

Corporate Payment Policy 14
HOME INFUSION THERAPY
(INCLUDING ENTERAL NUTRITION AND TOTAL PARENTERAL NUTRITION)

Updated Effective January 1, 2021

Description

Infusion therapy involves the administration of medication through a needle or catheter. It is prescribed when a patient's condition is so severe that it cannot be treated effectively by oral medications. Typically, "infusion therapy" means that a drug is administered intravenously, but the term also may refer to situations where drugs are provided through other non-oral routes, such as intramuscular injections and epidural routes (into the membranes surrounding the spinal cord). Traditional prescription drug therapies commonly administered via infusion include antibiotic, antifungal, antiviral, chemotherapy, hydration, pain management and parenteral nutrition. Infusion therapy is also provided to patients for treating a wide assortment of often chronic and sometimes rare diseases for which specialty infusion medications are effective. Examples include blood factors, corticosteroids, erythropoietin, infliximab, inotropic heart medications, growth hormones, immunoglobulin, natalizumab, and others.

Diseases commonly requiring infusion therapy include, but are not limited to, infections that are unresponsive to oral antibiotics, cancer and center-related pain, dehydration, and gastrointestinal diseases or disorders which prevent normal functioning of the gastrointestinal system.

Total Parenteral Nutrition (TPN) is a type of infusion therapy that can be administered in the home setting, also known as parenteral hyper-alimentation. Used for patients with medical conditions that impair gastrointestinal absorption to a degree incompatible with life, it is also used for variable periods of time to bolster the nutritional status of severely malnourished patients with medical or surgical conditions. TPN involves percutaneous transvenous implantation of a central venous catheter into the vena cava or right atrium. A nutritionally adequate hypertonic solution consisting of glucose (sugar), amino acids (protein), electrolytes (sodium, potassium), vitamins and minerals, and sometimes fats, is administered daily. An infusion pump is generally used to assure a steady flow of the solution either on a continuous (24-hour) or intermittent schedule. If intermittent, a heparin lock device and diluted heparin are used to prevent clotting inside the catheter.

Enteral Nutrition (EN) is used for patients with a functioning intestinal tract, but with disorders of the pharynx, esophagus, or stomach that prevent nutrients from reaching the absorbing surfaces in the small intestine, thus placing the patient at risk for malnutrition. Enteral nutrition involves administering non-sterile liquids directly into the gastrointestinal tract through nasogastric, gastrostomy or jejunostomy tubes. An infusion pump may be used to assist the flow of liquids into the intestinal tract but is not separately billable. EN may be administered either intermittently or continuously. EN may also be used to correct specific nutritional deficiencies.

This policy applies to reimbursement for infusion (including TPN and EN) therapy services provided in the Member's home. Home is defined by CPT® as "Location, other than a hospital or other facility, where the patient receives care in a private residence."

Policy

General:

Plan reimburses for home infusion therapy prescribed by a medical doctor, physician's assistant, or nurse practitioner, and services must be provided by an in-network home infusion therapy provider.

Plan's reimbursement for Medically Necessary home infusion (including TPN and EN) therapies consists of potentially three components: (1) a per diem payment, (2) payment for drugs, and (3) payment for nursing services (or other services that may be outside of the per diem payment – for instance, in the event a per diem service is not provided in the case of enteral nutrition, rental or purchase of an infusion pump is separately reimbursable). Note that instruction in an inpatient setting on catheter care and maintenance is not a separately reimbursable service but inclusive to an inpatient stay.

Criteria for medical necessity are set forth in Plan's Medical Policies for (1) Home Infusion, (2) Total Parenteral Nutrition (TPN) in the Home Setting and (3) Enteral Nutrition. Copies of the policies are available at www.bcbsvt.com.

Per Diem Payment:

There are different per diem service codes to be used for different types of home infusion therapy services; see coding tables in the applicable Plan medical policy for more details. The per diem payment applies to each day that a patient is provided infusion therapy in the home as prescribed by his or her physician. Generally speaking there are specific per diem codes for the following categories of home infusion services: (1) anti-infective therapy (antibiotics, antifungals, antivirals), (2) chemotherapy, (3) enteral nutrition, (4) hydration therapy, (5) pain management, (6) TPN, and (7) specialty therapy. There are separate per diem codes for catheter (or central line) care when performed as a stand-alone service. Services and products included in the per diem payment include the following:

- Generally
 - Professional pharmacy services
 - Continuing education to professional pharmacy staff
 - Removal, storage and disposal of infectious waste
 - Maintaining accreditation
 - Catheter care (unless provided as a stand-alone service)
 - 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
 - USP797 compliant sterile compounding of medications
 - Patient counseling as required by law or regulation
- 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
 - Initial and ongoing pharmacy patient assessment and clinical monitoring
 - Measurement of field nursing competency with subsequent education and training
 - Other professional and cognitive services as needed to clinically manage the patient
- Care coordination
 - Patient admittance services, including communication with other medical professionals, patient assessment, and opening of the medical record
 - Patient/caregiver educational activities, 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
 - Clinical coordination of non-infusion related services
 - Patient discharge services, including communication with other medical professionals and closing of the medical record
 - 24 hours per day, 7 days per week, availability for questions and/or other problems of a dedicated infusion team consisting of pharmacists, nurses, and all other medical professionals responsible for clinical response, problem solving, trouble shooting, question answering, and other professional duties from pharmacy staff that do not require a patient visit
 - Development and monitoring of nursing care plans
 - Coordination, education, training, and management of field nursing staff (or subcontracted agencies)
 - Delivery and removal of medication, supplies and equipment to patient's home
- Supplies and equipment
 - Line maintenance supplies including non-therapeutic anti-coagulants and saline
 - Durable Medical Equipment (DME) (pumps, poles and accessories) for drug and nutrition administration, including durable, reusable infusion pumps and elastomeric, disposable infusion pumps and all other infusion therapy devices
 - NOTE: enteral supplies (including but not limited to enteral feeding kits, pumps and poles) and/or nursing and home services when the formula is determined to be not medically necessary are not covered.
 - 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 safe and effective administration of infusion, specialty drug and nutrition therapies including flushing solutions
- Administrative services
 - Administering coordination of benefits with other insurers
 - Determining insurance coverage, including coverage for compliance with all state and federal regulations
 - Verification of insurance eligibility and extent of coverage
 - Performing prior authorizations
 - Performing billing functions
 - Performing account collection activities
 - Internal and external auditing and other regulatory compliance activities
 - Postage and shipping
 - Design and production of patient education materials
- For TPN
 - Non-specialty amino acids (e.g., Aminosyn, FreAmine, Travasol)
 - Concentrated dextrose (e.g., D10, D20, D40, D50, D60, D70)
 - Sterile water
 - Electrolytes (e.g., CaCl₂, KCL, KPO₄, MgSo₄, NaAc, NaCl, NaPO₄)
 - Standard multi-trace element solutions (e.g., MTE4, MTE5, MTE7)
 - Standard multivitamin solutions (e.g., MVI-12)

Below are some general guidelines for using the per diems (see the coding tables in the applicable Plan medical policies for more details).

- Anti-infective therapies: Bill per diem “S” codes for services associated with the provision of antibiotics, antifungals, and antivirals, using codes that specify frequency of administration (Q3H, Q4H, etc.). Use the general code S9494 if there is no code available for the frequency. Code all drugs and nursing visits separately from the per diem code.
- Chemotherapy: Bill the per diem “S” codes that specify continuity of administration for the services associated with the provision of chemotherapy, either continuously or intermittently. Continuous administration is defined as that which occurs without interruption over a period of 24 hours or more. Intermittent administration is defined as that which occurs for a period of less than 24 hours. Code all drugs and nursing visits separately from the per diem code.
- Enteral Nutrition: Bill the per diem “S” codes for services associated with the provision of home enteral nutrition, administered via gravity, pump, or bolus, using codes that specify route of administration. Code all drugs and nursing visits separately from the per diem code.
- Hydration Therapy: Bill per diem “S” codes for services associated with the provision of hydration therapy using the codes that specify volume of fluid. Use general code S9373 if an “S” code for the volume is unavailable or for fluid volume of less than one liter. Code all drugs and nursing visits separately from the per diem code.

- Pain Management: Bill the per diem “S” codes for services associated with the provision of pain management medications administered continuously or intermittently. Continuous administration is defined as that which occurs without interruption over a period of 24 hours or more. Intermittent administration is defined as that which occurs for a period of less than 24 hours. Code all drugs and nursing visits separately from the per diem code.
- TPN: Bill the per diem “S” codes for services associated with the provision of TPN, using codes that specify volume of fluid. Use the general S9364 code if an “S” code for the volume is unavailable. Use S9365 for fluid volume of less than one liter. Code nursing visits, as well as components of the TPN formula that are not included in the per diem (see below), separately from the per diem code.
- Infusion Therapies (not otherwise classified): Bill per diem “S” codes for services associated with the provision of miscellaneous infusion therapies. Use the general code S9379 for miscellaneous infusion therapies not otherwise described by other per diem “S” codes. Code all drugs and nursing visits separately from the per diem code.
- Non-infusion Therapies (not otherwise classified): Bill per diem “S” codes for services associated with the provision of miscellaneous non-infusion therapies. Use general code S9542 for miscellaneous non-infusion therapies not otherwise described by the other per diem “S” codes.
- Catheter Care (stand-alone service): Bill per diem “S” codes for services associated with the provision of catheter care when provided as a stand-alone therapy or during days not covered under the per diem for another therapy. The codes specify the maintenance for single or multiple lumens in the catheter, or for an implanted access device (i.e., an implanted port). Code all drugs and nursing visits separately from the per diem.

Services and products not included in the per diem payment (and that should be coded separately, as described below) include the following:

- Generally
 - Nursing visits
 - Costs for medications (drugs and specialty drugs)
 - Enteral formula when the criteria stated in Plan’s medical policy are met
 - Covered DME not related to infusion therapy (billed separately from infusion services) when provided by a contracted DME provider
- For TPN (not an exhaustive list)
 - Specialty amino acids for renal failure (e.g., Aminess¹, Aminosyn-RF, NephrAmine, RenAmin)

¹ Trade names are used for references purposes only and their use does not constitute a product recommendation or comment on extent of use in practice.

- Specialty amino acids for hepatic failure (e.g., HepatAmine)
- Specialty amino acids for high stress conditions (e.g., Aminosyn-HBC, BranchAmin, FreAmine HBC, TrophAmine)
- Specialty amino acids with concentrations of 15% and above when medically necessary for fluid restricted patients (e.g., Aminosyn 15%, Novamine 15%, Clinisol 15%); if specialty amino acids are not medically necessary for the patient's condition but are standard protocol, they are not separately billable but part of the TPN per diem
- Lipids (e.g., Intralipid, Liposyn)
- Added trace elements not from a standard multi-trace element solution (e.g., chromium, copper, iodine, manganese, selenium, zinc)
- Added vitamins not from a standard multivitamin solution (e.g., folic acid, vitamin C, vitamin K)
- Products serving non-nutritional purposes (e.g., heparin, insulin, iron dextran, Pepcid, Sandostatin, Zofran)

Reimbursement for Medications (Drugs and Specialty Drugs):

- Costs for drugs are billed and reimbursed separate from the per diem rates for the home infusion therapy services listed above.
- Contracted network pharmacies must be able to:
 - Deliver home-infused drugs in a form that can be easily administered in a clinically appropriate fashion
 - Provide infusible drugs for both short-term acute care and long-term chronic care therapies
 - Provide covered home infusion drugs within 24 hours of discharge from an acute setting unless the next required dose, as prescribed, is required to be administered later than 24 hours after discharge

Reimbursement for Nursing Visits:

- The provision of home infusion services and specialty drug administration sometimes requires home nursing visits.
- Costs for nursing visits are billed and reimbursed separate from the per diem rates for the home infusion therapy services listed above.
- Nursing Services are provided by an RN with special education, training and expertise in home administration of drugs via infusion and home administration of specialty drugs. Nursing services may be provided directly by infusion therapy pharmacy nursing staff or by a qualified home health agency. Home infusion vendors may subcontract with another agency for all or part of the nursing services. In these instances, the home infusion vendor assumes responsibility and oversight of care provided, bills BCBSVT for services, and is responsible to pay for all subcontracted services.

- Bill for home infusion nursing services using CPT® code 99601 for a visit lasting up to two hours and CPT® code 99602 for each additional hour. For general nursing care (e.g., blood draw, wound care) provided in the patient's home, bill using S9123.

Not Eligible for Payment

- Services that are not medically necessary under the terms of Plan's medical policies
- Drugs, biological agents or infusions that have not been approved by, or have been determined to be contra-indicated by, the U.S. Food and Drug Administration (FDA)
- Non-FDA approved uses (off-label indications) of drugs, biological agents or infusions that:
 - o Have not been determined to be medically necessary in accordance with generally accepted standards of medical practice; or
 - o Are not clinically appropriate, in terms of dosage, frequency, site, and duration of administration; or
 - o Are not considered to be safe and effective for the patient's illness, injury, or disease as determined by adequate evidence in at least two different controlled clinical studies published in peer-reviewed biomedical journals
- Separate reimbursement for services, items, or supplies included within the per diem rate, which includes, but is not limited to:
 - o Any infusion or port line flushes (heparin and saline, etc.)
 - o Any admixture or diluents which are 100 ccs or less, including intravenous piggy back (IVPB)
 - o Supplies or equipment associated with the drug administration (i.e., tubing, filters, and pumps)
 - o Any IV insertion charges (team or individual)
 - o Any drug preparation, compounding, or processing fees
- Fees associated with the collection or donation of blood or blood products, except for autologous donation in anticipation of scheduled services where the likelihood of excess blood loss is such that transfusion is an expected adjunct to surgery
- Blood administration for the purpose of general improvement in physical condition
- Any drug where there is no documentation that it was ordered by a physician and/or actually administered to the patient

Eligible Services

See "Policy" section, above.

Benefit Determination Guidance

Payment for home infusion therapy services is determined by the member's benefits. It is important to verify the member's benefits **prior** to providing the service to determine if benefits are available or if there is a specific exclusion in the member's benefit.

Eligible home infusion therapy services are subject to applicable member cost sharing such as co-payments, co-insurance, and deductible.

Federal Employee Program (FEP): Members may have different benefits that apply. For further information please contact FEP customer service or refer to the FEP Service Benefit Plan Brochure. It is important to verify the member's benefits **prior** to providing the service to determine if benefits are available or if there is a specific exclusion in the member's benefit.

Inter Plan Programs (IPP): In accordance with the Blue Cross and Blue Shield Association's Inter-Plan Programs Policies and Provisions, this payment policy governs billing procedures for goods or services rendered by a Vermont-based provider (BCBSVT is the local Plan), including services rendered to out-of-state Blue members. Provider billing practices, payment policy and pricing are a local Plan responsibility that a member's Blue Plan must honor. A member's Blue Plan cannot dictate the type of claim form upon which services must be billed, codes and/or modifiers, place of service or provider type, unless it has its own direct contract with the provider (permitted only in limited situations). A member's Blue Plan cannot apply its local billing practices on claims rendered in another Plan's service area. A member's Blue Plan can only determine whether services rendered to their members are eligible for benefits. To understand if a service is eligible for payment it is important to verify the member's benefits **prior** to providing services. In certain circumstances, the member may be financially responsible for services beyond the benefit provided for eligible services.

Claims are subject to payment edits that are updated at regular intervals and generally based on Current Procedural Terminology (CPT®), Health Care Procedural Coding System (HCPCS), Internal Classification of Diseases, CMS National Correct Coding Initiative Edits, Specialty Society guidelines, etc.

Provider Billing Guidelines and Documentation

1. Drugs
 - a. Claim Submission
 - i. Data Elements. Plan requires the following data elements:
 1. Applicable Current Procedural Terminology (CPT®) or Health Care Procedure Coding System (HCPCS) codes.
 2. National Drug Code (NDC)
 3. Dosage (units indicated on the claim must be based on the dosage and correspond to the NDC billed; if the dosage and NDC do not match the billed amount, the claim will be returned)
 - a. Acceptable values for the NDC units of measurement qualifiers are as follows
 - i. F2 (International Unit)
 - ii. GR (Gram)
 - iii. ME (Milligram)
 - iv. ML (Milliliter)
 - v. UN (Unit)

- b. Plan offers a National Drug Code (NDC) provider tool to assist practices in determining the unit of measure that must be reported to Plan. Providers may obtain access to the tool upon request to their provider relations consultant.
 - 4. Name of drug
 - ii. Paper Claims.
 - 1. Providers who submit claims on paper must supply the information on the claim form or attached to the claim as a separate document.
 - 2. Use CMS 1500 version 0938-0999 or 0938-1197
 - 3. For item number 24a, in the shaded area (above dates of service), report in order: N4 product ID qualifier, 11 digit NDC (no hyphens), unit of measure and quantity (limited to 8 digits before the decimal point and 3 digits after the decimal point). If your software does not allow for automated population in this item number, we will accept the information if hand-written in this area.
 - 4. For item number 24d, continue to report applicable CPT® or HCPCS codes. In item number G (days or units) continue to report applicable CPT® or HCPCS units and not the NDC units.
 - iii. Electronic Claims
 - 1. Use HIPAA-compliant 837P
 - 2. Plan uses the institutional and professional implementation guides, section 1.11, for NDC submission requirements. The CPT® or HCPCS codes still must be submitted in addition to the NDC.
 - iv. Exception: Home Infusion Therapy providers who are on Plan's community home infusion therapy fee schedule must bill procedure code 90378 (Synigis-RSV) using the Average Wholesale Price (AWP).
- b. Check prior approval/ benefit requirements in advance
- c. Billable Units – Billable Units represent the number of units in a product based on strength of the product per vial/ampule/syringe, etc., as it relates to the NDC description. Billable Units per package are the number of units in the entire package as it relates to the NDC.
- d. Wastage – Please refer to Plan's Drug Wastage Corporate Medical Policy for more information about how Plan will consider benefits for the appropriately discarded amount of a single-use drug/biological product after administering what is reasonable and necessary for the patient's condition. When an unanticipated change in a Member's condition requires a change in treatment plan, Plan will reimburse Provider according to Provider's contract for delivered but unutilized supplies and drugs per the following guidelines:
 - i. Pain therapy drugs – up to a 3-day supply
 - ii. Antibiotics – up to a 3-day supply
 - iii. Chemotherapy drugs – up to a 3-day supply
 - iv. All other therapies – up to a 3-day supply
- 2. Nursing Services – see Policy section, above
- 3. Per Diem –

- a. See Policy section, above
- b. Modifiers – Two situationally-used modifiers allow specifications of second, third, or more therapies provided in addition to primary therapy: -SH (Second concurrently administered therapy) and -SJ (Third or more concurrently administered therapy). The -SH and -SJ modifiers apply only to multiple therapies within the same category. For example, if a patient receives TPN and anti-infective therapy on the same day, do not use a modifier – the TPN and anti-infective per diems are allowed in full. When use of these modifiers is appropriate (multiple therapies within the same category provided), BCBSVT will take a 50% payment reduction in the allowed amount for the code to which the modifier is appended.

National Drug Code(s)

Health Care Procedure Coding System (HCPCS) codes related to chemotherapy drugs, drugs administered other than oral method, and enteral/parenteral formulas may be subject to National Drug Code (NDC) processing and pricing. The use of NDC on medical claims helps facilitate more accurate payment and better management of drug costs based on what was dispensed and may be required for payment. For more information on BCBSVT requirements for billing of NDC please refer to the provider portal at <http://www.bcbsvt.com/provider-home> for the latest news and communications.

Eligible Providers

This policy applies to all qualified health care professionals acting within the scope of their licenses.

Audit Information:

BCBSVT reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in the payment policy. If an audit identifies instances of non-compliance with this payment policy, BCBSVT reserves the right to recoup all non-compliant payments.

Related Policies

BCBSVT Enteral Nutrition Corporate Medical Policy
BCBSVT Total Parenteral Nutrition (TPN) in the Home Setting Corporate Medical Policy
BCBSVT Home Infusion Therapy Corporate Medical Policy
BCBSVT Medical Food for Inherited Metabolic Diseases
BCBSVT Drug Wastage Corporate Medical Policy

Document Precedence

The Blue Cross and Blue Shield of Vermont (BCBSVT or Plan) Payment Policy Manual was developed to provide guidance for providers regarding BCBSVT payment practices and facilitates the systematic

application of BCBSVT member contracts and employer benefit documents, provider contracts, BCBSVT corporate medical policies, and Plan's claim editing logic. Document precedence is as follows:

- 1) To the extent that there may be any conflict between the BCBSVT Payment Policy Manual and the member contracts or employer benefit documents, the member contract or employer benefit document language takes precedence.
- 2) To the extent that there may be any conflict between the BCBSVT Payment Policy Manual and provider contract language, the provider contract language takes precedence.
- 3) To the extent that there may be any conflict between the BCBSVT Payment Policy Manual and corporate medical policy, the corporate medical policy takes precedence.
- 4) To the extent that there may be any conflict between the BCBSVT Payment Policy Manual and Plan's claim editing solution, Plan's claim editing solution takes precedence.

Policy Implementation/Update Information

New Policy effective January 1, 2018

Policy updated effective January 1, 2021 (approved 10/1/20).

Additional update made, effective January 1, 2021, on December 16, 2020; summary of changes are as follows: Added codes G0088, G0089, G0890 to the coding table effective January 1, 2021. Updated code B4160 as non-covered.

Approved by

Date Approved: 12/21/2020



Dawn Schneiderman, Vice President & Chief Operating Officer



Joshua Plavin, MD, MPH, MBA, Vice President & Chief Medical Officer

Coding Table

NOTE: All supplies and equipment, pumps, flushes for ports, IV, PICC lines for HIT/TPN are included in the per diem rate. Drugs and nursing visits may be reported separately.

CPT/ HCPCS Code Ranges	Descriptor	Comment CXT-S Content Manager Mapping
96523	Irrigation of implanted venous access device for drug delivery systems	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive
99601	Home infusion/specialty drug administration, per visit (up to 2 hours)	Separately billable for teaching done in the home. Cannot be billed for teaching performed in the hospital.
99602	each additional hour (List separately in addition to code for primary procedure) Code initial 2 hours (99601)	Separately billable for teaching done in the home. Cannot be billed for teaching performed in the hospital.
B4105	In-Line Cartridge, containing digestive enzymes	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive
A4206 - A4223	Medical and Surgical Supplies	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive
B4034	Enteral feeding supply kit; syringe fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive
B4035	Enteral feeding supply kit; pump fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive
B4036	Enteral feeding supply kit; gravity fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive
B4081	Nasogastric tubing with stylet	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive
B4082	Nasogastric tubing without stylet	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive

B4083	Stomach tube - levine type	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive
B4087	Gastrostomy/jejunostomy tube, standard, any material, any type, each	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive
B4088	Gastrostomy/jejunostomy tube, low-profile, any material, any type, each	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive
B4153	Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Separately billable.
B4154	Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Separately billable.
B4155	Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g. glucose polymers), proteins/amino acids (e.g. glutamine, arginine), fat (e.g. medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit	Separately billable.
B4157	Enteral formula, nutritionally complete, for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Separately billable.
B4160	Enteral formula, nutritionally complete, calorically dense (equally to or greater than 0.7 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Non-covered
B4161	Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include	Separately billable.

	fiber, administered through an enteral feeding tube, 100 calories = 1 unit	
B4162	Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Separately billable.
B4164	Parenteral nutrition solution: carbohydrates (dextrose), 50% or less (500 ml = 1 unit), home mix	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive
B4168	Parenteral nutrition solution; amino acid, 3.5%, (500 ml = 1 unit) - home mix	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive
B4172	Parenteral nutrition solution; amino acid, 5.5% through 7%, (500 ml = 1 unit) - home mix	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive
B4176	Parenteral nutrition solution; amino acid, 7% through 8.5%, (500 ml = 1 unit) - home mix	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive
B4178	Parenteral nutrition solution: amino acid, greater than 8.5% (500 ml = 1 unit), home mix	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive
B4180	Parenteral nutrition solution: carbohydrates (dextrose), greater than 50% (500 ml = 1 unit), home mix	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive
B4185	Parenteral nutrition solution, per 10 grams lipids	Separately billable. Not considered inclusive to HIT S codes in this policy
B4187	Omegaven, 10 gms, lipid	Separately billable. Not considered inclusive to HIT S codes in this policy
B4189	Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 10 to 51 g of protein, premix	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive
B4193	Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 52 to 73 g of protein, premix	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive
B4197	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, 74 to 100 grams of protein - premix	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive

B4199	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, over 100 grams of protein - premix	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive
B4216	Parenteral nutrition; additives (vitamins, trace elements, Heparin, electrolytes), home mix, per day	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive
B4220	Parenteral nutrition supply kit; premix, per day	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive
B4222	Parenteral nutrition supply kit; home mix, per day	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive
B4224	Parenteral nutrition administration kit, per day	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive
B5000	Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, renal -Aminosyn RF, NephrAmine, RenAmine-premix	Separately billable
B5100	Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, hepatic - FreAmine HBC, HepatAmine - premix	Separately billable
B5200	Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, stress - branch chain amino acids - premix	Separately billable
B9000-B9002	Enteral Pumps	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive
B9004 - B9006	Parenteral Pumps	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive
B9998	Noc for enteral supplies	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive

B9999	Noc for parenteral supplies	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive
B9000	Enteral nutrition infusion pump - without alarm	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive
B9002	Enteral nutrition infusion pump - with alarm	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive
B9998	Noc for enteral supplies	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive
E0776 - E0791	Infusion Supplies and Pumps	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive
G0088	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, <u>each 15 minutes</u>	Separately billable
G0089	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, <u>each 15 minutes</u>	Separately billable
G0090	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, <u>each 15 minutes</u>	Separately billable

J1642	Injection, Sodium (heparin lock flush)	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive
S5035	Home infusion therapy, routine service of infusion device (e.g. pump maintenance)	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive
S5036	Home infusion therapy, repair of infusion device (e.g. pump repair)	Cannot bill with any S code HIT per diem codes in this policy, considered inclusive
S5497	Home infusion therapy, catheter care / maintenance, not otherwise classified; includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Separately billable
S5498	Home infusion therapy, catheter care / maintenance, simple (single lumen), includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem	Separately billable
S5501	Home infusion therapy, catheter care / maintenance, complex (more than one lumen), includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Separately billable
S5502	Home infusion therapy, catheter care / maintenance, implanted access device, includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem (use this code for interim maintenance of vascular access not currently in use)	Separately billable
S5517	Home infusion therapy, all supplies necessary for restoration of catheter patency or dec clotting	Separately billable
S5518	Home infusion therapy, all supplies necessary for catheter repair	Separately billable

S5520	Home infusion therapy, all supplies (including catheter) necessary for a peripherally inserted central venous catheter (picc) line insertion	Separately billable
S5521	Home infusion therapy, all supplies (including catheter) necessary for a midline catheter insertion	Separately billable
S5522	Home infusion therapy, insertion of peripherally inserted central venous catheter (picc), nursing services only (no supplies or catheter included)	Separately billable
S5523	Home infusion therapy, insertion of midline venous catheter, nursing services only (no supplies or catheter included)	Separately billable
S9208	Home management of preterm labor, including administrative services, professional pharmacy services, care coordination, and all necessary supplies or equipment (drugs and nursing visits coded separately), per diem (do not use this code with any home infusion per diem code)	Separately billable
S9209	Home management of preterm premature rupture of membranes (PPROM), including administrative services, professional pharmacy services, care coordination, and all necessary supplies or equipment (drugs and nursing visits coded separately), per diem (do not use this code with any home infusion per diem code)	Separately billable
S9211	Home management of gestational hypertension, includes 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 any home infusion per diem code)	Separately billable
S9212	Home management of postpartum hypertension, includes 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 any home infusion per diem code)	Separately billable

S9213	Home management of preeclampsia, includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing services coded separately); per diem (do not use this code with any home infusion per diem code)	Separately billable
S9214	Home management of gestational diabetes, includes 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 any home infusion per diem code)	Separately billable
S9325	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, S9327 or S9328)	Separately billable
S9326	Home infusion therapy, continuous (twenty-four hours 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	Separately billable
S9327	Home infusion therapy, intermittent (less than twenty-four hours) pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Separately billable
S9328	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	Separately billable
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)	Separately billable

S9330	Home infusion therapy, continuous (twenty-four hours 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	Separately billable
S9331	Home infusion therapy, intermittent (less than twenty-four hours) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Separately billable
S9335	Home Infusion therapy, intermittent (less than 24 hours) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing services coded separately), per diem	Separately billable
S9336	Home Infusion therapy, continuous anti-coagulant 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	Separately billable
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	Separately billable
S9339	Home therapy; peritoneal dialysis, administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Separately billable
S9340	Home 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	Separately billable
S9341	Home 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	Separately billable
S9342	Home Therapy; enteral nutrition via pump; administrative services, professional pharmacy services, care coordination, and all necessary	Separately billable

	supplies and equipment (enteral formula and nursing visits coded separately), per diem	
S9343	Home 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	Separately billable
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	Separately billable
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	Separately billable
S9347	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	Separately billable
S9348	Home infusion therapy, sympathomimetic/inotropic agent infusion therapy (e.g., dobutamine); administrative services, professional pharmacy services, care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Separately billable
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	Separately billable
S9351	Home infusion therapy, continuous or intermittent anti-emetic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and visits coded separately), per diem	Separately billable
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	Separately billable

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	Separately billable
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	Separately billable
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	Separately billable
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	Separately billable
S9363	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	Separately billable
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)	Separately billable
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	Separately billable
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	Separately billable

	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	Separately billable
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	Separately billable
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	Separately billable
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 separately), per diem (do not use this code for flushing of infusion devices with heparin to maintain patency)	Separately billable
S9373	Home infusion therapy, 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)	Separately billable
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	Separately billable

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	Separately billable
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	Separately billable
S9377	Home infusion therapy, hydration therapy; more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies (drugs and nursing visits coded separately), per diem	Separately billable
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	Separately billable
S9430	Pharmacy compounding and dispensing services	Separately billable
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	Separately billable
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)	Separately billable
S9497	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	Separately billable
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	Separately billable

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	Separately billable
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	Separately billable
S9503	Home infusion therapy, antibiotic, antiviral, or antifungal; 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	Separately billable
S9504	Home infusion therapy, antibiotic, antiviral, or antifungal; 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	Separately billable
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	Separately billable
S9538	Home transfusion of blood product(s); administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (blood products, drugs, and nursing visits coded separately), per diem	Separately billable
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	Separately billable
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	Separately billable
S9559	Home injectable therapy, interferon, including administrative services, professional pharmacy services, care coordination, and all necessary	Separately billable

	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	Separately billable
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	Separately billable
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	Separately billable
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)	Separately billable
Modifier BA	Items furnished in conjunction with parenteral enteral nutritional (PEN) services	
Modifier BO	Orally administered nutrition, not by feeding tube	
Modifier SJ	Third or more concurrently administered infusion therapy	