

SECTION 5: BILLING AND REIMBURSEMENT GUIDELINES

of the Professional Provider Office Manual

5.18 INFUSION THERAPY

This is a subsection of Section 5: Billing and Reimbursement Guidelines of the *Professional Provider Office Manual*. If we make any procedural changes, in our ongoing efforts to improve our service to you, we will update the information in this subsection and notify our network providers. For complete *Professional Provider Office Manual* information, please refer to the other sections of this manual. Contact information for all manual sections is available in the Manual Reference Section.

For member eligibility, benefits or claims status information, we encourage you to use iLinkBlue (www.bcbsla.com/ilinkblue), our online self-service provider tool. Additional provider resources are available on our Provider page at www.bcbsla.com/providers.

This manual is provided for informational purposes only and is an extension of your Professional Provider Agreement. You should always directly verify member benefits prior to performing services. Every effort has been made to print accurate, current information. Errors or omissions, if any, are inadvertent. The Member Contract/Certificate contains information on benefits, limitations and exclusions, and managed care benefit requirements. It also may limit the number of days, visits or dollar amounts to be reimbursed.

As stated in your agreement: This manual is intended to set forth in detail Blue Cross policies. Blue Cross retains the right to add to, delete from and otherwise modify the *Professional Provider Office Manual* as needed. This manual and other information and materials provided by Blue Cross are proprietary and confidential and may constitute trade secrets of Blue Cross.

INFUSION THERAPY

Infusion therapy providers should adhere to the following guidelines when filing claims.

Claim Form

- A CMS-1500 claim form is required to bill for both home infusion and the infusion suite services.

Referring Physician NPI

- The referring physician NPI number **must** be included in Block 17B of the CMS-1500 claim form.

Authorizations

- The member's benefits may require an authorization for services.
- Nursing visits exceeding two hours in duration will always require authorization.

It is important to file ALL applicable diagnosis codes supported by your medical record on a claim.

It is equally important that providers code claims to the highest degree of specificity. Blue Cross discourages providers from filing not otherwise specified (NOS) diagnosis codes. Claims with NOS codes may pend for medical record review and more appropriate coding.

Categories of Billable Services

Service	Per Diem	Nursing Services	Drugs
Infusion	x	x	x
<u>Injectable:</u> Self-administered Drugs	x		x
Other Drug Administration		x	x

Please reference the executed Reimbursement/Services Schedule of your Allied Health Provider Agreement for the billable codes and allowables. Codes not listed are considered incidental to other services billed for that member on that day. The presence of a code or fee on the schedule, such as enteral therapy is not to be interpreted as meaning that the patient has coverage or benefits for that service.

Per Diems

Blue Cross allows per diem reimbursement only once each calendar day when the patient is receiving:

1. An actual infusion of medication through intravenous or other authorized drug delivery routes of infusion therapies, as prescribed by the ordering physician.

2. The administration of self-injectable drugs, as prescribed by ordering physician.

Self-injectable: Drugs considered as self-injectable may be considered eligible for benefits under the member's drug prescription card in most cases and may not be delivered or billed by the home infusion therapy provider. Some exceptions may be made for initial member training.

Multiple per diems are reimbursable if performed concurrently and through a separate infusion administration access site. A multiple procedure reduction will apply to these per diems and will reimburse at 20% of the per diem.

For billing of per diem services, span dates may only be used for single sites. Each date of service must be billed on separate lines when billing per diems for multiple infusion administration access sites.

Catheter Maintenance

The codes below are billable for catheter care maintenance between infusion treatments and can be billed alone or with nursing service code(s) 99601/99602. Do not bill these codes when other infusion per diems are applicable. Bill only one catheter care maintenance code per date of service.

- S5498 – HIT simple cath care
- S5501 – HIT complex cath care
- S5502 – HIT interim cath care
- S5517 – HIT declotting kit
- S5518 – HIT cath repair kit

Change Items/Services Not Separately Billable

The following items/services are not separately billable under any circumstance:

- Pharmacy compounding fees
- Procurement and stocking of intravenous medication
- Equipment rental including pump and IV pole
- Delivery of medications, supplies and equipment to the member's home
- Clinical pharmacy services and kinetic dosing
- Patient care and coordination with other providers and case management if applicable
- 24 hour a day, on call availability and patient telephone consultation
- Monitoring, consultations and records maintenance by a dietitian where applicable (e.g., enteral therapy)
- Waste disposal

- Medical supplies which include but are not limited to the following: needles, syringes, tubing, flushing supplies and needleless connectors and all other supplies from the injection port out. The peripheral IV start kits or IV start catheters and dressing are also included.
- Drug administration
- Postage/shipping costs
- Training and education of patient, family and caregiver
- Laboratory blood drawing and tests done by nurse
- All services including nursing and supplies associated with self-injectable drug administration

Nursing Services

Nursing services can be billed separately using CPT codes 99601 and 99602 (additional hours) for both home infusion and infusion suite services except for self-administered injectable drugs and their related services. A nursing service visit is defined as consecutive periods of time up to two hours during which clinical nursing services are rendered. The first two hours (99601) will be reimbursed at the per visit rate identified in your agreement. Hourly nursing charges (99602) exceeding two hours require an authorization and will be reimbursed at a reduced hourly rate per your agreement terms. A nursing service visit should be billed as one unit per visit in the Block 24G of the CMS-1500 claim form. When billing for additional hours beyond the nursing service visit of two hours, the home infusion provider must include the number of additional hours for the services rendered in the Block 24G of the CMS-1500 claims form.

A nursing service visit includes but is not limited to:

- Assessments
- IV infusion and/or enteral services
- Administration of medication: PO, IM, SQ, IV and for enteral services
- Training and education of patient, family and caregiver
- Wound care management
- Patient monitoring
- Laboratory blood drawing and tests done by nurse
- Patient care and coordination with other providers and case management if applicable
- All medical equipment and supplies associated with the above services whether reusable or non-reusable

Drugs

- Most drug codes are to be billed separately. Report the appropriate CPT/HCPCS and corresponding units for appropriate compensation. Listings of the allowable charges for drug codes are available on iLinkBlue.

- Renal Failure/Dialysis: when a member is receiving dialysis for treatment due to a diagnosis of renal failure from another provider, the allied health provider will not be reimbursed for infusion of drugs (for example, Epogen, etc.), or other related services. Services not related to dialysis infusion therapy (for example, TPN) would be eligible for reimbursement in accordance with the Member Contract/Certificate when not performed at a dialysis center.
- When a member is inpatient, the inpatient facility is responsible for billing the infusion therapy services.

Implanted Pump Refill

Refilling of implanted pumps (62369 or 62370) may be billed separately when other infusion per diems or nursing services are not billed for the same date of service.

Edits

Edits will be established to ensure only the agreed upon procedure codes are priced. If the Infusion Therapy provider bills a code not shown below, the service is considered incidental to other services billed for that member on that day and is not separately payable and the member will be held harmless. Reimbursement information can be found in Reimbursement/Services Schedule of your executed Allied Health Provider Agreement.

Standard code editing logic applies.

List of Infusion Therapy Services

Codes Accepted	Description: Therapies & Conditions
Drugs:	
HCPCS	Drug(s)
Nursing Visits:	
99601	Nursing Service
99602	Nursing Service (prior approval)
Infusion Therapy - Antiviral/Antibiotics/Antifungal:	
S9497	Once every 3 hours, per diem
S9500	Once every 24 hours, per diem
S9501	Once every 12 hours, per diem
S9502	Once every 8 hours, per diem
S9503	Once every 6 hours, per diem
S9504	Once every 4 hours, per diem
Chemotherapy:	
S9330	Continuous Chemotherapy infusion (24 hours or more), per diem
S9331	Intermittent Chemotherapy infusion (less than 24 hours), per diem

Codes Accepted	Description: Therapies & Conditions
Hydration Solutions:	
S9374	Up to one liter per diem
S9375	More than one liter but no more than two liters, per diem
S9376	More than two liters but no more than three liters, per diem
S9377	More than three liters, per diem
Enteral Nutrition: <i>(limited benefits, please refer to our Medical Policies)</i>	
B4034	Enter feed supkit syr by day
B4035	Enteral feed supp pump per diem
B4036	Enteral feed sup kit grav by
B4081	Nasogastric tubing with stylet
B4082	Nasogastric tubing without stylet
B4083	Stomach tube-levine type
B4087	Gastro/jejuno tube, std
B4088	Gastro/jejuno tube, low-pro
B4102	EF adlt repl fl&lytes 500 ml
B4103	EF ped repl fl&lytes 500 ml
B4104	Additive for enteral formula
B4149	EF blenderized foods
B4150	EF complet w/intact nutrient
B4152	EF calorie dense ≥ 1.5 Kcal
B4153	EF hydrolyzed/amino acids
B4154	EF spec metabolic noninherit
B4155	EF incomplete/modular
B4157	Enteral f cml inherited dz metab
B4158	Enteral f ped nutrition complete
B4159	Enteral f ped nutritn cml soy basd
B4160	Enteral f ped nutritn cml cal dense
B4161	Enteral f ped hydrolyzed/aa proteins
B4162	Enteral f ped inherited dz metab
S9340	Home Infusion therapy, enteral nutrition, per diem

Codes Accepted	Description: Therapies & Conditions
Total Parenteral Nutrition (T.P.N.)	
B4164	TPN Carbs 50% or less
B4168	TPN Amino Acid 3.5%
B4172	TPN Amino Acid 5.5-7%
B4176	TPN Amino Acid 7-8.5%
B4178	TPN Amino Acid >8.5%
B4180	TPN Carbs >50%
B4185	TPN per 10 grams lipids
B4187	Omegaven, 10g lipids
B4189	TPN Protein (10-51GM)
B4193	TPN Protein (52-73GM)
B4197	TPN Protein (74-100GM)
B4199	TPN Protein (Over 100GM)
B4216	TPN additives
B4220	TPN supply kit, premix
B4222	TPN supply kit, home mix
B4224	TPN admin kit
B5000	TPN sol renal
B5100	TPN sol hepatic
B5200	TPN sol hepatic
S9364	Home Infusion therapy, total parenteral nutrition (TPN), per diem
Pain Management:	
S9326	Continuous pain management infusion (24 hours or more), per diem
S9327	Intermittent pain management infusion (less than 24 hours), per diem
S9328	Implanted pain management infusion, per diem
Catheter Care:	
S5498	HIT simple cath care
S5501	HIT complex cath care
S5502	HIT interim cath care
S5517	HIT declotting kit
S5518	HIT cath repair kit
S5520	Up to one liter per diem
S5521	More than one liter but no more than two liters, per diem

Codes Accepted	Description: Therapies & Conditions
Other Specific Infusion Therapies or Treatments:	
S9061	Aerosolized drug therapy (e.g. pentamidine), per diem
S9336	HIT cont anticoag, per diem
S9338	HIT immunotherapy, per diem
S9345	HIT anti-hemophil, per diem
S9346	HIT alpha-1-proteinase, per diem
S9347	HIT longterm infusion, per diem
S9348	HIT sympathomim, per diem
S9349	HIT tocolysis, per diem
S9351	HIT cont antiemetic, per diem
S9355	HIT chelation, per diem
S9357	HIT enzyme replace, per diem
S9359	HIT anti-tnf, per diem
S9361	HIT diuretic infus, per diem
S9363	HIT anti-spasmodic, per diem
S9490	HIT corticosteroid, per diem
S9538	HIT blood products, per diem
Other Misc. Service/Supplies:	
62369	Infusion Pump Analysis, Reprograming and Refill
62370	Infusion Pump Analysis, Reprograming and Refill (MD/QHP)
A4305	Dispbl rx del sys rate > 50 ml/hr
A4306	Dispbl rx del sys rate < 50 ml/hr
S9379	Infusion Therapies, NOC, per diem
S9381	HIT high risk/escort (prior approval)
S9542	HIT injection NOC per diem

Infusion Therapy Billing Examples

RSV Injection Given To Patient In Home or Suite
JXXXX
99601

Self Injectable In Home or Suite
JXXXX
S9542

Chemotherapy Infusion in Home without Nurse
JXXXX
S9330

Chemotherapy Infusion in Home with Nurse
JXXXX
S9330
99601

Drug Infusion in Suite Over 2 Hours Please Note: additional nursing requires pre-service authorization
JXXXX
SXXXX
99601
99602