



BlueCross BlueShield of Vermont

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Home Infusion Therapy Corporate Medical Policy

File Name: Home Infusion Therapy
File Code: UM.DME.16
Origination: 10/2004
Last Review: 11/2020
Next Review: 11/2021
Effective Date: 01/01/2021

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 of medical necessity.

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. (2003, January). Total Parenteral Nutrition and Enteral Nutrition in the home. (Medical Policy 1.02.01)

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 not 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

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| 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 |

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| 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. |
| 08/2019 | Policy removed from archived status. Policy statements remain unchanged. Removed codes: B4164, B4168, B4172, B4176, B4178, B4180, B4185, B4189, B4193, B4197, B4199, B4216, B4220, B4222, B4224, B5000, B5100, B5200, B9004, B9006, E0791. Codes are on the Corporate TPN Medical Policy the codes require PA per the PA list. |
| 07/2020 | Policy reviewed no changes to policy statement. Minor Description language changes. References updated. |
| 11/2020 | Policy reviewed no changes to policy statements. Added Related Policy section to policy. Added new codes G0088, G0089, G0090 effective 01/01/2021. |

Eligible Providers

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

Approved by BCBSVT Medical Director

Date Approved

Joshua Plavin, MD, MPH, MBA
Chief Medical Officer

Kate McIntosh, MD, MBA, FAAP
Senior Medical Director

Attachment I Coding Table & Instructions

| Code Type | Number | Brief Description | Policy Instructions |
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| The following codes will be considered medically necessary when applicable criteria have been met. | | | |
| CPT® | 99601 | Home infusion/specialty drug administration, per visit (up to 2 hours) | |

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| 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) | |
| HCPCS | A4220 | Refill kit for implantable infusion pump | |
| HCPCS | A4221 | Supplies for maintenance of drug infusion catheter, per week (list drug separately) | |
| HCPCS | A4222 | Infusion supplies for external drug infusion pump, per cassette or bag (list drugs separately) | |
| HCPCS | E0779 | Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater | |
| HCPCS | E0780 | Ambulatory infusion pump, mechanical, reusable, for infusion less than 8 hours | |
| HCPCS | E0781 | Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient | |
| HCPCS | E0782 | Infusion pump, implantable, nonprogrammable (includes all components, e.g., pump, catheter, connectors, etc.) | |
| HCPCS | E0783 | Infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.) | |
| 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 | |
| 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 | |
| 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 | |
| HCPCS | G0299 | Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting, each 15 minutes | |

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| HCPCS | G0300 | Direct skilled nursing services of a licensed practical nurse (LPN) in the home health or hospice setting, each 15 minutes | |
| HCPCS | K0455 | Infusion pump used for uninterrupted parenteral administration of medication, (e.g., epoprostenol or treprostinol) | |
| HCPCS | S5035 | Home infusion therapy, routine service of infusion device (e.g., pump maintenance) | |
| HCPCS | S5036 | Home infusion therapy, repair of infusion device (e.g., pump repair) | |
| 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 | |
| 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 | |
| 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 | |
| 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) | |
| HCPCS | S5517 | Home infusion therapy, all supplies necessary for restoration of catheter patency or declotting | |
| HCPCS | S5518 | Home infusion therapy, all supplies necessary for catheter repair | |
| HCPCS | S5520 | Home infusion therapy, all supplies (including catheter) necessary for a peripherally inserted central venous catheter (PICC) line insertion | |
| HCPCS | S5521 | Home infusion therapy, all supplies (including catheter) necessary for a midline catheter insertion | |

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| HCPCS | S5522 | Home infusion therapy, insertion of peripherally inserted central venous catheter (PICC), nursing services only (no supplies or catheter included) | |
| HCPCS | S5523 | Home infusion therapy, insertion of midline venous catheter, nursing services only (no supplies or catheter included) | |
| 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) | |
| 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) | |
| 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) | |
| 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) | |
| 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) | |
| 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) | |

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| 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 | |
| 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 | |
| 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 | |
| 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) | |
| 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 | |
| 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 | |
| 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 | |
| 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 | |

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| 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 | |
| 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 | |
| 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 | |
| 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 al necessary supplies and equipment (drugs and nursing visits coded separately), per diem | |
| 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 | |
| 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 | |
| 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 | |
| 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 | |

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| 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 | |
| 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 | |
| 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 | |
| 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 | |
| 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 | |
| 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 | |
| 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) | |
| 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) | |

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| 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 | |
| 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 | |
| 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 | |
| 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 | |
| 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 | |
| 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 | |
| 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) | |
| 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 | |

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| 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 | |
| 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 | |
| HCPCS | S9502 | Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 8 hours, administrative services, professional pharmacy services, care coordination, and al necessary supplies and equipment (drugs and nursing visits coded separately), per diem | |
| 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 | |
| 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 | |
| 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 | |
| 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 | |

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| 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 | |
| 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 | |
| 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 | |
| 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 | |
| HCPCS | 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 | |
| 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 | |