

Blue Cross Blue Shield of Michigan
Medicare Advantage Private Fee-for-Service

Home Infusion Therapy

January 1, 2008
Updated October 1, 2008

HOME INFUSION THERAPY

Home infusion therapy is the continuous, slow administration of a controlled drug, nutrient, antibiotic or other fluid into a vein or other tissue on a daily, weekly or monthly basis, depending on the condition being treated and type of therapy.

ORIGINAL MEDICARE

Original Medicare covers home infusion therapy services under several separate Part A, Part B and Part D benefit provisions. These benefit provisions include drugs, parenteral nutrition solutions, durable medical equipment, supplies and home health services.

Coverage criteria for infusion services, including drugs, durable medical equipment, and supplies is based on national coverage determination¹ mandated by CMS and local coverage determinations² established by DME Medicare Administrative Contractors.

Home health services³, including those related to home infusion therapy, are available when the Medicare beneficiary:

- Is confined to the home
- Is under the care of a physician
- Is receiving services under a plan of care established and periodically reviewed by a physician
- Is in need of skilled nursing care on an intermittent basis or physical therapy or speech-language pathology; or
- Has a continuing need for occupational therapy.

Home health services are paid according to a prospective payment system. All services under the home health plan of care, except for durable medical equipment (includes prosthetics, orthotics, and oxygen) and osteoporosis drugs, are included in the home health prospective payment system payment amount.

Home health agencies may also become approved as DME suppliers, in which case they can submit bills for durable medical equipment, prosthetics, orthotics, and supplies services consistent with the Centers for Medicare & Medicaid Services jurisdiction list.

¹ Medicare National Coverage Determination manual, CMS Publication 100-03, Chapter 1, Part 4, §280.14 - http://www.cms.hhs.gov/manuals/downloads/ncd103c1_Part4.pdf

² National Government Services Local Coverage Determination – External Infusion Pumps, Policy #L27215 - http://www.empiremedicare.com/dme_lcd/policy/l27215_final_dme_lcd.htm
National Government Services Local Coverage Determination – Parenteral Nutrition, Policy #L27006 - http://www.empiremedicare.com/dme_lcd/policy/l27006_final_dme_lcd.htm

³ Medicare Benefit Policy Manual, CMS Publication 100-02, Chapter 7
<http://www.cms.hhs.gov/manuals/Downloads/bp102c07.pdf>

Medicare Claims Processing Manual, CMS Publication 100-04, Chapter 10
<http://www.cms.hhs.gov/manuals/downloads/clm104c10.pdf>

Home infusion therapy coverage under Original Medicare is limited and subject to specific coverage criteria. If durable medical equipment, drugs, supplies and home health services are not covered under Medicare Part A and Part B, coverage for the home infusion drugs may fall under Part D. Ancillary services, such as durable medical equipment, supplies and nursing services are not covered under Part D.

If Medicare does not cover the ancillary services under Part A and or Part B, then the beneficiary may have to pay for these services out of their own pocket or opt to receive the infusion services in a covered Part A or Part B setting (e.g., physician's office, outpatient hospital, infusion center).⁴

MEDICARE ADVANTAGE

Since Medicare has very limited coverage for home infusion therapy, additional coverage is provided under all group and individual Medicare Advantage private fee-for-service plans. Coverage for additional home infusion therapy service components are provided as the member's condition dictates, consistent with Original Medicare benefits, the additional Medicare Advantage private fee-for-service home infusion therapy benefit or the member's Part D or prescription drug plan.

The additional Medicare Advantage private fee-for-service home infusion therapy benefit provides coverage for the in-home administration of infusion therapy services when the Original Medicare coverage criteria are not met. Coverage is available when the infusion therapy is:

- Prescribed by a physician within his or her scope of practice to:
 - Manage an incurable or chronic condition
 - Treat a condition that requires acute care if it can be managed safely at home
- Certified by the physician as medically necessary for the treatment of the condition
- Appropriate for use in the patient's home
- Medical IV therapy, injectable therapy or total parenteral nutrition therapy

The following components of care are available as an additional Medicare Advantage benefit regardless of whether the patient is confined to the home:

- Nursing visits needed to:
 - Administer home infusion therapy or parenteral nutrition.
 - Instruct patient or caregivers on infusion administration techniques.
 - Provide IV access care (catheter care).
- Durable medical equipment, medical supplies and solutions needed for home infusion therapy or parenteral nutrition.

NOTE: Coverage for home infusion drugs that do not meet Original Medicare coverage criteria is not provided under the Medicare Advantage private fee-for-service additional home infusion therapy benefit, however may be covered under the member's Part D or prescription drug plan.

⁴ CMS Memorandum, Home Infusion Therapy, Gary Bailey, March 10, 2006
http://www.cms.hhs.gov/PrescriptionDrugCovContra/downloads/HomeInfusionReminder_03.10.06.pdf

Nursing Visits

The purpose of the nursing visit is to assess the patient's infusion technique and the patient's response to therapy.

- Nursing visits must correspond with the frequency of therapy (for example, therapy administered twice a month requires a nursing visit twice a month).
- The visits must be documented in the home infusion clinical record, including the start time and end time of each visit.

The nursing visit requirement does not apply in the following situations:

- When a patient or caregiver has experience in infusion administration and therefore declines nursing visits. Medicare Advantage private fee-for-service will waive the nursing visit requirement, as long as the clinical record contains a physician order and documentation stating that:
 - The nursing visit requirement was explained to the family or caregiver
 - The caregiver is capable and willing to provide infusion related care, and nursing visits can be provided on an as needed basis
- When infusion services have temporarily stopped and the patient needs only catheter care.

Durable Medical Equipment, Medical Supplies and Solutions

Home infusion therapy related services such as durable medical equipment, medical supplies, solutions and diluents, flushes, administrative services, professional pharmacy services, care coordination, and patient education are covered under a bundled per-diem. This per-diem rate includes all services not included in the pharmaceutical or nursing service component.

Catheter Care

Catheter care is not payable when billed on the same day as medical IV therapy, total parenteral nutrition, injectable therapy or line insertion. If the patient has temporarily suspended home infusion therapy, one catheter care service is payable per day.

Injectable Therapy

Injectable therapy is payable only when billed on the same day as an approved medical IV therapy.

Drugs

Medicare Advantage private fee-for-service will provide coverage for all drugs or nutrients that meet Original Medicare coverage criteria. Drugs or nutrients that do not meet Original Medicare coverage criteria may be covered under the member's Part D or prescription drug coverage.

Provider Qualifications

- The provider must meet the deemed provider requirements as stated in the Medicare Advantage private fee-for-service terms and conditions found at: [bcbsm.com/ma/pdf/2008_MA_Terms_and_Conditions.pdf](https://www.bcbsm.com/ma/pdf/2008_MA_Terms_and_Conditions.pdf)
- The provider must have a valid National Provider Identifier and must not be excluded by Medicare.
- The provider must be licensed or certified by the state and be acting within the scope of that license or certification.

Provider Documentation Requirements

Before providing home infusion therapy services, a provider must have on file:

- A physician's order, certificate of medical necessity, or statement of medical necessity
- The physician's prescription

Physician Order, Certificate of Medical Necessity and Statement of Medical Necessity

A written physician order dated and signed, certificate of medical necessity or a statement of medical necessity is required for each service provided.

The statement must include the following information:

- Patient's full name, address, sex and birth date
- Diagnosis related to the infusion therapy
- Dosage, infusion time, fluids, frequency and duration of medication
- The type or route of infusion administration, required equipment and supplies
- Nursing orders, to include frequency of visits, flushes, central line changes, IV restarts and other treatment orders, type of lab specimens the home infusion therapy nurse needs to obtain from the patient, and lab tests for which the physician is requesting the specimens. Nursing visits that are not authorized by the physician are not payable.

New Orders

A new physician's order, certificate of medical necessity or statement of medical necessity is required in the following situations:

- The current service is discontinued and a new one is initiated.
- The patient is hospitalized or admitted to a nursing home.
- The CMN duration (120 day maximum) has expired. The recertification must contain the same information as required on the initial physician order, CMN, or SMN.

Physician Prescription

The prescription must include the following information:

- Patient's full name
- Prescriber's signature and prescription date
- Prescriber's printed name and address
- Drug name and strength
- Quantity prescribed
- Directions for use
- Number of refills authorized
- Any other information needed to comply with federal and state pharmacy laws

A new prescription is needed with a change in drug or therapy, and after 12 months even without a change in drug or therapy. The CMN and a prescription can be combined in one document.

Home infusion therapy providers must update the physician regarding the patient's condition at least every 30 days, or more often if necessary. Documentation of the update must be in the clinical record.

Medical Records

The patient's medical records must reflect the need for the care provided. This documentation must be available to Medicare Advantage private fee-for-service upon request.

Conditions for Payment

BCBSM Medicare Advantage private fee-for-service plans use the Centers for Medicare & Medicaid Services deemed-provider⁵ concept for individual and group specific benefits. Coverage for home infusion therapy service components is provided as the member's condition dictates, consistent with the Original Medicare benefit, the additional Medicare Advantage private fee-for-service home infusion therapy benefit or the member's Part D or prescription drug plan.

The table below specifies payment conditions for home infusion therapy:

Conditions For Payment			
Eligible providers	Home infusion therapy providers, home health agencies		
Deemed provider	See terms and conditions on bcbsm.com/ma		
Payable locations	Home		
Frequency	Refer to the MA PFFS Allowable Amount Chart below		
CPT/HCPCS codes	Services that meet Original Medicare coverage criteria		
	External Infusion Pump	Parenteral Nutrition	Home Health Services
	DME: E0776, E0779, E0780, E0781, E0784, E0791, E1399, K0455 Medical Supplies: A4221, A4222, A4223, A9270, K0552, K0601, K0602, K0603, K0604, K0605 Drugs: J0133, J0285, J0287, J0288, J0289, J0895, J1170, J1250, J1265, J1325, J1455, J1457, J1562, J1570, J1817, J2175, J2260, J2270, J2271, J2275, J2278, J3010, J3285, J7799, J9000, J9040, J9065, J9100, J9110, J9190, J9200, J9360, J9370, J9375, J9380	DME: B9004, B9006, E0776 Medical Supplies: B9999 Nutrients: B4164, B4168, B4172, B4176, B4178, B4180, B4185, B4189, B4193, B4197, B4199, B4216, B4220, B4222, B4224, B5000, B5100, B5200	Consistent with Original Medicare ⁶

⁵ 2008 Terms and conditions

⁶ Medicare Claims Processing Manual, CMS Publication 100-04, Chapter 10
<http://www.cms.hhs.gov/manuals/downloads/clm104c10.pdf>

Conditions For Payment											
CPT/HCPCS codes	<p align="center">Additional benefits</p> <p>DME, Medical Supplies and Solutions: S5035, S5036, S5497, S5498, S5501, S5502, S5517, S5518, S5520, S5521, S5522, S5523, S9061, S9325, S9326, S9327, S9328, S9329, S9330, S9331, S9336, S9338, S9345, S9346, S9347, S9348, S9349, S9351, S9353, S9355, S9357, S9359, S9361, S9363, S9364, S9365, S9366, S9367, S9368, S9370, S9372, S9373, S9374, S9375, S9376, S9377, S9379, S9490, S9494, S9497, S9500, S9501, S9502, S9503, S9504, S9537, S9542, S9810</p> <p>Nursing Services: 99601, 99602</p> <p>Drugs: Report the drug to the member's Part D or prescription drug plan.</p>										
	<table border="1"> <tr> <td>Diagnosis restrictions</td> <td>Services that meet Original Medicare coverage criteria</td> <td>Consistent with Original Medicare.</td> </tr> <tr> <td></td> <td>DME, medical supplies and solutions</td> <td rowspan="2">Covered for: <ul style="list-style-type: none"> Managing an incurable or chronic condition A condition that requires acute care if it can be managed safely at home </td> </tr> <tr> <td></td> <td>Nursing services</td> </tr> <tr> <td></td> <td>Drugs</td> <td>Consistent with Original Medicare. If not covered, submit claim to member's Part D or prescription drug plan.</td> </tr> </table>	Diagnosis restrictions	Services that meet Original Medicare coverage criteria	Consistent with Original Medicare.		DME, medical supplies and solutions	Covered for: <ul style="list-style-type: none"> Managing an incurable or chronic condition A condition that requires acute care if it can be managed safely at home 		Nursing services		Drugs
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	DME, medical supplies and solutions	Covered for: <ul style="list-style-type: none"> Managing an incurable or chronic condition A condition that requires acute care if it can be managed safely at home 									
	Nursing services										
	Drugs	Consistent with Original Medicare. If not covered, submit claim to member's Part D or prescription drug plan.									
Age restrictions	No restrictions										

Reimbursement

The maximum payment amount for the home infusion therapy benefit is available in a separate document, [BCBSM Medicare Advantage - Additional Benefits Fee Schedule](#).

Also, the maximum payment amount for the home infusion therapy benefits that are either covered as base benefits under Original Medicare or as additional Medicare Advantage benefits are indicated in the charts below titled *MA PFFS Allowable Amount*.

The provider will be paid the lesser of this allowable amount or the provider's charge, minus the member's cost-share. This represents payment in full and providers are not allowed to balance bill the member for the difference between the allowed amount and the charge.

Allowable Amounts

When home infusion therapy is administered via an external infusion pump or parenteral nutrition therapy consistent with Original Medicare coverage criteria, the Medicare Advantage private fee-for-service allowable amount is consistent with Original Medicare. When the HIT coverage criteria under Original Medicare cannot be met, the Medicare Advantage private fee-for-service allowable per-diem amounts listed below will apply.

The table below provides Medicare Advantage private fee-for-service allowable per-diem amounts for DME equipment, supplies and solutions that apply when the home infusion therapy coverage criteria under Original Medicare cannot be met.

CPT / HCPCS Level II Codes	Description	Therapy Category	MA PFFS Allowable Amount		Unit	Policy
			2007	2008 ⁷		
S5035	Home infusion therapy, routine service of infusion device (e.g., pump maintenance)	Equipment Maintenance	\$0	\$0		Not payable.
S5036	Home infusion therapy, repair of infusion device (e.g., pump repair)	Equipment Maintenance	\$0	\$0		Not payable.
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	Catheter Care	\$7	\$7.70	Per day	With the exception of catheter supplies (restoration and repair), nursing and professional administration, this service should not be reported on the same day as another HIT service.
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	Catheter Care	\$7	\$7.70	Per day	With the exception of catheter supplies (restoration and repair), nursing and professional administration, this service should not be reported on the same day as another HIT service.
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	Catheter Care	\$10	\$11	Per day	With the exception of catheter supplies (restoration and repair), nursing and professional administration, this service should not be reported on the same day as another HIT service.
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.)	Catheter Care	\$30	\$33	Per day	With the exception of catheter supplies (restoration and repair), nursing and professional administration, this service should not be reported on the same day as another HIT service.
S5517	Home infusion therapy, all supplies necessary for restoration of catheter patency or declotting	Catheter Supplies (restoration and repair)	\$30	\$33	Per day	Limit one per day
S5518	Home infusion therapy, all supplies necessary for catheter repair	Catheter Supplies (restoration and repair)	\$30	\$33	Per day	Limit one per day
S5520	Home infusion therapy, all supplies (including catheter) necessary for a peripherally inserted central venous catheter (PICC) line insertion.	Line Insertion [supplies]	\$110	\$121	Per day	This service should not be reported on the same day as a Catheter Maintenance service.
S5521	Home infusion therapy, all supplies (including catheter) necessary for a midline catheter insertion.	Line Insertion [supplies]	\$90	\$99	Per day	This service should not be reported on the same day as a Catheter Maintenance service.

⁷ Effective 1/1/08

CPT / HCPCS Level II Codes	Description	Therapy Category	MA PFFS Allowable Amount		Unit	Policy
			2007	2008 ⁷		
S5522	Home infusion therapy, insertion of peripherally inserted central venous catheter (PICC), nursing service only (no supplies or catheter included)	Line Insertion [nursing]	\$0	\$0		Included in therapy payment
S5523	Home infusion therapy, insertion of midline central venous catheter, nursing services only (no supplies or catheter included).	Line Insertion [nursing]	\$0	\$0		Included in therapy payment
S9061	Home administration of aerosolized drug therapy (e.g. pentamidine); administrative services, professional pharmacy services, care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Medical IV Therapy	\$50	\$55	Per day	Only one Medical IV therapy service is payable per day. Catheter Maintenance is not payable on the same day as a Medical IV therapy.
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)	Medical IV Therapy	\$55	\$60.50	Per day	Only one Medical IV therapy service is payable per day. Catheter Maintenance is not payable on the same day as a Medical IV therapy.
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.	Medical IV Therapy	\$55	\$60.50	Per day	Only one Medical IV therapy service is payable per day. Catheter Maintenance is not payable on the same day as a Medical IV therapy.
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.	Medical IV Therapy	\$55	\$60.50	Per day	Only one Medical IV therapy service is payable per day. Catheter Maintenance is not payable on the same day as a Medical IV therapy.
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	Medical IV Therapy	\$55	\$60.50	Per day	Only one Medical IV therapy service is payable per day. Catheter Maintenance is not payable on the same day as a Medical IV therapy.

CPT / HCPCS Level II Codes	Description	Therapy Category	MA PFFS Allowable Amount		Unit	Policy
			2007	2008 ⁸		
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)	Medical IV Therapy	\$55	\$60.50	Per day	Only one Medical IV therapy service is payable per day. Catheter Maintenance is not payable on the same day as a Medical IV therapy.
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	Medical IV Therapy	\$55	\$60.50	Per day	Only one Medical IV therapy service is payable per day. Catheter Maintenance is not payable on the same day as a Medical IV therapy.
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	Medical IV Therapy	\$55	\$60.50	Per day	Only one Medical IV therapy service is payable per day. Catheter Maintenance is not payable on the same day as a Medical IV therapy.
S9336	Home infusion therapy, continuous anticoagulant 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	Medical IV Therapy	\$30	\$33	Per day	Only one Medical IV therapy service is payable per day. Catheter Maintenance is not payable on the same day as a Medical IV therapy.
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	Medical IV Therapy	\$60	\$66	Per day	Only one Medical IV therapy service is payable per day. Catheter Maintenance is not payable on the same day as a Medical IV therapy.
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	Medical IV Therapy	\$0	\$0		Not payable.
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	Medical IV Therapy	\$55	\$60.50	Per day	Only one Medical IV therapy service is payable per day. Catheter Maintenance is not payable on the same day as a Medical IV therapy.

⁸ Effective 1/1/08

CPT / HCPCS Level II Codes	Description	Therapy Category	MA PFFS Allowable Amount		Unit	Policy
			2007	2008 ⁹		
S9347	Home infusion therapy, uninterrupted, long- term, controlled rate intravenous or subcutaneous (e.g., epoprostenol); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem	Medical IV Therapy	\$60	\$66	Per day	Only one Medical IV therapy service is payable per day. Catheter Maintenance is not payable on the same day as a Medical IV therapy.
S9348	Home infusion therapy, sympathomimetic/ inotropic agent infusion therapy (e.g., dobutamine); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Medical IV Therapy	\$55	\$60.50	Per day	Only one Medical IV therapy service is payable per day. Catheter Maintenance is not payable on the same day as a Medical IV therapy.
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	Medical IV Therapy	\$0	\$0		Not payable.
S9351	Home infusion therapy continuous anti-emetic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem	Medical IV Therapy	\$30	\$33	Per day	Only one Medical IV therapy service is payable per day. Catheter Maintenance is not payable on same day as Medical IV therapy.
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	Medical IV Therapy	\$0	\$0		Not payable.
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	Medical IV Therapy	\$55	\$60.50	Per day	Diagnostic restrictions apply. ¹⁰ Only one Medical IV therapy service is payable per day. Catheter Maintenance is not payable on the same day as a Medical IV therapy.

⁹ Effective 1/1/08

¹⁰ Covered conditions – 275.0, 275.1, 282.4, 282.41, 282.42, 282.49, 282.60, 282.61, 282.62, 282.63, 282.64, 282.68, 282.69, 984.1, 984.8, 984.9, 985.0, 985.1, 985.2, 985.3, 985.4, 985.5, 985.6, 985.8

CPT / HCPCS Level II Codes	Description	Therapy Category	MA PFFS Allowable Amount		Unit	Policy
			2007	2008 ¹¹		
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	Medical IV Therapy	\$0	\$0		Not payable.
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	Medical IV Therapy	\$30	\$33	Per day	Only one Medical IV therapy service is payable per day. Catheter Maintenance is not payable on the same day as a Medical IV therapy.
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	Medical IV Therapy	\$55	\$60.50	Per day	Only one Medical IV therapy service is payable per day. Catheter Maintenance is not payable on the same day as a Medical IV therapy.
S9363	Home infusion therapy, anti-spasmodic intravenous therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem	Medical IV Therapy	\$55	\$60.50	Per day	Only one Medical IV therapy service is payable per day. Catheter Maintenance is not payable on the same day as a Medical IV therapy.
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)	TPN IV Therapy	\$170	\$187	Per day	Only one TPN Therapy is payable per day. Catheter Maintenance is not payable on the same day as a TPN therapy.
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.	TPN IV Therapy	\$170	\$187	Per day	Only one TPN Therapy is payable per day. Catheter Maintenance is not payable on the same day as a TPN therapy.

¹¹ Effective 1/1/08

CPT / HCPCS Level II Codes	Description	Therapy Category	MA PFFS Allowable Amount		Unit	Policy
			2007	2008		
S9366	Home infusion therapy, total parenteral nutrition (TPN); more than one liter but not more than two 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.	TPN IV Therapy	\$170	\$187	Per day	Only one TPN Therapy is payable per day. Catheter Maintenance is not payable on the same day as a TPN therapy.
S9367	Home infusion therapy, total parenteral nutrition (TPN); more than two liter 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.	TPN IV Therapy	\$200	\$220	Per day	Only one TPN Therapy is payable per day. Catheter Maintenance is not payable on the same day as a TPN therapy.
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.	TPN IV Therapy	\$200	\$220	Per day	Only one TPN Therapy is payable per day. Catheter Maintenance is not payable on the same day as a TPN therapy.
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	Injectable Therapy	\$7.50	\$8.25	Per day	Must be reported on the same day as a Medical IV Therapy.
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)	Injectable Therapy	\$7.50	\$8.25	Per day	Must be reported on the same day as a Medical IV Therapy.

CPT / HCPCS Level II Codes	Description	Therapy Category	MA PFFS Allowable Amount		Unit	Policy
			2007	2008		
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.)	Medical IV Therapy	\$35	\$38.50	Per day	Only one Medical IV Therapy is payable per day. Catheter Maintenance is not payable on the same day as a Medical IV therapy.
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	Medical IV Therapy	\$35	\$38.50	Per day	Only one Medical IV Therapy is payable per day. Catheter Maintenance is not payable on the same day as a Medical IV therapy.
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	Medical IV Therapy	\$35	\$38.50	Per day	Only one Medical IV Therapy is payable per day. Catheter Maintenance is not payable on the same day as a Medical IV therapy.
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	Medical IV Therapy	\$35	\$38.50	Per day	Only one Medical IV Therapy is payable per day. Catheter Maintenance is not payable on the same day as a Medical IV therapy.
S9377	Home infusion therapy, hydration therapy; 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	Medical IV Therapy	\$35	\$38.50	Per day	Only one Medical IV Therapy is payable per day. Catheter Maintenance is not payable on the same day as a Medical IV therapy.
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	Medical IV Therapy	NOC	NOC	Per day	Providers must provide supportive documentation and include route of administration and the drug used. Only one Medical IV Therapy is payable per day. Catheter Maintenance is not payable on the same day as a Medical IV therapy.

CPT / HCPCS Level II Codes	Description	Therapy Category	MA PFFS Allowable Amount		Unit	Policy
			2007	2008		
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	Medical IV Therapy	\$55	\$60.50	Per day	Only one Medical IV Therapy is payable per day. Catheter Maintenance is not payable on the same day as a Medical IV therapy.
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 with home infusion codes for hourly dosing schedules S9497-S9504)	Medical IV Therapy	\$55	\$60.50	Per day	Only one Medical IV Therapy is payable per day. Catheter Maintenance is not payable on the same day as a Medical IV therapy.
S9497	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every three hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Medical IV Therapy	\$55	\$60.50	Per day	Only one Medical IV Therapy is payable per day. Catheter Maintenance is not payable on the same day as a Medical IV therapy.
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	Medical IV Therapy	\$55	\$60.50	Per day	Only one Medical IV Therapy is payable per day. Catheter Maintenance is not payable on the same day as a Medical IV therapy.
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	Medical IV Therapy	\$55	\$60.50	Per day	Only one Medical IV Therapy is payable per day. Catheter Maintenance is not payable on the same day as a Medical IV therapy.
S9502	Home infusion therapy, antibiotic, antiviral, or antifungal; once every eight hours, administrative services; professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Medical IV Therapy	\$55	\$60.50	Per day	Only one Medical IV Therapy is payable per day. Catheter Maintenance is not payable on the same day as a Medical IV therapy.
S9503	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every six hours, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Medical IV Therapy	\$55	\$60.50	Per day	Only one Medical IV Therapy is payable per day. Catheter Maintenance is not payable on the same day as a Medical IV therapy.

CPT / HCPCS Level II Codes	Description	Therapy Category	MA PFFS Allowable Amount		Unit	Policy
			2007	2008		
S9504	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every four hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Medical IV Therapy	\$55	\$60.50	Per day	Only one Medical IV Therapy is payable per day. Catheter Maintenance is not payable on the same day as a Medical IV therapy.
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	Injectable Therapy	\$7	\$7.70	Per day	Must be reported on the same day as a Medical IV Therapy.
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	Injectable Therapy	\$7.50	\$8.25	Per day	Must be reported on the same day as a Medical IV Therapy.
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)	Professional Administration	\$0	\$0		Included in therapy payment

The table below indicates Medicare Advantage private fee-for-service allowable amounts for nursing services that apply when home health coverage criteria under Original Medicare cannot be met.

CPT / HCPCS Level II Codes	Description	Therapy Category	MA PFFS Allowable Amount		Unit	Policy
			2007	2008		
99601	Home infusion/specialty drug administration, per visit (up to 2 hours)	Nursing Services	\$100	\$100	Per day	Only one is payable per day. A maximum of 3 visits is payable per week. Additional visits require supporting documentation for manual review.
99602	Each additional hour (List separately in addition to primary procedure) (Use 99602 in conjunction with 99601); quantity maximum of 2.	Nursing Services	\$50	\$50	Per hour	Must be reported on the same day as 99601. A maximum of 3 visits is payable per week. Additional visits require supporting documentation for manual review.

Member Cost-Sharing

- Deemed providers must agree to collect from the member only the cost-sharing amounts described in the table below. They may not otherwise charge or bill the member.
- If the member elects to receive a noncovered service, he or she is responsible for the entire charge associated with the noncovered service.

The cost-sharing chart below identifies members with additional home infusion therapy coverage:

Member Cost-Sharing Responsibilities							
Group Name and Number	Type of Service	Annual Deductible		Copayment/Coinsurance		Out-of-Pocket Maximum	
				Professional Claim			
		2007	2008	2007	2008	2007	2008
Medicare Plus Blue, Option A, ¹² 53910	Nursing	Not a covered benefit in 2007	\$0	Not a covered benefit in 2007	\$0	Not a covered benefit in 2007	Does not apply
	DME, Medical Supplies & Solutions						
Medicare Plus Blue, Option B ¹³ 53921	Nursing						
	DME, Medical Supplies & Solutions						
Medicare Plus Blue, Option C ¹⁴ 53901	Nursing						
	DME, Medical Supplies & Solutions						
Medicare Plus Blue, Option D ¹⁵ 53903	Nursing						
	DME, Medical Supplies & Solutions						
BCBSM Retirees ¹⁶ 80311, 80312	Nursing	No MA PFFS plan	\$0	No MA PFFS plan	\$0	No MA PFFS plan	Does not apply
	DME, Medical Supplies & Solutions						
City of Detroit-Option E ¹⁷ 81100, 81101	Nursing	\$175 Waived	\$0	\$0		Does not apply	
	DME, Medical Supplies & Solutions						
City of Detroit-Option F ¹⁸ 54731, 81097	Nursing						
	DME, Medical Supplies & Solutions						

¹² Medicare Plus Blue - Option A Benefit grid

¹³ Medicare Plus Blue - Option B Benefit grid

¹⁴ Medicare Plus Blue - Option C Benefit grid

¹⁵ Medicare Plus Blue - Option D Benefit grid

¹⁶ BCBSM Retirees Benefit grid

¹⁷ City of Detroit - Option E Benefit grid

¹⁸ City of Detroit - Option F Benefit grid

Member Cost-Sharing Responsibilities							
Group Name and Number	Type of Service	Annual Deductible		Copayment/Coinsurance		Out-of-Pocket Maximum	
				Professional Claim			
		2007	2008	2007	2008	2007	2008
City of Detroit- Option G ¹⁹ 04436	Nursing	\$175 Waived	\$0		\$0		Does not apply
	DME, Medical Supplies & Solutions						
MPSERS ²⁰ 59000	Nursing	\$250		10%		\$500	
	DME, Medical Supplies & Solutions						
State of MI Retirees ²¹ 81820, 81821, 81828	Nursing	No MA PFFS plan	\$0	No MA PFFS plan	\$0	Does not apply	
	DME, Medical Supplies & Solutions		\$200		10%	\$1000	

Billing Instructions

1. Submit claims for home infusion therapy services consistent with the home infusion therapy coverage scenarios and claim formats provided in the chart titled *Home Infusion Therapy Billing Instructions*.
2. Use the Medicare Advantage private fee-for-service unique billing requirements stated in the 2008 Medicare Advantage terms and conditions manual found at: http://www.bcbsm.com/ma/pdf/2008_MA_Terms_and_Conditions.pdf
3. Report CPT/HCPCS codes and diagnosis codes to the highest level of specificity.
4. Report your National Provider Identifier number on all claims
5. Submit claims to your local BCBS plan and or DMEnson Benefit Management as indicated on the scenario chart.
6. Use electronic billing consistent with the direction provided in the scenario chart:
 - a. Michigan providers:
 - A copy of the ANSI ASC X12N 837 and 836 Institutional Health Care Claim and Health Care Claim Payment/Advice (BCBSM Electronic Data Interchange (EDI) Institutional 837/835 Companion Document is available at: http://www.bcbsm.com/pdf/837_835_institutional_companion.pdf
 - A copy of the BCBSM EDI Professional 837/835 Companion Document is available at http://www.bcbsm.com/pdf/systems_resources_prof_837_835.pdf
 - b. Providers outside of Michigan should contact their local BCBS plan.

¹⁹ City of Detroit - Option G Benefit grid

²⁰ MPSERS Benefit grid

²¹ State of Michigan Retirees Benefit grid

Home Infusion Therapy Billing Instructions

Claims for home infusion therapy services provided to all Medicare Advantage private fee-for-service members should be completed and submitted consistent with the home infusion therapy coverage scenarios identified in the following chart.

These scenarios and related billing instructions vary by the type of coverage available for the home infusion therapy service:

- Original Medicare
- Additional Medicare Advantage Benefit
- Prescription Drug Coverage

Scenario 1 – All HIT services meet Original Medicare coverage criteria			
HIT Service	Claim Type	Coding	Send Claims to
Home health services	UB-04 or electronic equivalent	Follow Original Medicare	Your local BCBS plan
DME, supplies & drugs	CMS-1500 (08/05)	Follow Original Medicare	DMEnson Benefit Management if the DME, supplies or drugs are subject to the CMS jurisdiction of the DME regional carrier.
Scenario 2 – Home Health Services meet Original Medicare coverage criteria, but DME, Supplies or drugs do not			
HIT Service	Claim Type	Coding	Send Claims to
Home health services	UB-04 or electronic equivalent	Follow Original Medicare	Your local BCBS plan
DME, supplies and solutions	CMS-1500 (08/05) or electronic equivalent	Follow MA PFFS additional HIT benefit billing guidelines and report the appropriate per diem S procedure code	Your local BCBS plan
Drugs	Follow the billing guidelines of the member's Part D or prescription drug plan		Member's Part D or prescription drug plan
Scenario 3 – Home Health Services, DME, Supplies and drugs do not meet Original Medicare coverage criteria			
HIT Service	Claim Type	Coding	Send Claims to
Home health services	CMS-1500 (08/05) or electronic equivalent	Follow MA PFFS additional HIT benefit billing guidelines and report nursing visits using CPT procedure codes 99601 and 99602 and the appropriate per diem S procedure code for DME, supplies and solutions. Report these services on the same claim.	Your local BCBS plan
DME, supplies and solutions			
Drugs	Follow the billing guidelines of the member's Part D or prescription drug plan		Member's Part D or prescription drug plan

Home Infusion Therapy Additional Benefit Billing Guidelines

Medicare Advantage private fee-for-service billing guidelines for home infusion therapy services that do not meet Original Medicare coverage criteria are provided below.

Nursing services and durable medical equipment, supplies and solutions must all be reported on the same CMS-1500 or electronic equivalent claim.

To Report	Item Reported	Instructions
Durable medical equipment, supplies and solutions	Date of service	Report the date of service as an individual date or a range of dates, depending on the number of days reported. The dates of service for per diem S procedure codes must correspond with the beginning and end dates the patient received home infusion services.
	Code	Report the appropriate per diem S procedure code.
	Modifiers	Multiple therapies should be reported using modifier SH or SJ. Report the primary therapy administration procedure code and include modifier SH or SJ to distinguish delivery of additional therapies: <ul style="list-style-type: none"> SH – Second concurrently administered infusion therapy SJ – Third or more concurrently administered infusion therapy Note: Multiple therapies are only payable with medical IV therapy or TPN therapy. The same payment amount will be made per day regardless of the number of additional concurrent therapies.
	Quantity	Enter the total number of days the patient was infused for the therapy. The quantity (days) must be greater than zero. Note: S codes cannot be processed without a quantity.
Nursing visits	Date of service	Enter the actual date of the visit(s).
	Code	Report nursing visits using CPT procedure codes 99601 and 99602. When billing procedure code 99602, it must be reported on the same day as 99601.
	Quantity	99601 – Report the quantity as one (001). 99602 – Report the number of additional hours. Note: A maximum of two hours are payable per day for this code. Report no more than four hours of nursing services per day and no more than 12 hours per week. Exception: We will consider payment of additional nursing visits for HIT services in these situations: <ul style="list-style-type: none"> Restoring catheter patency – Report procedure code S5517 and the one additional nursing visit. Catheter repair – Report procedure code S5518 and the one additional nursing visit. PIC line insertion – Report procedure code S5520 and the one additional nursing visit. Midline insertion – Report procedure code S5521 and the one additional nursing visit. Peripheral start – Report 99601. Manufacturer’s recommended time for drug infusion and monitoring. Note: If you report additional nursing visits beyond the three allowed per week, along with the claim please include documentation for all the nursing visits for that week. For the last item listed above, you need to include only the drug manufacturer’s requirements or recommendations.

To Report	Item Reported	Instructions
Procedure code S9379 – HIT, NOC, per diem	Documentation	Include detailed documentation that describes: <ul style="list-style-type: none"> • The service provided • The route of administration • The drugs used
Same-day reporting		Only the following services may be reported on the same day: <ul style="list-style-type: none"> • Line insertion services with line insertion supplies • Injectable therapy with medical IV therapy

Home Infusion Therapy Decision Tree

The home infusion therapy decision tree summarizes billing guidelines for different home infusion therapy coverage scenarios:

