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**PAYMENT POLICY ID NUMBER:** 15-039

**Original Effective Date:** 05/01/2015

**Revised:** 08/08/2024

## **Multiple Procedure Reduction - Home Infusion Therapy Per Diem**

**THIS PAYMENT POLICY IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS PAYMENT POLICY APPLIES TO ALL LINES OF BUSINESS AND PROVIDERS OF SERVICE. IT DOES NOT ADDRESS ALL POTENTIAL ISSUES RELATED TO PAYMENT FOR SERVICES PROVIDED TO BCBSF MEMBERS AS LEGISLATIVE MANDATES, PROVIDER CONTRACT DOCUMENTS OR THE MEMBER'S BENEFIT COVERAGE MAY SUPERSEDE THIS POLICY.**

### **DESCRIPTION:**

This policy describes the reimbursement methodology for Home Infusion Therapy Per Diem codes when multiple medications are administered within the same Therapeutic Category on the same date of service for the same patient.

Home Infusion Therapy requiring regular nursing services is to be reported in three components:

1. Nursing Visit component
2. Drug component
3. Per Diem component

The Per Diem component includes all home infusion services, equipment and supplies except the prescribed drug(s) and licensed nursing services for each day the drug is administered. The Per Diem component should be reported utilizing the appropriate Healthcare Common Procedure Coding System (HCPCS) codes ("S" codes) for the specific drug category. All Per Diem codes are inclusive of the following:

- Administrative services
- Professional pharmacy services
- Care coordination
- Delivery
- All necessary supplies and equipment in the preparation, delivery, and follow-up care of drugs

Home Infusion Therapy Per Diem codes are categorized by drug families or type of therapy, and are grouped into the following Therapeutic Categories:

- Antibiotics/Antifungals/Antivirals
- Chemotherapy
- Pain Management
- Hydration

- Enteral Nutrition
- Total Parenteral Nutrition
- Specialty Therapy

A separate Per Diem code may be reported for each drug that is administered. When allowances are determined for each HCPCS code, the assumption is the services are performed as a stand-alone procedure. However, when two services are performed on the same day, there are duplicated elements in the reimbursement of the subsequent code. When multiple procedures are performed on the same day, by the same physician or other healthcare professional, reduction in reimbursement for the secondary and subsequent procedures will occur.

This policy applies to billing for Home Infusion Therapy Per Diem services on a CMS-1500 or equivalent claim form.

**REIMBURSEMENT INFORMATION:**

Multiple Procedure reductions apply when multiple Home Infusion Therapy Per Diems codes are reported on the same day for the following categories:

- Antibiotics/Antifungals/Antivirals
- Chemotherapy
- Pain Management

The reimbursement within each Therapeutic Category is based on the following:

- First or highest valued procedure – 100% of fee schedule amount
- Second procedure – 50% of fee schedule amount
- All subsequent procedures – 25% of fee schedule amount

These multiple procedure reductions do not apply to the Hydration, Enteral Nutrition, Total Parental Nutrition, and Specialty Therapies categories. Only one Per Diem code is allowed per day within the Hydration, Enteral Nutrition, and Total Parental Nutrition categories.

To facilitate claims administration, a separate line item should be submitted for each Per Diem for each date of service. To report units for Per Diem codes, one unit should be billed for each line.

Modifiers may be used to denote multiple therapies. See Modifiers SH and SJ below in the BILLING AND CODING section.

**BILLING AND CODING:**

**HCPCS Codes:**

<b>Therapeutic Category – Antibiotics/Antifungals/Antivirals</b>	
S9494	Home infusion therapy, antibiotic, antiviral, or antifungal therapy, per diem (do not use this code with codes for hourly dosing schedules S9497 – S9504)
S9497	Home infusion therapy, antibiotic, antiviral, or antifungal therapy, once every 3 hours, per diem
S9500	Home infusion therapy, antibiotic, antiviral, or antifungal therapy, once every 24 hours, per diem
S9501	Home infusion therapy, antibiotic, antiviral, or antifungal therapy, once every 12 hours, per diem
S9502	Home infusion therapy, antibiotic, antiviral, or antifungal therapy, once every 8 hours, per diem

<b>Therapeutic Category – Antibiotics/Antifungals/Antivirals</b>	
S9503	Home infusion therapy, antibiotic, antiviral, or antifungal therapy, once every 6 hours, per diem
S9504	Home infusion therapy, antibiotic, antiviral, or antifungal therapy, once every 4 hours, per diem

<b>Therapeutic Category – Chemotherapy</b>	
S9329	Home infusion therapy, chemotherapy infusion, per diem (Do not use this code with S9330 or S9331)
S9330	Home infusion therapy, continuous (24 hours or more) chemotherapy infusion, per diem
S9331	Home infusion therapy, intermittent (less than 24 hours) chemotherapy infusion, per diem

<b>Therapeutic Category – Pain Management</b>	
S9325	Home infusion therapy, pain management infusion, per diem (do not use this code with S9326, 9327 or 9328)
S9326	Home infusion therapy, continuous (24 hours or more) pain management infusion; per diem
S9327	Home infusion therapy, intermittent (less than 24 hours) pain management infusion; per diem
S9328	Home infusion therapy, implanted pump pain management infusion; per diem

<b>Therapeutic Category – Specialty Therapies</b>	
S9336	Home infusion therapy, continuous anticoagulant infusion therapy, per diem
S9338	Home infusion therapy, immunotherapy therapy; per diem
S9345	Home infusion therapy, antihemophilic agent infusion therapy; per diem
S9346	Home infusion therapy, alpha-1-proteinase inhibitor; per diem
S9348	Home infusion therapy, sympathomimetic/inotropic agent infusion therapy; per diem
S9351	Home infusion therapy, continuous anti-emetic infusion therapy; per diem
S9353	Home infusion therapy, continuous insulin infusion therapy, per diem
S9355	Home infusion therapy, chelation therapy, per diem
S9357	Home infusion therapy, enzyme replacement intravenous therapy, per diem
S9359	Home infusion therapy, antitumor necrosis factor intravenous therapy, per diem
S9361	Home infusion therapy, diuretic intravenous therapy, per diem
S9363	Home infusion therapy, antispasmodic therapy, per diem
S9490	Home infusion therapy, corticosteroid infusion, per diem
S9538	Home transfusion of blood products, per diem

<b>Therapeutic Category – Hydration</b>	
S9373	Home infusion therapy, hydration therapy, per diem (do not use this code with S9374 – S9377)
S9374	Home infusion therapy, hydration therapy, 1 liter per day; per diem
S9375	Home infusion therapy, hydration therapy, more than 1 liter, no more than 2 liters per day; per diem
S9376	Home infusion therapy, hydration therapy, more than 2 liters, no more than 3 liters per day; per diem

S9377	Home infusion therapy, hydration therapy, more than 3 liters per day, per diem
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<b>Therapeutic Category – Enteral Nutrition</b>	
S9340	Home therapy, enteral nutrition, per diem
S9341	Home therapy, enteral nutrition, via gravity, per diem
S9342	Home therapy, enteral nutrition via pump, per diem
S9343	Home therapy, enteral nutrition, via bolus, per diem

<b>Therapeutic Category – Total Parenteral Nutrition</b>	
S9364	Home infusion therapy, total parenteral nutrition (TPN), per diem (do not use this code with S9365 – S9368)
S9365	Home infusion therapy, total parenteral nutrition (TPN), one liter per day, per diem
S9366	Home infusion therapy, total parenteral nutrition (TPN), more than 1 liter, no more than 2 liters per day, per diem
S9367	Home infusion therapy, total parenteral nutrition (TPN), more than 2 liters, no more than 3 liters per day, per diem
S9368	Home infusion therapy, total parenteral nutrition (TPN), more than 3 liters per day, per diem

**Modifier Codes:**

SH	Second Concurrently Administered Infusion Therapy
SJ	Third or More Concurrently Administered Infusion Therapy

**RELATED PAYMENT POLICIES:**

N/A

**REFERENCES:**

- Centers for Medicare and Medicaid Services, HCPCS Release and Code Sets, <https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/HCPCS-Quarterly-Update>
- American Medical Association, Current Procedural Terminology (CPT®), Professional Edition.
- “National Home Infusion Association National Definition of Per Diem – January 2015.” The Home Infusion EDI Coalition (HIEC) Resource Center. National Home Infusion Association (NHIA), Jan. 2015. Web. 02 Apr. 2015. [http://www.nhia.org/resource/hiec/per\\_diem.cfm](http://www.nhia.org/resource/hiec/per_diem.cfm).

**GUIDELINE UPDATE INFORMATION:**

05/01/2015	New Payment Policy approved by Payment Policy Committee
05/15/2016	Annual review – update made in references
05/11/2017	Annual Review
05/17/2018	Annual Review
05/16/2019	Annual Review
08/13/2020	Annual Review
8/12/2021	Annual Review – no changes
08/11/2022	Annual Review – References updated

08/10/2023	Annual Review – References reviewed and updated.
08/08/2024	Annual Review – References reviewed and updated.

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