



COMMERCIAL REIMBURSEMENT POLICY

Home Infusion

Active

Section: General Coding
Policy Number: 031
Effective Date: 04/01/24

Description

This policy addresses coding and reimbursement for home infusion services.

Definitions

Home infusion: The administration of medications or nutrition intravenously in a patient's home or a home infusion suite.

Policy Statement

Claim Submission

- Submit claims using the electronic 837P format using CPT and/or HCPCS codes for the service provided.
- Use the Place of Service code 12 (Home) for services provided in the patient's home.
- Use the Place of Service code 49 or 11 for services provided in a home infusion suite, or the provider's office.

Per Diem Payment

The HCPCS "S" codes for home infusion services are based on a "per diem" reimbursement methodology. The per diem includes all supplies, care coordination and professional pharmacy services. The per diem code is billed for each day that a patient receives an infusion. Other nursing services and drug products are billed separately from the per diem.

Drugs

Code all drugs with a HCPCS or CPT code. If a specific code is not available you may use J3490, J3590, J7799 or J9999. Provide the narrative, NDC number, dosage and units supplied, refer to *Commercial General Coding – 005 Unlisted Procedure Code Reimbursement Policy*.

Use drug units as described in the HCPCS or CPT description of the code.

Nursing Services

Nursing services include evaluation and assessment, education and training for the patient or caregiver, inspection and consultation of aseptic home environment, catheter insertion, and patient assessment.

For home infusion nursing visits lasting up to two hours use CPT code 99601. Report each additional hour beyond the initial two with 99602 with the appropriate number of units.

When provided in the infusion suite of a home infusion agency, code each nursing visit lasting up to two hours using CPT code 99601-SS. Report each additional hour beyond the initial two with 99602-SS with the appropriate number of units, in accordance with the NHIA (National Home Infusion Association) recommendations for billing.

Catheter Insertion

Insertion, by a nurse, of a PICC line (S5522) or midline (S5523) is coded separately from the other nursing visit codes and per diems. PICC insertion supplies (S5520) and midline insertion supplies (S5521) are coded separately.

Catheter Care

Bill catheter care per diems (S5498, S5501, S5502) when provided as a stand-alone therapy. Supplies required for non-routine catheter procedures such as de-clotting supplies (S5517) and repair kits (S5518) may be billed separately.

Multiple Therapies

For multiple therapies in the same category done on the same date of service as primary therapy, append the following modifiers to the “S” code per diem:

- SH- second concurrently administered infusion therapy
- SJ- third or more concurrently administered therapy

Documentation Submission

Documentation must identify and describe the services performed including total time of the service. If a denial is appealed, this documentation must be submitted with the appeal.

Coverage

Eligible services will be subject to the subscriber benefits, applicable fee schedule amount and any coding edits.

The following applies to all claim submissions.

All coding and reimbursement is subject to all terms of the Provider Service Agreement and subject to changes, updates, or other requirements of coding rules and guidelines. All codes are subject to federal HIPAA rules, and in the case of medical code sets (HCPCS, CPT, ICD), only codes valid for the date of service may be submitted or accepted. Reimbursement for all Health Services is subject to current Blue Cross Medical Policy criteria, policies found in the Provider Policy and Procedure Manual sections, Reimbursement Policies and all other provisions of the Provider Service Agreement (Agreement).

In the event that any new codes are developed during the course of Provider's Agreement, such new codes will be paid according to the standard or applicable Blue Cross fee schedule until such time as a new agreement is reached and supersedes the Provider's current Agreement.

All payment for codes based on Relative Value Units (RVU) will include a site of service differential and will be calculated using the appropriate facility or non-facility components, based on the site of service identified, as submitted by Provider.

Coding

The following codes are included below for informational purposes only and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply subscriber coverage or provider reimbursement.

CPT/HCPCS Modifier:	SH	SJ	SS					
ICD-10 Diagnosis:	N/A							
ICD-10 Procedure:	N/A							
CPT/HCPCS:	99601	99602	J3490	J3590	J7799	J9999	S5497	
	S5498	S5501	S5502	S5517	S5518	S5520	S5521	
	S5522	S5523	S9325	S9326	S9327	S9328	S9329	
	S9330	S9331	S9335	S9336	S9338	S9339	S9340	
	S9341	S9342	S9343	S9345	S9346	S9347	S9348	
	S9349	S9351	S9353	S9355	S9357	S9359	S9361	
	S9363	S9364	S9365	S9366	S9367	S9368	S9370	
	S9372	S9373	S9374	S9375	S9376	S3977	S9379	
Revenue Codes:	N/A							

Resources

National Home Infusion Association (NHIA)

Policy History

2/16/2016	Initial Committee Approval
4/20/2020	Annual Policy Review
6/29/2021	Annual Policy Review
12/28/2021	Revised
09/27/2022	Revised
04/03/2023	Code update
11/01/2023	Revised
03/26/2024	Annual Policy Review

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