



# BlueCross BlueShield of Vermont

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## Home Infusion Therapy Corporate Medical Policy \*\*\*for SOV Members Only\*\*\*

File Name: Home Infusion Therapy  
File Code: 8.03.VT204  
Origination: 10/2004  
Last Review: 03/2024  
Next Review: Policy Archived  
Effective Date: Policy Archived Effective 05/01/2024

### Description/Summary

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.

### Policy

#### Coding Information

Click the links below for attachments, coding tables & instructions.

[Attachment I - Coding Table & Instructions](#)

#### When a service may be considered medically necessary

Home infusion therapy via Intravenous (IV) solutions and/or injectable (given either subcutaneous or intramuscular) medications may be considered **medically necessary** by the Plan when **ALL** of the following criteria are met:

- Prescription drug is FDA approved; **AND**
- Therapy regimen is prescribed by a medical doctor (MD or DO), physician assistant (PA) or nurse practitioner (NP); **AND**

- Therapy is managed by a medical doctor (MD or DO), physician assistant (PA), nurse practitioner (NP) or registered nurse (RN) in the home; **AND**
- Treatment can be safely administered in the home; **AND**
- The prescribed home infusion therapy regimen is for a period of time not to exceed the standard of care for the condition being treated; **AND**
- Services are provided by a network/preferred home infusion therapy provider

**NOTE:** Certain drugs may require prior approval. Please refer to the BCBSVT Drug Prior Approval Listing

#### When a service is considered not medically necessary

- Home infusion therapy that does not meet the above criteria medical necessity criteria.

#### Reference Resources

1. Guidelines for the Medical Management of the Home Care Patient. AMA Practice Parameters (1998 March): 1-26.
2. About Home and Specialty Infusion. National Home Infusion Association. <https://www.nhia.org/about-infusion-therapy/>. Accessed 7/2020
3. Blue Cross and Blue Shield Association Medical Policy - 1.02.01 (01/2003). Total Parenteral Nutrition and Enteral Nutrition in the Home. Archived 06/2009.

#### Document Precedence

Blue Cross and Blue Shield of Vermont (BCBSVT) Medical Policies are developed to provide clinical guidance and are based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. The applicable group/individual contract and member certificate language, or employer's benefit plan if an ASO group, determines benefits that are in effect at the time of service. Since medical practices and knowledge are constantly evolving, BCBSVT reserves the right to review and revise its medical policies periodically. To the extent that there may be any conflict between medical policy and contract/employer benefit plan language, the member's contract/employer benefit plan language takes precedence.

#### Audit Information

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

### Administrative and Contractual Guidance

#### Benefit Determination Guidance

Prior approval is required and benefits are subject to all terms, limitations and conditions of the subscriber contract.

Incomplete authorization requests may result in a delay of decision pending submission of missing information. To be considered complete, see policy guidelines above.

NEHP/ABNE members may have different benefits for services listed in this policy. To confirm benefits, please contact the customer service department at the member's health plan.

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.

Coverage varies according to the member's group or individual contract. Not all groups are required to follow the Vermont legislative mandates. Member Contract language takes precedence over medical policy when there is a conflict.

If the member receives benefits through an Administrative Services Only (ASO) group, benefits may vary or not apply. To verify benefit information, please refer to the member's employer benefit plan documents or contact the customer service department. Language in the employer benefit plan documents takes precedence over medical policy when there is a conflict.

#### Related Policies

BCBSVT Payment Policy (including enteral nutrition and total parenteral nutrition)  
Enteral Nutrition  
Home Infusion  
Total Parenteral Nutrition (TPN)  
Nutritional Counseling Metabolic Food for Inherited Metabolic Disorders

#### Policy Implementation/Update information

10/2004	New Policy
12/2005	Reviewed with minor wording changes and new CPT and HCPCS codes
12/2006	Reviewed. HCPCS code changes
03/2007	Reviewed and approved by the BCBSVT Clinical Advisory Committee
05/2008	Format changes made. To be reviewed by CAC 07/2008
11/2016	Updated coding table to remove TPN and enteral codes, refer to separate medical policies. Updated format and language to include when home infusion is not medically necessary.

3/2018	Changed headers, reorganized medical necessity criteria, removed criteria bullets for PA/certifying every 6 months/acute care/treatment plan. Removed HCPCS Codes A4220 & A4221 from coding table as requiring PA- Per the DME medical PA list these codes do not require PA.
05/2019	Policy reviewed no changes to policy statement. Policy will be archived and new policy posted to website for State of Vermont Members Only.
07/2020	Policy reviewed no changes to policy statement. Minor Description language changes. References updated.
10/2020	Policy reviewed no changes to policy statements. Added Related Policy Section. Codes G0088, G0089, G0090 new codes effective 01/01/2021 require prior approval.
07/2021	Removed codes G0299, G0300 from medical policy as not being applicable.
09/2022	Policy Reviewed. Minor formatting changes. No change to policy statement
03/2022	Adaptive Maintenance Effective 04/01/2023: Revised code descriptor S9562 added code S9563 as requiring prior approval to coding table.
03/2024	Policy archived effective 05/01/2024.

### Eligible Providers

Qualified healthcare professionals practicing within the scope of their license(s).

### Approved by BCBSVT Medical Director

Tom Weigel, MD, MBA  
Vice President and Chief Medical Officer

Tammaji P. Kulkarni, MD  
Senior Medical Director

Attachment I  
Coding Table & Instructions

Code Type	Number	Brief Description	Policy Instructions
The following codes will be considered <b>medically necessary</b> when applicable criteria have been met.			
CPT®	99601	Home infusion/specialty drug administration, per visit (up to 2 hours)	No Prior Approval Required Effective 05/01/2024 - Policy Archived
CPT®	99602	Home infusion/specialty drug administration, per visit (up to 2 hours); each additional hour (List separately in addition to code for primary procedure)	No Prior Approval Required Effective 05/01/2024 - Policy Archived
HCPCS	A4220	Refill kit for implantable infusion pump	No Prior Approval Required Effective 05/01/2024 - Policy Archived
HCPCS	A4221	Supplies for maintenance of drug infusion catheter, per week (list drug separately)	No Prior Approval Required Effective 05/01/2024 - Policy Archived
HCPCS	A4222	Infusion supplies for external drug infusion pump, per cassette or bag (list drugs separately)	No Prior Approval Required Effective 05/01/2024 - Policy Archived
HCPCS	B4164	Parenteral nutrition solution: carbohydrates (dextrose), 50% or less (500 ml = 1 unit), home mix	No Prior Approval Required Effective 05/01/2024 -

			Policy Archived
HCPCS	B4168	Parenteral nutrition solution; amino acid, 3.5%, (500 ml = 1 unit) - home mix	No Prior Approval Required Effective 05/01/2024 - Policy Archived
HCPCS	B4172	Parenteral nutrition solution; amino acid, 5.5% through 7%, (500 ml = 1 unit) - home mix	No Prior Approval Required Effective 05/01/2024 - Policy Archived
HCPCS	B4176	Parenteral nutrition solution; amino acid, 7% through 8.5%, (500 ml = 1 unit) - home mix	No Prior Approval Required Effective 05/01/2024 - Policy Archived
HCPCS	B4178	Parenteral nutrition solution: amino acid, greater than 8.5% (500 ml = 1 unit), home mix	No Prior Approval Required Effective 05/01/2024 - Policy Archived
HCPCS	B4180	Parenteral nutrition solution: carbohydrates (dextrose), greater than 50% (500 ml = 1 unit), home mix	No Prior Approval Required Effective 05/01/2024 - Policy Archived
HCPCS	B4185	Parenteral nutrition solution, per 10 grams lipids	No Prior Approval Required Effective 05/01/2024 - Policy Archived
HCPCS	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	No Prior Approval Required Effective 05/01/2024 - Policy Archived

HCPCS	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	No Prior Approval Required Effective 05/01/2024 - Policy Archived
HCPCS	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	No Prior Approval Required Effective 05/01/2024 - Policy Archived
HCPCS	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	No Prior Approval Required Effective 05/01/2024 - Policy Archived
HCPCS	B4216	Parenteral nutrition; additives (vitamins, trace elements, Heparin, electrolytes), home mix, per day	No Prior Approval Required Effective 05/01/2024 - Policy Archived
HCPCS	B4220	Parenteral nutrition supply kit; premix, per day	No Prior Approval Required Effective 05/01/2024 - Policy Archived
HCPCS	B4222	Parenteral nutrition supply kit; home mix, per day	No Prior Approval Required Effective 05/01/2024 - Policy Archived
HCPCS	B4224	Parenteral nutrition administration kit, per day	No Prior Approval Required Effective 05/01/2024 - Policy Archived

HCPCS	B5000	Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, renal - Amirosyn RF, NephraAmine, RenAmine - premix	No Prior Approval Required Effective 05/01/2024 - Policy Archived
HCPCS	B5100	Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, hepatic-HepaAmine-premix	No Prior Approval Required Effective 05/01/2024 - Policy Archived
HCPCS	B5200	Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, stress-branch chain amino acids-FreAmine-HBC-premix	No Prior Approval Required Effective 05/01/2024 - Policy Archived
HCPCS	B9004	Parenteral nutrition infusion pump, portable	No Prior Approval Required Effective 05/01/2024 - Policy Archived
HCPCS	B9006	Parenteral nutrition infusion pump, stationary	No Prior Approval Required Effective 05/01/2024 - Policy Archived
HCPCS	E0779	Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater	No Prior Approval Required Effective 05/01/2024 - Policy Archived
HCPCS	E0780	Ambulatory infusion pump, mechanical, reusable, for infusion less than 8 hours	No Prior Approval Required Effective 05/01/2024 - Policy Archived
HCPCS	E0781	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient	No Prior Approval Required Effective 05/01/2024 - Policy Archived



HCPCS	E0782	Infusion pump, implantable, nonprogrammable (includes all components, e.g., pump, catheter, connectors, etc.)	No Prior Approval Required Effective 05/01/2024 - Policy Archived
HCPCS	E0783	Infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.)	No Prior Approval Required Effective 05/01/2024 - Policy Archived
HCPCS	E0791	Parenteral infusion pump, stationary, single, or multichannel	No Prior Approval Required Effective 05/01/2024 - Policy Archived
HCPCS	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, each 15 minutes	No Prior Approval Required Effective 05/01/2024 - Policy Archived
HCPCS	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, each 15 minutes	No Prior Approval Required Effective 05/01/2024 - Policy Archived
HCPCS	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, each 15 minutes	No Prior Approval Required Effective 05/01/2024 - Policy Archived
HCPCS	K0455	Infusion pump used for uninterrupted parenteral administration of medication, (e.g., epoprostenol or treprostinol)	No Prior Approval Required Effective 05/01/2024 - Policy Archived

HCPCS	S5035	Home infusion therapy, routine service of infusion device (e.g., pump maintenance)	No Prior Approval Required Effective 05/01/2024 - Policy Archived
HCPCS	S5036	Home infusion therapy, repair of infusion device (e.g., pump repair)	No Prior Approval Required Effective 05/01/2024 - Policy Archived
HCPCS	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	No Prior Approval Required Effective 05/01/2024 - Policy Archived
HCPCS	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	No Prior Approval Required Effective 05/01/2024 - Policy Archived
HCPCS	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	No Prior Approval Required Effective 05/01/2024 - Policy Archived
HCPCS	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)	No Prior Approval Required Effective 05/01/2024 - Policy Archived
HCPCS	S5517	Home infusion therapy, all supplies necessary for restoration of catheter patency or declotting	No Prior Approval Required Effective 05/01/2024 - Policy Archived

HCPCS	S5518	Home infusion therapy, all supplies necessary for catheter repair	No Prior Approval Required Effective 05/01/2024 - Policy Archived
HCPCS	S5520	Home infusion therapy, all supplies (including catheter) necessary for a peripherally inserted central venous catheter (PICC) line insertion	No Prior Approval Required Effective 05/01/2024 - Policy Archived
HCPCS	S5521	Home infusion therapy, all supplies (including catheter) necessary for a midline catheter insertion	No Prior Approval Required Effective 05/01/2024 - Policy Archived
HCPCS	S5522	Home infusion therapy, insertion of peripherally inserted central venous catheter (PICC), nursing services only (no supplies or catheter included)	No Prior Approval Required Effective 05/01/2024 - Policy Archived
HCPCS	S5523	Home infusion therapy, insertion of midline venous catheter, nursing services only (no supplies or catheter included)	No Prior Approval Required Effective 05/01/2024 - Policy Archived
HCPCS	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)	No Prior Approval Required Effective 05/01/2024 - Policy Archived
HCPCS	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)	No Prior Approval Required Effective 05/01/2024 - Policy Archived

HCPCS	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)	No Prior Approval Required Effective 05/01/2024 - Policy Archived
HCPCS	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)	No Prior Approval Required Effective 05/01/2024 - Policy Archived
HCPCS	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)	No Prior Approval Required Effective 05/01/2024 - Policy Archived
HCPCS	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)	No Prior Approval Required Effective 05/01/2024 - Policy Archived
HCPCS	S9326	Home infusion therapy, continuous (24 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	No Prior Approval Required Effective 05/01/2024 - Policy Archived
HCPCS	S9327	Home infusion therapy, intermittent (less than 24 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	No Prior Approval Required Effective 05/01/2024 - Policy Archived
HCPCS	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	No Prior Approval Required Effective 05/01/2024 - Policy Archived

HCPCS	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)	No Prior Approval Required Effective 05/01/2024 - Policy Archived
HCPCS	S9330	Home infusion therapy, continuous (24 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	No Prior Approval Required Effective 05/01/2024 - Policy Archived
HCPCS	S9331	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 visits coded separately), per diem	No Prior Approval Required Effective 05/01/2024 - Policy Archived
HCPCS	S9335	Home therapy, hemodialysis; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing services coded separately), per diem	No Prior Approval Required Effective 05/01/2024 - Policy Archived
HCPCS	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	No Prior Approval Required Effective 05/01/2024 - Policy Archived
HCPCS	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	No Prior Approval Required Effective 05/01/2024 - Policy Archived
HCPCS	S9345	Home infusion therapy, antihemophilic 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	No Prior Approval Required Effective 05/01/2024 - Policy Archived

HCPCS	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	No Prior Approval Required Effective 05/01/2024 - Policy Archived
HCPCS	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	No Prior Approval Required Effective 05/01/2024 - Policy Archived
HCPCS	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	No Prior Approval Required Effective 05/01/2024 - Policy Archived
HCPCS	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	No Prior Approval Required Effective 05/01/2024 - Policy Archived
HCPCS	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 visits coded separately), per diem	No Prior Approval Required Effective 05/01/2024 - Policy Archived
HCPCS	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	No Prior Approval Required Effective 05/01/2024 - Policy Archived
HCPCS	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	No Prior Approval Required Effective 05/01/2024 - Policy Archived

HCPCS	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	No Prior Approval Required Effective 05/01/2024 - Policy Archived
HCPCS	S9359	Home infusion therapy, antitumor 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	No Prior Approval Required Effective 05/01/2024 - Policy Archived
HCPCS	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	No Prior Approval Required Effective 05/01/2024 - Policy Archived
HCPCS	S9363	Home infusion therapy, antispasmodic therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	No Prior Approval Required Effective 05/01/2024 - Policy Archived
HCPCS	S9370	Home therapy, intermittent antiemetic injection therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	No Prior Approval Required Effective 05/01/2024 - Policy Archived
HCPCS	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)	No Prior Approval Required Effective 05/01/2024 - Policy Archived
HCPCS	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)	No Prior Approval Required Effective 05/01/2024 - Policy Archived

HCPCS	S9374	Home infusion therapy, hydration therapy; 1 liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	No Prior Approval Required Effective 05/01/2024 - Policy Archived
HCPCS	S9375	Home infusion therapy, hydration therapy; more than 1 liter but no more than 2 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	No Prior Approval Required Effective 05/01/2024 - Policy Archived
HCPCS	S9376	Home infusion therapy, hydration therapy; more than 2 liters but no more than 3 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	No Prior Approval Required Effective 05/01/2024 - Policy Archived
HCPCS	S9377	Home infusion therapy, hydration therapy; more than 3 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies (drugs and nursing visits coded separately), per diem	No Prior Approval Required Effective 05/01/2024 - Policy Archived
HCPCS	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	No Prior Approval Required Effective 05/01/2024 - Policy Archived
HCPCS	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	No Prior Approval Required Effective 05/01/2024 - Policy Archived
HCPCS	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)	No Prior Approval Required Effective 05/01/2024 - Policy Archived



HCPCS	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	No Prior Approval Required Effective 05/01/2024 - Policy Archived
HCPCS	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	No Prior Approval Required Effective 05/01/2024 - Policy Archived
HCPCS	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	No Prior Approval Required Effective 05/01/2024 - Policy Archived
HCPCS	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	No Prior Approval Required Effective 05/01/2024 - Policy Archived
HCPCS	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	No Prior Approval Required Effective 05/01/2024 - Policy Archived
HCPCS	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	No Prior Approval Required Effective 05/01/2024 - Policy Archived
HCPCS	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	No Prior Approval Required Effective 05/01/2024 - Policy Archived

HCPCS	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	No Prior Approval Required Effective 05/01/2024 - Policy Archived
HCPCS	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	No Prior Approval Required Effective 05/01/2024 - Policy Archived
HCPCS	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	No Prior Approval Required Effective 05/01/2024 - Policy Archived
HCPCS	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	No Prior Approval Required Effective 05/01/2024 - Policy Archived
HCPCS	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	No Prior Approval Required Effective 05/01/2024 - Policy Archived
HCPCS	S9562	Home injectable therapy, palivizumab or other monoclonal antibody for rsv, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	No Prior Approval Required Effective 05/01/2024 - Policy Archived
HCPCS	S9563	Home injectable therapy, immunotherapy, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	No Prior Approval Required Effective 05/01/2024 - Policy Archived

HCPCS	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	No Prior Approval Required Effective 05/01/2024 - Policy Archived
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ARCHIVED EFFECTIVE 5/1/2024