

NHIA National Coding Standard for Home Infusion Claims under HIPAA

Version 1.11.01i

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Obtain the NHIA National Coding Standard for Home Infusion Claims under HIPAA at no charge from www.nhia.org for the National Definition of Per Diem, exact code descriptions, coding procedures and examples.

Per HIPAA regulation, providers and payers must use national standard codes and conform to HCPCS and CPT® code descriptions which may not be changed. HCPCS per diem S-codes have descriptions which (1) specify what is included in payment for the code and (2) by exclusion specify what is coded, billed, and paid for separately. An excerpt from a typical HCPCS description is: *home therapy; administrative services, professional pharmacy services, care coordination, and all*

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

Per diem is coded and paid every day the patient is on service beginning with the day the therapy is initiated and ending with the day the therapy is permanently discontinued.

See www.nhia.org/perdiemfinal.htm

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Home Infusion Therapy Bundled Service Codes (Per Diem Codes)

ANTI-INFECTIVES: ANTIBIOTICS/ ANTIFUNGALS/ ANTIVIRALS)

- S9497** Q3 hours
- S9504** Q4 hours
- S9503** Q6 hours
- S9502** Q8 hours
- S9501** Q12 hours
- S9500** Q24 hours
- S9494** ■ Unspecified

CHEMOTHERAPY

- S9330** Cont. (≥24 hrs)
- S9331** Intrmnt. (< 24 hrs)
- S9329** ■ Unspecified

ENTERAL NUTRITION

- S9343** Bolus
- S9341** Gravity
- S9342** Pump
- S9340** ■ Unspecified

HYDRATION THERAPY

- S9374** 1.0 liter/day
- S9375** >1.0-2.0 liters/day
- S9376** >2.0-3.0 liters/day
- S9377** >3.0 liters/day
- S9373** ■ Unspecified

PAIN MANAGEMENT

- S9326** Cont. (≥24 hrs)
- S9327** Intrmnt. (<24 hrs)
- S9328** Implanted pump
- S9325** ■ Unspecified

PARENTERAL NUTRITION

- S9365** 1.0 liter/day
- S9366** >1.0-2.0 liters/day
- S9367** >2.0-3.0 liters/day
- S9368** >3.0 liters/day
- S9364** ■ Unspecified

CATHETER CARE MAINTENANCE

- S5498** ▼ Single lumen
- S5501** ▼>1 lumen
- S5502** ▼ Implanted access
- S5497** ▼**L** ■ Unspecified
- S5517** **L** Declot supply kit
- S5518** **L** Repair supply kit

▼ *Use when catheter care provided as a standalone therapy, or during days not covered under per diem by another therapy*

L (Not Per Diem) *Supplies required for non routine catheter procedures are coded and paid separately from other per diem S-codes*

NOT OTHERWISE CLASSIFIED

- S9379** ▼ Infusion
- S9542** ▼ Injectable
- ▼ *Use only for misc. therapies not otherwise described by more specific per diem S-codes*

PER DIEM MODIFIERS

- SS** Service in infusion suite of home infusion provider
- SH** ▼2nd concurrent ther.
- SJ** ▼ ≥3rd concurrent ther.

▼ *Use if needed to distinguish per diem rates per provider-payer agreement, to distinguish the provider's usual and customary fees, or to indicate that the therapy is a distinct administered therapy.*

- JA** ■ Administered IV
- JB** ■ Administered SC
- TG** ■ Complex/high level of care

SPECIALTY THERAPIES

- S9061** **Aerosolized drug** (e.g. pentamidine)
- S9346** **Alpha-1-proteinase inhibitor** (e.g. Prolastin®) – infusion
- S9336** **Anticoagulant** (e.g. heparin) – cont. infusion
- S9372** **Anticoagulant** (e.g. heparin) – intrmnt. inj.
- S9351** **Anti-emetic** – cont. or intrmnt. infusion
- S9370** **Anti-emetic** – intrmnt. inj.
- S9345** **Anti-hemophilic agent** (e.g. Factor VIII) – infusion
- S9363** **Anti-spasmodic** – infusion
- S9359** **Anti-tumor necrosis factor intravenous** (e.g. infliximab) – infusion
- S9538** ▼ **Blood product(s)** transfusion

▼ *Blood products coded and paid separately*

- S9355** **Chelation** – infusion
- S9490** **Corticosteroid** – infusion
- S9361** **Diuretic intravenous** – infusion
- S9357** **Enzyme replacement intravenous** (e.g. imiglucerase) – infusion
- S9558** **Growth hormone** – injectable
- S9537** **Hematopoietic hormone** (e.g. erythro-poietin, G-CSF, GM-CSF) – inj.

SPECIALTY THERAPIES

- S9560** **Hormonal (e.g. leuprolide, goserelin)** – injectable
- S9338** **Immunotherapy** (e.g. immunoglobulin) – infusion
- S9348** **Inotropic/ sympathomimetic** (e.g. dobutamine) – infusion
- S9353** **Insulin** – cont. infusion
- S9559** **Interferon** – injectable
- S9590** **Irrigation** (e.g., of an organ or anatomical cavity) – injectable
- S9562** **Palivizumab** (e.g. Synagis®) – injectable
- S9339** **Peritoneal dialysis**
- S9349** **Tocolytic** – infusion
- S9347** **Uninterrupted, long-term, controlled rate** (e.g. epoprostenol) – intravenous or subcutaneous infusion

SOME PLACES OF SERVICE

- 12 Home
- 13 Assisted living facility
- 14 Group home
- 16 Temporary lodging
- 31 Skilled nursing facility
- 32 Nursing facility
- 33 Custodial care facility
- 34 Hospice
- 49 Independent clinic
- 99 Other

■ Code use limited, see NHIA National Coding Standard. Applies to all codes marked on this page.

ALL DRUGS CODED AND PAID SEPARATELY

Use specific HCPCS drug codes (“J-codes”) with NDC number

HIGH TECH NURSING SERVICE CODED AND PAID SEPARATELY

99601▼ Home infusion/specialty drug administration, per visit (up to 2 hrs)

99602▼ each additional hour

▼ *Include time for all nursing activities of a nurse visit: preparation, travel, time in the home, documentation, post-visit reporting, follow-up activities, etc.*

S5522▼ PICC line insertion (supplies/catheter excluded)

S5520▼ PICC line kit

S5523▼ Midline insertion (supplies/catheter excluded)

S5521▼ Midline kit

▼ *Coded and paid separately from 99601 and 99602, as well as separately from any other per diem S-code. Modify with –SS if insertion performed in infusion suite.*

Modifiers

-SS▼ Service in infusion suite of home infusion provider

▼ Time recorded is for duration of patient service in suite

-SD▼ Specialized, highly technical

▼ *Use if required under provider-payer agreement, or to distinguish the provider's charges for specialized high-tech home infusion nursing*

INFUSION SUITE OF THE HOME INFUSION THERAPY PROVIDER

-SS Service in infusion suite of home infusion provider

All Services Provided in Infusion Suite

Modify per diem S-codes with –SS

Occasional Occurrence of Treatment in Infusion Suite

Do not modify per diem S-codes with –SS

Place of Service Code (POS)▼

May use 12=Home or 49=Independent Clinic

▼ *Provider should document health plan's choice of POS*

PROFESSIONAL PHARMACY SERVICE

S9810▼ Professional pharmacy services for provision of infusion, specialty drug administration, and/or disease state management, not otherwise classified, per hour

▼ Include time for all activities of a professional pharmacy service: applicable travel, clinical cognitive activities, care coordination activities, compounding, packaging, documentation, etc., in the office or home

▼ *Do not use if a per diem S-code is also used that includes professional pharmacy services*

AFTER HOURS CARE

99050▼ In the office at times other than regularly scheduled office hours

99051▼ In the office during regularly scheduled evening, weekend, or holiday office hours

99053▼ Between 10:00 PM and 8:00 AM at 24-hour facility

▼ *Use per provider-payer agreement or to distinguish provider's charges. One or more of these codes are used to charge for after hours occurrences.*

EXTRA SERVICES

S9381▼ High risk/escort delivery or service, per visit

S0315▼ Disease management program, initial assessment and initiation

S0316▼ Disease management program, follow-up/reassessment

S0317▼ Disease management program, per diem

S0320▼ Disease management program, RN telephone calls, per month

S9470▼ Nutritional counseling, dietitian visit

S5036▼ Infusion device repair (e.g. pump repair)

S5035▼ Infusion device routine service (e.g. pump maint.)

S9470▼ Nutritional counseling, dietitian visit

99056▼ Provided out of the office at request of patient

99058▼ Provided on an emergency basis in the office

99060▼ Provided on an emergency basis, out of the office

99082▼ Unusual travel

▼ *Coded and paid separately from other per diem S-codes*

PARENTERAL NUTRITION (PN) CODING PROCEDURES

Per HCPCS per diem S-code descriptions for PN, the per diem includes PN, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard PN formula. Excluded are lipids, specialty amino acid formulas, drugs other than in standard formula, and nursing visits which are coded, billed, and paid separately.

Included in the PN per diem are products used in a standard PN formula:

- Non-specialty amino acids (e.g., Aminosyn®, FreAmine®, Travasol®)
- Concentrated dextrose (e.g., D10, D20, D40, D50, D60, D70)
- Sterile water
- Electrolytes (e.g., CaCl₂, KCL, KPO₄, MgSo₄, NaAc, NaCl, NaPO₄)
- Standard multi-trace element solutions (e.g., MTE₄, MTE₅, MTE₇)
- Standard multivitamin solutions (e.g., MVI-12 or MVI-13)

Coded, billed and paid separately are:

- Specialty amino acids for renal failure (e.g., Aminosyn®-RF, NephAmine®)
- Specialty amino acids for hepatic failure (e.g., HepatAmine®, Hepatasol® 8%)
- Specialty amino acids for high stress conditions (e.g., Aminosyn®-HBC, BranchAmin®, FreAmine HBC®, Premasol®, TrophAmine®)
- Specialty amino acids with concentrations of 15% and above when medically necessary for fluid restricted patients (e.g., Aminosyn® 15%, Clinisol® 15%, Plenamine® 15%, Prosol® 20%)
- Lipids (e.g., Intralipid®, Liposyn®, Smoflipid®, Omegaven®)
- Added trace elements not from a standard multi-trace element solution (e.g. chromium, copper, iodine, manganese, selenium, zinc)
- Added vitamins not from a standard multivitamin solution (e.g. folic acid, vitamin C, vitamin K)
- Products serving non-nutritional purposes (e.g., heparin, insulin, L- Carnitine, iron dextran, Pepcid®, Sandostat®)

Depending on stability and practice, some of the products in the lists above are compounded into the PN in the pharmacy, while others are dispensed separately for injection into the PN in the home.

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