# 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 Blue Cross and Blue Shield of Louisiana (Louisiana Blue) makes 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.lablue.com/ilinkblue), our online self-service provider tool. Additional provider resources are available on our Provider page at www.lablue.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 our policies. Louisiana Blue 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 are proprietary and confidential and may constitute trade secrets.

# 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 National Provider Identifier (NPI) number **must** be included in Block 17B of the CMS-1500 claim form.

## Authorizations

- Authorization is not required for infusion therapy.
- The drug being infused may require authorization.
- 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. Louisiana Blue 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 |
| Injectable:<br>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

Louisiana Blue 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-hours-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 claim 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** |

| Codes Accepted | Description: Therapies & Conditions |
|---|---|
| **Chemotherapy:** | |
| S9330 | Continuous Chemotherapy infusion (24 hours or more), **per diem** |
| S9331 | Intermittent Chemotherapy infusion (less than 24 hours), **per diem** |
| **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:** *(limited benefits, please refer to our Medical Policies)* | |
| 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>/=1.5Kcal |
| B4153 | EF hydrolyzed/amino acids |
| B4154 | EF spec metabolic noninherit |
| B4155 | EF incomplete/modular |
| B4157 | Entral f cmpl inherited dz metab |
| B4158 | Entral f ped nutrition complete |
| B4159 | Entral f ped nutritn cmpl soy basd |
| B4160 | Entral f ped nutritn cmpl cal dense |
| B4161 | Entral f ped hydrolyzed/aa proteins |
| B4162 | Entral 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-proteinas, **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-spasmotic, **per diem** |
| S9490 | HIT corticosteroid, **per diem** |
| S9538 | HIT blood products, **per diem** |
| **Other Miscellaneous Service/Supplies:** | |
| 62369 | Infusion Pump Analysis, Reprogramming and Refill |
| 62370 | Infusion Pump Analysis, Reprogramming 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 |
| S9810 | Specialty Drug Administration, **per diem** (may only be used for administration of Vyjuvek) |

## Infusion Therapy Billing Examples

| RSV Injection Given to Patient in Home or Suite |
|---|
| JXXXX |
| 99601 |

| Chemotherapy Infusion in Home without Nurse |
|---|
| JXXXX |
| S9330 |

| Drug Infusion in Suite Over 2 Hours Note: Additional Nursing Requires Pre-Service Authorization |
|---|
| JXXXX |
| SXXXX |
| 99601 |
| 99602 |

| Self-Injectable in Home or Suite |
|---|
| JXXXX |
| S9542 |

| Chemotherapy Infusion in Home with Nurse |
|---|
| JXXXX |
| S9330 |
| 99601 |