

APPENDIX C

HOME INFUSION THERAPY MANUAL

This appendix to the Professional Provider Manual briefly describes home infusion therapy benefits and guidelines available to the members of Blue Cross and Blue Shield of Kansas (BCBSKS). The information applies specifically to those providing home infusion therapy services on an outpatient basis.

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NOTE: The revision date appears in the footer of the document. Links within the document are updated as changes occur throughout the year.

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Enteral Formula and Medical Supplies

HCPCS Codes B4034 – B4036

Use these codes only when the all-inclusive administration/supply codes are not used.

When billing for multiple dates of service, bill each date on a separate line.

HCPCS Codes B4100 – B4162

Most member contracts do not cover formula.

Formula is covered for FEP members when criteria are met. (See Benefit Plan Brochure for criteria).

Submit NDC number and the appropriate units based on what was purchased and the nomenclature of the code on claim attachment.

Multiple units required in Box 24G if more than one unit of 100 calories per code.

- 200 calories = 002 units of service

Parenteral Nutrition Solutions and Supplies

HCPCS Codes B4164 – B4216

Predetermination is **strongly recommended**. To access the form online, go to http://www.bcbsks.com/CustomerService/Forms/pdf/15-17_predeterm_request_frm.pdf

Indicate number of cubic centimeters (cc), milliliters (ml), or grams on attached claim.

Multiple units are required in Box 24G if more than one 500 ml unit per code or more than one unit of grams indicated in code.

- Two 500 ml units = 002 units of service
- Three 15 grams units = 003 units of service

When using the all-inclusive S codes, standard TPN Formula should not be billed separately.

HCPCS Codes B4220 – B4224

When billing for multiple dates of service, bill each date on a separate line.

HCPCS Codes B5000 – B5200

Predetermination is **strongly recommended**. To access the form online, go to http://www.bcbsks.com/CustomerService/Forms/pdf/15-17_predeterm_request_frm.pdf

Indicate number of cc on claim attachment.

Multiple units are required in Box 24G if more than one unit per code.

- Two 500 ml units = 002 units of service
- Three 15 grams units = 003 units of service

Enteral and Parenteral Pumps

HCPCS Codes B9002 – B9999

Enteral nutrition pumps for long-term use should be purchased. Rental or purchase of the pump will be at the discretion of BCBSKS.

Parenteral nutrition pumps are covered for purchase or rental only if TPN is covered. If need is long term, pump should be purchased.

When billing for multiple dates of service, bill each date on a separate line.

Use modifier RR for Rental and NU for Purchase.

Enteral supply NOC (not otherwise classified) should be submitted with itemization to include description and charge for each item.

Routine supplies (i.e. extension sets) are part of the all-inclusive procedure codes and should not be billed under this code.

Parenteral supply NOC (not otherwise classified) should be submitted with itemization to include description and charge for each item.

Routine supplies (i.e. tubes) are part of the all-inclusive procedure codes and should not be billed under this code.

Special tubing should be coded with:

| | |
|-------|-------|
| B4081 | B4087 |
| B4082 | B4088 |
| B4083 | |

When billing for a Mickey button, use NOC code with description.

Infusion Equipment/Supplies

HCPCS Codes E0776 – E0791, K0455, K0552, K0601-K0605, S1015, & S1016

Rental is allowed for short term use, subject to review. Purchase is allowed for long term use.

Equipment should be submitted with the appropriate modifier:

- RR = Rental
- NU = Purchase

E0776 should be billed as purchase upfront when used with enteral feeding.

If billing all-inclusive administration/supply code, these codes should not be billed separately.

Home Infusion Therapy S Codes

HCPCS Codes S5035 and S5036

Deny content of service of the rental of the pump.

If pump is purchased, provide the following information on the claim attachment:

- Date purchased
- By Whom
- Itemize repairs

HCPCS Code S9328

As of January 1, 2022 procedure code S9328 – Home infusion therapy, implanted pump pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment will be considered “content of service” and not reimbursed as a separate allowance.

All-inclusive HCPCS Codes S5497 – S5502, S9061, S9325 – S9327, S9329 – S9363, S9370 – S9379, & S9490 – S9810

Include:

- All equipment-pump and supplies
- Bag and mixing fees
- Dispensing fee, etc.

Itemization of charges is not required.

Drugs should be coded separately. Indicate pump usage and route of administration on the claim attachment.

When billing S9500-S9504 on the same date of service, reimbursement will be allowed at full and half of the maximum allowable payment (MAP). These per diem codes are limited to **one** per date of service.

All other per diem codes are limited to **one** per date of service.

When billing for multiple dates of service, bill each date on a separate line.

Include all line items for one day on the same claim.

HCPCS Codes S5517-S5523 are considered content of service of catheter replacement and not reimbursed separately.

Nursing visits should be precertified. Call BCBSKS Precertification at 1-800-782-4437.

Total Parenteral Nutrition (TPN)

All-inclusive HCPCS codes S9364 – S9368

Predetermination is **strongly recommended**. To access the form online, go to http://www.bcbsks.com/CustomService/Forms/pdf/15-17_predeterm_request_frm.pdf

History and physical findings are required.

The following questions should be answered:

- Is oral feeding impossible?
- Is TPN the only source of nutrition?
- Has enteral feeding been tried?
 - If yes, why did it fail?
 - If no, why not?
- If the patient is able to eat,
 - What is the patient's expected caloric intake?
 - What percent of calories is TPN going to provide?
- What is the rationale for needing TPN?
- What is the diagnosis?
- What is the expected duration of TPN therapy?
- If specialty amino acids are required, what is the medical necessity?

The following drugs are included in the S code and cannot be billed separately:

- Non-specialty amino acids
- Concentrated dextrose
- Sterile water
- Electrolytes
- Standard multi-trace element solutions
- Standard multi-vitamin solutions

The following drugs may be billed separately, using J3490, and the number of units implicit in the NDC number (e.g. number of vials dispensed):

- Specialty amino acids for renal failure, hepatic failure, high stress conditions and amino acids with concentrations of 15 percent and above when medically necessary
- Added trace elements not from a standard multi-trace element solution

- Added vitamins not from a standard multivitamin solution
- Products serving non-nutritional purposes (e.g. heparin, insulin, iron, dextran, famotidin, ondansetron)

Important Billing Reminders

BlueCard member's coverage is determined by their Blue Cross Blue Shield plan.

When billing for multiple dates of service, bill each date on a separate line.

Include all line items for one day on the same claim.

Submit correct place of service:

- 11 = office
- 12 = home

REVISIONS

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|------------|--|
| 04/02/2018 | Page C-5: Updated codes to remove termed code. |
| 01/01/2022 | Page C-7: added "HCPCS Code S9328" |
| 01/01/2023 | Reviewed – no changes |