update
06/17/2020	Annual Review, Disclaimer Update

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