



An Independent Licensee of the Blue Cross and  
Blue Shield Association

# Home Infusion Therapy Guide

Preface

Summary of Changes

Table of Contents

Service Contacts

**June 2011**  
*Replaces: April 2011*

# Preface

The *Wellmark Provider Guide* and specialty guides are billing resources for providers doing business with Wellmark Blue Cross and Blue Shield of Iowa, Wellmark Health Plan of Iowa, Inc., and Wellmark Blue Cross and Blue Shield of South Dakota. The guides are referenced in your provider agreement, and include information that applies to all benefit plans in Iowa and South Dakota unless specified within the text.

## Explanation of Terminology

Wellmark	Throughout the guides, the term Wellmark indicates Wellmark Blue Cross and Blue Shield of Iowa, Wellmark Health Plan of Iowa, Inc., and Wellmark Blue Cross and Blue Shield of South Dakota.
Member	Individuals with health coverage through Wellmark are referred to as members.

## Provider Guide Updates

Wellmark's provider guides are continually updated to bring you the most current information. The following items identify when the guide or section was last changed.

- The most current date is printed on the front cover and inside pages. The date of the version replaced is also printed on the front cover.
- A *Summary of Changes* page lists all the substantial changes made in the most current update. The page(s) affected and a brief explanation of the change is linked from the *Summary of Changes* page to the change within the document.
- Changed text is in blue type.

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# Home Infusion Therapy Guide

Summary of Changes, April and [June](#) 2011

Throughout: Updated phone numbers and mailing addresses for our Des Moines office.

## **April:**

### **Page 9**

When billing services that span months or a patient's coverage periods, do not span months on an individual claim line.

Updated instructions on billing unclassified drugs requiring a National Drug Code number.

### **Pages 10–14**

Updated codes and descriptions within billing examples.

## **June:**

### **Page 7**

The Federal Employee Program does not require precertification for home infusion therapy services, but requires prior approval for home hospice care by calling 800-532-1537.

# Home Infusion Therapy Guide

## Table of Contents

I. Home Infusion Therapy .....	1
Per Diem Payment.....	1
Anti-infective Therapies.....	3
Chemotherapy.....	3
Enteral Nutrition .....	3
Hydration Therapy.....	3
Pain Management.....	4
Total Parenteral Nutrition (TPN) .....	4
Miscellaneous Infusion Therapies.....	5
Miscellaneous Non-Infusion Therapies .....	5
Catheter Care.....	5
Nursing Services for Home Infusion/Specialty Drug Administration .....	5
Modifiers.....	6
Drugs and Specialty Drugs .....	6
Wellmark’s Maximum Allowable Fee (MAF).....	6
II. Precertification Process.....	7
Precertification Process Flowchart.....	8
III. Claims Coding and Examples .....	9
Home Setting .....	9
Date Spanning .....	9
Future Dates of Service .....	9
HIT Provider Number .....	9
Billing Drugs .....	9
Supplies .....	9
Examples .....	10
Anti-Infective Therapy for One Week; Includes Nursing .....	10
Anti-Infective for One Week; Includes Nursing; PICC Line Inserted .....	10
IVIG Infusion, One Dose Every Three Weeks; Extended Nursing .....	11
Chemotherapy One Dose per Week; Catheter Care per Diem Coded; No Nursing; Claim is for One Week.....	12
Chemotherapy One Dose per Week; Catheter Care per Diem Coded; No Nursing; Claim is for Four Weeks .....	13
Multiple Anti-Infective Therapies; Second Therapy Modifier .....	13
TPN with Non-Specialty Amino Acids for 7-Day Period; No Nursing.....	14
IV. Code System and Maximum Allowable Fee (MAF) for Per Diem Coding of Home Infusion Therapy .....	15
V. Specialty Pharmacy Maximum Allowable Fee.....	15
VI. Service Information.....	15

*Scope* Information in this guide applies to networks and products offered or administered by Wellmark Blue Cross and Blue Shield of Iowa, Wellmark Blue Cross and Blue Shield of South Dakota, and Wellmark Health Plan of Iowa, Inc. The guidelines may also apply to Select First, the network administered by First Administrators, Inc., but as guidelines will vary, please check Select First coverage at <http://www.firstadministrators.com/> or call the phone number on the back of the member's ID card for details.

*FAI*



## I Home Infusion Therapy

*Home infusion therapy defined*

Home infusion providers are licensed pharmacies that provide a wide range of services required to administer home infusion and nutritional therapies and specialty drugs. Drug therapies typically provided by a home infusion pharmacy include compounded solutions for parenteral antibiotics, chemotherapy, pain medications, total parenteral nutrition (TPN), and other drug therapies. However, home infusion pharmacies frequently provide additional professional therapies, including enteral nutrition, inhalation therapies, and specialty drugs (e.g., growth hormone) that may be provided as a subcutaneous or intramuscular injectable or for injection through an IV line.

*Per diem defined*

### Per Diem Payment

The term “per diem payment” is a payment for each day that a given patient is provided actual home infusion therapy in the home as prescribed by his or her physician. The expected course and duration of the treatment shall be determined by the plan of care as prescribed by the ordering physician. When you perform a home infusion, you receive a per diem payment. The following services are included in the per diem reimbursement for the type of infusion therapy performed and are not to be billed separately.

### Products and Services Included in the Per Diem Payment

#### A. Pharmacy Professional and Cognitive Services

- Initial and ongoing patient assessment and clinical monitoring
- Development and implementation of pharmaceutical care plans
- Coordination of care with physicians, nurses, patients, patients' families, other providers, and other caregivers
- Sterile procedures, including intravenous admixtures, clean room upkeep, vertical and horizontal laminar flow hood certification, and all other biomedical procedures necessary for a safe environment
- Catheter care (except when provided as a stand-alone therapy)
- Compounding of medications
- Pharmacokinetic dosing



- Medication profile setup
- Drug utilization review
- Comprehensive knowledge of vascular access systems
- Patient educational activities
- Monitoring of potential drug interactions
- Review and interpretation of patient test results
- Recommendation of dosage or medication changes based upon clinical findings
- Patient discharge services, including communication with other medical professionals and closing of the medical record
- Other applicable professional and cognitive services

**B. Infusion therapy related supplies**

- Durable, reusable infusion pumps
- Elastomeric, disposable infusion pumps
- All other infusion therapy administration devices
- Short peripheral vascular access devices
- Needles, gauze, sterile tubing, catheters, dressing kits, and other supplies necessary for the safe and effective administration of infusion therapy
- Infectious waste storage and removal
- Other applicable supply expenses

**C. Comprehensive 24 hours per day, seven days per week delivery and pick-up services**

- Mileage and the constant availability of a dedicated infusion team consisting of pharmacist(s), nurse(s), delivery team, and all other medical professionals responsible for clinical response, problem solving, trouble shooting, question answering, and other professional duties during evenings, weekends, holidays, and all other times

**D. Clinical Coordination**

- Development and monitoring of nursing care plans
- Coordination of benefits, care and services
- Development of patient assessment and patient education materials
- Coordination of non-infusion related services
- Case management services
- Measurement of field nursing competency with subsequent education and training
- Coordination, education, training and management of field nursing staff (or sub-contracted agencies)

**E. Other**

- Overhead and operational expenses
- Inventories and accounts receivable
- Costs associated with insurance requirements
- Costs associated with accreditation requirements
- Costs associated with administrative requirements

*Excluded from  
per diem*

### Products and Services Not Included in the Per Diem

- Medications (drugs and specialty drugs) and enteral formulae
- Field-based nursing services
- PICC and midline insertion and associated supplies
- Surgically implanted central vascular access devices
- Blood products

### Anti-infective Therapies

Bill per diem “S” codes for services associated with the provision of antibiotics, antifungals, and antivirals, using codes that specify frequency of administration (Q3H, Q4H, etc.). Use the general code S9494 if an “S” code is unavailable for the frequency. When using these codes, code all drugs and nursing visits separately.

### Chemotherapy

Use the per diem “S” codes that specify continuity of administration for the services associated with the provision of chemotherapy administered continuously or intermittently. Continuous administration is defined as that which occurs without interruption over a period of 24 hours or more; intermittent administration is chemotherapy administered for a period of less than 24 hours. Code all drugs and nursing visits separately.

### Enteral Nutrition

Bill the per diem “S” codes for services associated with the provision of home enteral nutrition, administered via gravity, pump, or bolus, using codes that specify route of administration. Code all nursing visits and all enteral formulae separately.

*100 calories = 1 unit*

When billing enteral formulae, 100 calories = 1 unit. Do not use the number of cans and/or cases in the units field. To use Category III – IV formulae, the Medical Necessity must be clearly documented. If the Medical Necessity of using Category III – IV formulae is not documented, we reimburse enteral formulae at the lowest Category I rate. Reimbursement is based on Wellmark’s Maximum Allowable Fee (MAF) as explained at the end of this Section I.

*Billing for the pump*

Bill the appropriate pump code up to the tenth month. Beginning with the tenth month, Wellmark considers the pump purchased and owned by the patient. The appropriate codes for the rented pump are:

B9000-RR B9002-RR

### Hydration Therapy

Bill per diem “S” codes for services associated with the provision of hydration therapy using the codes that specify volume of fluid. Use general code S9373 if an “S” code is unavailable for the volume, and for fluid volume of less than one liter. Code all drugs and nursing visits separately.

## Pain Management

Use the per diem “S” codes for services associated with the provision of pain management administered continuously or intermittently. Continuous administration is defined as administration occurring without interruption over a period of 24 hours or more. Intermittent administration is for pain medications administered for a period of less than 24 hours. When using these codes, code all drugs and nursing visits separately.

## Total Parenteral Nutrition (TPN)

*TPN S codes include some products and drugs*

Bill the per diem “S” codes for services associated with the provision of TPN, using codes that specify volume of fluid. Use the general code S9364 if an “S” code is unavailable for the volume. Use S9365 for fluid volume of less than 1 liter. Code nursing visits separately.

Some components of the TPN formula are included in the per diem, but all other drugs are coded separately. Specifically, products used in a standard TPN formula and included in the per diem are:

- Non-specialty amino acids (e.g., Aminosyn, FreAmine, Travasol)
- Concentrated dextrose (e.g., D10, D20, D40, D50, D60, D70)
- Sterile water
- Electrolytes (e.g., CaCl<sub>2</sub>, KCL, KPO<sub>4</sub>, MgSo<sub>4</sub>, NaAc, NaCl, NaPO<sub>4</sub>)
- Standard multi-trace element solutions (e.g., MTE4, MTE5, MTE7)
- Standard multivitamin solutions (e.g., MVI-12)

*Items not included in TPN per diem*

Not included in the TPN per diem are the following items to be coded separately:

- Specialty amino acids for renal failure (e.g., Aminess, Aminosyn-RF, NephAmine, RenAmin)
- Specialty amino acids for hepatic failure (e.g., HepatAmine)
- Specialty amino acids for high stress conditions (e.g., Aminosyn-HBC, BranchAmin, FreAmine HBC, Trophamine)
- Specialty amino acids with concentrations of 15% and above when **medically necessary for fluid restricted patients** (e.g., Aminosyn 15%, Novamine 15%, Clinisol 15%); if specialty amino acids are not medically necessary for the patient’s condition but are standard protocol, they are not separately billable but part of the TPN per diem
- Lipids (e.g., Intralipid, Liposyn)
- 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, iron dextran, Pepcid, Sandostatin, Zofran)

While extensive, the above lists cannot be all inclusive. Other products may appropriately be included in the categories of these lists. Trade names are used to provide a standard that communicates well. The

use of trade names is not a product recommendation or comment on extent of use in practice.

### **Miscellaneous Infusion Therapies**

Bill per diem “S” codes for services associated with the provision of miscellaneous infusion therapies. Use the general code S9379 for miscellaneous infusion therapies not otherwise described by other per diem “S” codes. Code all drugs and nursing visits separately.

### **Miscellaneous Non-Infusion Therapies**

Bill per diem “S” codes for services associated with the provision of miscellaneous non-infusion therapies. Use general code S9542 for miscellaneous non-infusion therapies not otherwise described by other per diem “S” codes.

### **Catheter Care**

Use per diem “S” codes for services associated with the provision of catheter care, billable only when provided as a stand-alone therapy, or during days not covered under per diem by another therapy. The codes specify the maintenance for single or multiple lumens in the catheter, or for an implanted access device (i.e., implanted port). As with most other per diem HCPCS, code all drugs and nursing visits separately for services associated with routine catheter care.

### **Nursing Services for Home Infusion/ Specialty Drug Administration**

The provision of home infusion and specialty drug administration sometimes requires home nursing visits. Since the per diem “S” codes exclude nursing visits, code each nursing visit lasting up to two hours using CPT®\* code 99601; to report more than two hours, use 99602 with the appropriate number of units:

- 99601 Home infusion/specialty drug administration, per visit (up to 2 hours)
- 99602 Each additional hour (list separately in addition to primary procedure) (Use 99602 in conjunction with code 99601)

If the nurse goes to the patient’s home to provide general nursing care (e.g., blood draw, wound care), the correct code is S9123.

S9123 Nursing care, in the home; by registered nurse, per hour.

While nursing visit utilization varies by patient, patient age, and therapy, some home infusion providers estimate that as little as 10 percent of service costs are related to nursing visits. With the implementation of nursing visits outside the per diem, we require precertification by Wellmark for all nursing visits (see Section II of this Guide).

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## Modifiers

Two situationally used modifiers allow specifications of second, third, or more therapies provided in addition to primary therapy:

- Using SH and SJ*
- SH Second concurrently administered therapy
  - SJ Third or more concurrently administered therapy

Example: You provide a second anti-infective infusion drug therapy in a separately compounded IV bag during some of the same days as you provide a first anti-infective drug therapy. To bill the second, less expensive therapy for the overlapping per diem service days, append SH to the “S” code. Codes appropriately appended with modifiers SH or SJ will be reimbursed at 25 percent of the MAF for that code.

The SH and SJ modifiers apply only to multiple therapies within the same category. For example, if a patient receives TPN and anti-infective therapy on the same day, do not use a modifier. The TPN and anti-infective per diem are allowed in full.

## Drugs and Specialty Drugs

- Prescription required*
- A drug is a pharmacological agent which by federal law cannot be dispensed without a prescription. “Specialty Drugs” are identified by Wellmark from time to time as “Specialty Drugs” and listed in this guide.

## Wellmark’s Maximum Allowable Fee (MAF)

- Medical services and supplies*
- Wellmark reimburses the lesser of the provider’s billed charge or the MAF for medical services and supplies, for injectable drugs, and for specialty drugs.

## II Precertification Process

*Required before admission to home infusion therapy*

*FEP*

The precertification provision requires either the home infusion therapy provider or the member to notify Wellmark before a patient's scheduled admission to home infusion therapy. This allows Wellmark's Utilization Management staff to verify that the patient receives services in the most medically appropriate setting. The Federal Employee Program does **not** require precertification for home infusion therapy services, but **requires** prior approval for home hospice care by calling **800-532-1537**.

*Payment/benefit reductions*

Failure to obtain precertification for a medically necessary service results in the following payment/benefit reductions:

When a service provider is responsible for obtaining the precertification and fails to obtain it, the service provider shall receive a payment reduction of the lesser of 50 percent of the Maximum Allowable Fee (MAF) or \$5000. The service provider cannot bill the member for this payment reduction.

When a member is responsible for obtaining precertification and fails to obtain it, the member shall receive a benefit reduction of the lesser of 50 percent of the Maximum Allowable Fee (MAF) or the dollar amount specified in the member's contract.

*Required precertification information*

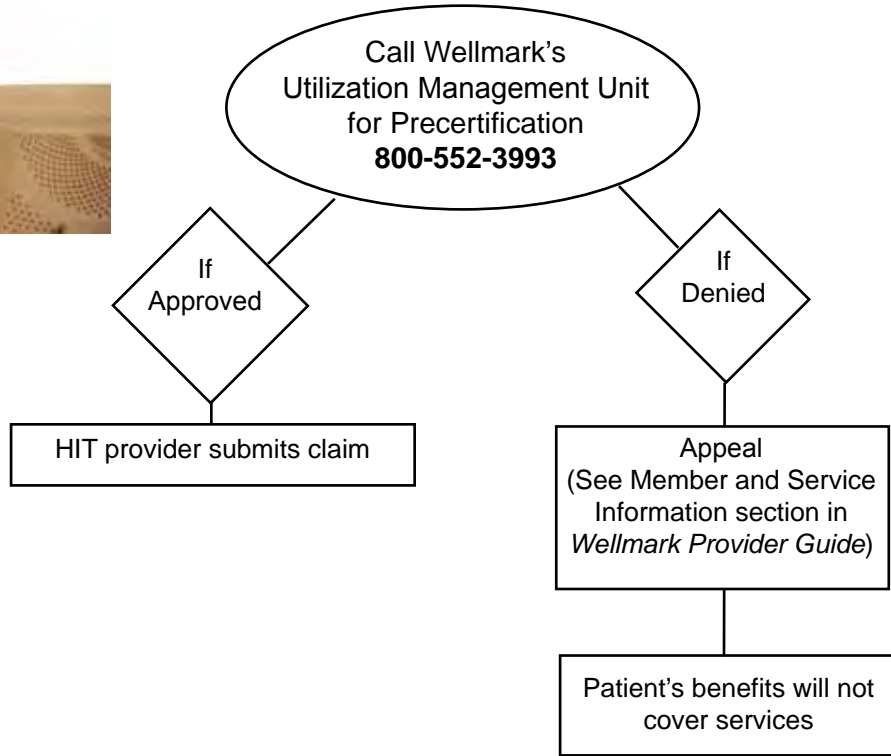
Precertification of home infusion services begins with a phone call to Wellmark's Utilization Management unit. For precertification, call **800-552-3993** or **515-376-4429**. See flowchart on the following page.

We need the following information to precertify **home infusion therapy** services:

- The member's diagnosis
- The participating physician's order for specific services
- The name of the participating vendor

If we grant a new approval, the agency must obtain a Plan of Treatment that reflects any changes.

## Precertification Process



**If:**

**Then:**

service needs to extend beyond current precertified period	contact Wellmark's Utilization Management Unit
change in current plan of treatment or level of care occurs	request extension of services through Wellmark's Utilization Management Unit

## III Claims Coding and Examples

### Home Setting

Wellmark provides home infusion therapy benefits for services provided in the home. Services provided in a non-home setting should be billed as part of that provider's regular billing.

### Date Spanning

Electronic and paper claims can include services that span months. Do not, however, span months on individual claim lines. If a claim line includes a span of multiple months, [or spans coverage periods for the patient, the claim lines will be split to accommodate accurate benefit processing of the services performed.](#)

### Future Dates of Service

Your claim should only include services already rendered. For example, do not submit a bill for February services until March. Wellmark cannot accurately process claims with future dates of service.

### HIT Provider Number

All home infusion therapy is billed [electronically or](#) on the CMS-1500 with your HIT provider number. Many HIT providers also provide other lines of business (i.e., home health services and home medical equipment). Wellmark requires a separate provider number for each line of business.

### Billing Drugs

Code drugs with a HCPCS code (J or Q). If a HCPCS is not available, use: J3490, unclassified drug; J7799 NOC (not otherwise classified) drugs, other than inhalation drugs administered through HME; or J9999, NOC antineoplastic drug. Bill J3490 or J9999 with the National Drug Code (NDC) number. Use drug units implicit in the NDC number (e.g., number of vials). [HCFA-1500/professional claim billers may submit unclassified drugs requiring an NDC on an electronic claim. The NDC must be included in the LIN segment of loop 2410. Additional information may also be provided in the loop 2400 NTE segment.](#)

*NDC required with nonspecific codes*



### Supplies

The per diem methodology and fees are inclusive of supplies, as previously noted. Wellmark [denies](#) supplies that are billed separately. The following are examples of supplies that are **not** separately billable:

- Syringes
- Needles
- Pump supplies
- Tape
- Enteral buttons and extension sets
- Gauze
- Transparent film
- IV poles
- Enteral feeding supply kits

## Examples

The following examples illustrate the use of codes and modifiers. The examples build on each other. Similar examples have example numbers appended with A, B, or C. When using this guide for the first time, we recommend you read all the examples in sequence. These examples do not represent any standard of care; your protocols may vary.

### Example 1A

#### **Anti-Infective Therapy for One Week; Includes Nursing**

Provided is cefazolin, 1.5 g, q8h over 7 days for gravity infusion through PICC line. Ten (10) ml sterile water is the diluent for reconstitution of cefazolin that is compounded into 100 ml saline IV bags. Also provided are all administration supplies and the pole necessary for the cefazolin infusion, and supplies and solutions (sodium chloride and heparin) for the catheter flush. The home infusion organization provides 3 nursing visits. On the day of the first dose, the nurse visit includes activities of assessment and training. There are follow-up visits on day 2 and day 7 for discontinuing of therapy. The PICC line is in place and functioning properly.

Service Dates	Code	Modifier	Explanation of line for example (not included on claim line)
02/01/YYYY 02/07/YYYY	S9502		Anti-infective q8h per diem
02/01/YYYY 02/07/YYYY	J0690		Cefazolin 1 gram vials
02/01/YYYY 02/07/YYYY	A4216		Sterile water, saline and/or dextrose, diluent/flush, 10 ml
02/01/YYYY 02/07/YYYY	J7050		Saline 100 ml IV bags
02/01/YYYY 02/07/YYYY	J1644		Injection, heparin sodium, per 1000 units
02/01/YYYY 02/01/YYYY	99601*		Nurse visit
02/02/YYYY 02/02/YYYY	99601		Nurse visit
02/07/YYYY 02/07/YYYY	99601		Nurse visit

As with other HCPCS per diem “S” codes, the per diem includes charges for administrative services, professional pharmacy services, care coordination services, supplies, and home medical equipment (HME). Since the anti-infective per diem covers the entire service period, do not submit a per diem charge for catheter care; code the flushing drugs separately.

The per diem for S9502 excludes home nursing services. Use code 99601 to bill home nursing visit charges.

### Example 1B

#### **Anti-Infective for One Week; Includes Nursing; PICC Line Inserted**

The services and products provided in this example are identical to Example 1A, and includes a supplemental nursing procedure. The patient was discharged from the hospital with a peripheral access device. The physician ordered insertion of a PICC line in the home to facilitate the anti-infective administration expected to last 3 to 4 weeks. For this procedure, items that are often packaged in a kit are used, such as sterile drape, syringe, gloves, etc. These are billed separately outside of the anti-infective per diem code, S9502.

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Service Dates	Code	Modifier	Explanation of line for example (not included on claim line)
02/01/YYYY 02/07/YYYY	S9502		Anti-infective q8h per diem
02/01/YYYY 02/07/YYYY	J0690		Cefazolin 1 gram vials
02/01/YYYY 02/07/YYYY	A4216		Sterile water, saline and/or dextrose, diluent/flush, 10 ml
02/01/YYYY 02/07/YYYY	J7050		Saline 100 ml IV bags
02/01/YYYY 02/07/YYYY	J1644		Injection, heparin sodium, per 1000 units
02/01/YYYY 02/01/YYYY	99601*		Nurse visit
02/02/YYYY 02/02/YYYY	99601		Nurse visit
02/07/YYYY 02/07/YYYY	99601		Nurse visit
02/01/YYYY 02/01/YYYY	S5520		Catheter and all supplies for PICC line insertion
02/01/YYYY 02/01/YYYY	S5522		PICC line insertion without supplies

The solution for this example is the same as the Example 1A solution with two additional lines. Use HCPCS S5520 code to bill for the PICC catheter and other supplies necessary to perform the procedure, which is coded separately outside of per diem.

**Example 1C** ***IVIG Infusion, One Dose Every Three Weeks; Extended Nursing***  
 Provided is IVIG 25 grams infused via a pole-mounted pump through peripheral line. Used for the IVIG are two bottles of 100ml 10% (i.e., 10 gm per bottle) and one bottle of 50 ml 10% (i.e., 5 g). Also provided are all administration supplies and the pump and pole necessary for the IVIG infusion, and supplies and solutions (sodium chloride and heparin) for the catheter insertion and flush. The home infusion organization provides nursing, with one nursing visit that lasts five hours each time the IVIG is infused. The therapy is repeated every three weeks indefinitely. The peripheral IV catheter is inserted for each dose, then removed after the dose is done.

Service Dates	Code	Modifier	Explanation of line for example (not included on claim line)
02/01/YYYY 02/01/YYYY	S9338		Immunomodulating agent per diem
02/01/YYYY 02/01/YYYY	J1561		Injection, immune globulin (Gamunex) IV, nonlyophilized, 100 ml
02/01/YYYY 02/01/YYYY	J1561		Injection, immune globulin (Gamunex) IV, nonlyophilized, 500 m
02/01/YYYY 02/01/YYYY	A4216		Sterile water, saline and/or dextrose, diluent/flush, 10 ml
02/01/YYYY 02/01/YYYY	J1644		Injection, heparin sodium, per 1000 units
02/01/YYYY 02/01/YYYY	99601		Nursing visit (first two hours)
02/01/YYYY 02/01/YYYY	99602		Nursing visit (addl three hours)

As with other HCPCS per diem S codes, the per diem includes charges for administrative services, professional pharmacy services, care coordination services, supplies and HME. Code all drugs separately. Because the required nurse visit extends beyond the two hours included in the description of code 99601, include 99602 (3 units of service) to the claim for the additional three hours required.

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**Example 2A**      **Chemotherapy One Dose per Week; Catheter Care per Diem Coded; No Nursing; Claim is for One Week**

Provided is 5-FU, 1920 mg over 96 hours (4 days) at 4 ml/hr continuously, one dose a week for an extended time period, via infusion pump through a PICC line already in place. Also provided are all administration supplies including pump tubing, pump and a pole necessary for the infusion, and flushing solutions (sodium chloride and heparin). The catheter is flushed before and after administration on days 1 and 4. On days 5 – 7, the catheter is flushed once each day by the patient’s caregiver. The home infusion organization provides a nursing visit each day of infusion.

Service Dates	Code	Modifier	Explanation of line for example (not included on claim line)
02/01/YYYY 02/04/YYYY	S9330		Chemotherapy, continuous, per diem
02/01/YYYY 02/04/YYYY	J9190		5-FU 50 mg/ml, 10 ml vials
02/01/YYYY 02/04/YYYY	A4216		Sterile water, saline and/or dextrose, diluent/flush, 10 ml
02/05/YYYY 02/07/YYYY	S5498		Catheter care, single lumen, per diem
02/01/YYYY 02/07/YYYY	J1644		Injection, heparin sodium, per 1000 units
02/01/YYYY 02/01/YYYY	99601*		Nurse visit
02/02/YYYY 02/02/YYYY	99601		Nurse visit
02/03/YYYY 02/03/YYYY	99601		Nurse visit
02/04/YYYY 02/04/YYYY	99601		Nurse visit

As with other HCPCS per diem “S” codes, the per diem for chemotherapy and catheter care includes charges for administrative services, professional pharmacy services, care coordination services, supplies, and HME. Code all drugs separately. Since the chemotherapy per diem covers only 4 days of the week, submit a per diem charge for catheter care for the remaining 3 days, with the flushing solutions coded separately. Because the chemotherapy dosing is over a period of 24+ hours, use the S9330 per diem code for *continuous* administration. If a chemotherapy administration dosing period is less than 24 hours, use the S9331 per diem code for *intermittent* administration. The example includes the S5498 per diem code for *simple (single lumen)* catheter care, whereas if it was two or more lumen catheter care, code S5501 *complex (more than one lumen)* would be used.

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**Chemotherapy One Dose per Week; Catheter Care per Diem Coded; No Nursing; Claim is for Four Weeks**

*Example 2B* The services and products provided are identical to Example 2A, except that claim is for a four-week period.

Service Dates	Code	Modifier	Explanation of line for example (not included on claim line)
02/01/YYYY 02/04/YYYY	S9330		Chemotherapy, continuous, per diem
02/08/YYYY 02/11/YYYY	S9330		Chemotherapy, continuous, per diem
02/15/YYYY 02/18/YYYY	S9330		Chemotherapy, continuous, per diem
02/22/YYYY 02/25/YYYY	S9330		Chemotherapy, continuous, per diem
02/01/YYYY 02/28/YYYY	J9190		5-FU 50 mg/ml, 10 ml vials
02/01/YYYY 02/28/YYYY	J7050		Saline 250 ml bags
02/05/YYYY 02/07/YYYY	S5498		Catheter care, single lumen, per diem
02/12/YYYY 02/14/YYYY	S5498		Catheter care, single lumen, per diem
02/19/YYYY 02/21/YYYY	S5498		Catheter care, single lumen, per diem
02/26/YYYY 02/28/YYYY	S5498		Catheter care, single lumen, per diem
02/26/YYYY 02/28/YYYY	A4216		Sterile water, saline and/or dextrose, diluent/flush, 10 ml
02/01/YYYY 02/28/YYYY	J1644		Injection, heparin sodium, per 1000 units
02/01/YYYY 02/01/YYYY	99601*		Nurse visit
02/02/YYYY 02/02/YYYY	99601		Nurse visit
02/03/YYYY 02/03/YYYY	99601		Nurse visit
02/04/YYYY 02/04/YYYY	99601		Nurse visit
02/08/YYYY 02/08/YYYY	99601		Nurse visit
02/09/YYYY 02/09/YYYY	99601		Nurse visit
02/10/YYYY 02/10/YYYY	99601		Nurse visit
02/11/YYYY 02/11/YYYY	99601		Nurse visit
02/15/YYYY 02/15/YYYY	99601		Nurse visit
02/16/YYYY 02/16/YYYY	99601		Nurse visit
02/17/YYYY 02/17/YYYY	99601		Nurse visit
02/18/YYYY 02/18/YYYY	99601		Nurse visit
02/22/YYYY 02/22/YYYY	99601		Nurse visit
02/23/YYYY 02/23/YYYY	99601		Nurse visit
02/24/YYYY 02/24/YYYY	99601		Nurse visit
02/25/YYYY 02/25/YYYY	99601		Nurse visit

**Multiple Anti-Infective Therapies; Second Therapy Modifier**

*Example 3* Provided is ceftazidime 2 g, q8h and tobramycin 120 mg, q12h over 7 days for pump infusion through PICC line. The 10 ml of sterile water is the diluent for reconstitution of ceftazidime. Each is compounded into 100 ml saline IV bags and given by a pole-mounted pump. Also provided are all administration supplies including pump tubing, two pumps and a pole necessary for the infusions, and supplies and flushing solutions (sodium chloride and heparin) for the catheter flush. Because nursing is provided by a home health agency (not the home infusion provider), nursing charges are not included on the claim from the home infusion provider. The PICC line is in place and functioning properly. The second anti-infective therapy is to be paid at a rate that is different from the single-therapy per diem rate. This requires the provider to append the –SH modifier to the second therapy per diem charge line.

\*Current Procedural Terminology © 2010 American Medical Association. All Rights Reserved.

Service Dates	Code	Modifier	Explanation of line for example (not included on claim line)
02/01/YYYY 02/07/YYYY	S9502		Anti-infective q8h per diem
02/01/YYYY 02/07/YYYY	S9501	SH	Anti-infective q12h per diem; second concurrent drug
02/01/YYYY 02/07/YYYY	J0713		Ceftazidime 2 gram vials
02/01/YYYY 02/07/YYYY	J3260		Tobramycin 80 mg vials
02/01/YYYY 02/07/YYYY	A4216		Sterile water, saline and/or dextrose, diluent/flush, 10 ml
02/01/YYYY 02/07/YYYY	J7050		Saline 100 ml bags
02/01/YYYY 02/07/YYYY	J1644		Injection, heparin sodium, per 1000 units

In the *rare* occurrence where even a third or more anti-infective is provided during some or all of the same time period, use the –SJ modifier. Example 3 illustrates that the HCPCS per diem “S” codes include necessary supplies and equipment, such as the pumps, pump sets, and pole.

**TPN with Non-Specialty Amino Acids for 7-Day Period; No Nursing**

Example 4

Provided is 1 liter of TPN 3 – 1 compounded from Aminosyn that is infused daily over 7 days through an ambulatory pump. In addition, 200 ml of Liposyn II 20% is compounded into each of the 7 bags of TPN. The TPN compound includes concentrated dextrose (D70), sterile water, 5 electrolytes, and standard multi-trace element solution MTE5. The patient receives 7 vials of Pepcid 4 ml and 7 vials of MVI-12 10 ml to be added in the TPN at the home. Also provided are all administration supplies necessary for the TPN infusion, as well as supplies and solutions (sodium chloride and heparin) for the catheter flush. The patient required no nursing services during the period.

Service Dates	Code	Modifier	Explanation of line for example (not included on claim line)
02/01/YYYY 02/07/YYYY	S9365		1 liter TPN per diem, 7 days
02/01/YYYY 02/07/YYYY	B4185		Parenteral nutrition solution, per 10 grams lipids
02/01/YYYY 02/07/YYYY	S0028		Pepcid 10 mg/ml 4 ml vials
02/01/YYYY 02/07/YYYY	A4216		Sterile water, saline and/or dextrose, diluent/flush, 10 ml
02/01/YYYY 02/07/YYYY	J1644		Injection, heparin sodium, per 1000 units

As with other HCPCS per diem “S” codes, the per diem includes charges for administrative services, professional pharmacy services, care coordination services, supplies, and HME. The TPN per diem includes many standard TPN products. Such products include the Aminosyn, D70, sterile water, electrolytes, MTE5, and MVI-12. Pepcid is not part of the standard TPN formula; therefore, code it separately.

Since the TPN per diem covers the entire service period, do not submit a per diem charge for catheter care, although the flushing solutions are coded separately. Please note in this example we used trade names to provide a standard example that communicates well. Use of trade names is not a product recommendation or comment on extent of use in practice.

## IV Code System and Maximum Allowable Fee (MAF) for Per Diem Coding of Home Infusion Therapy

For Wellmark's maximum allowable fee (MAF) for per diem coding of home infusion therapy services, please contact your network relations manager; in Iowa, **515-376-5167**; in South Dakota, **800-700-9137** or **605-373-7460**.

## V Specialty Pharmacy Maximum Allowable Fee

Specialty drugs are processed at the lesser of the provider's charge or Wellmark's MAF.

For Wellmark's maximum allowable fee (MAF) for specialty pharmacy drugs, please contact your network relations manager; in Iowa, **515-376-5167**; in South Dakota, **800-700-9137** or **605-373-7460**.

## VI Service Information

Please contact our office if you have questions about home infusion therapy services by calling the appropriate provider/customer service number on the back cover of this guide.

## Iowa Service Contacts

Wellmark Blue Cross and Blue Shield of Iowa  
Wellmark Health Plan of Iowa, Inc.  
Des Moines, IA 50306-9232

**Wellmark Blue Cross and Blue Shield of Iowa\***  
**Wellmark Health Plan of Iowa, Inc.\***  
..... 800-362-2218 or 515-376-4688

**Federal Employee Program\***  
..... 800-532-1537 or 515-376-4784

**Tyson Foods**  
..... 800-526-5710

**Iowa Bankers** *for benefit questions only*  
..... 800-258-1415 (call 800-362-2218 for claims issues)

**UI Care, UI GradCare, and UI Select**  
..... 800-355-2031

**Ford Retirees**  
Physicians ... 800-344-8525; Facilities ... 800-249-5103

**Admission Notification, Precertification, and Case Management**  
..... 800-552-3993

**Network Relations**  
..... 515-376-5167  
Contact to discuss contracting opportunities in your area

**Pregnancy Program\***  
..... 866-460-9742

**Disease Management Program\***  
..... 866-816-5264

**Network Administration\***  
.... 800-708-1342 or 515-376-5100

Providing information about:  
network participation      provider number  
address change              application status  
credentialing/recredentialing status  
taxpayer identification number change

**BlueCard® Program\***  
*Out-of-state members' claim status or payment information*  
..... 800-362-2218 or 515-376-4688  
*Out-of-state members' eligibility information*  
.... 800-676-2583

**EC (Electronic Commerce) Solutions\***  
..... 800-407-0267  
Providing: Electronic claims and reports information

**Pharmacy Department**  
..... 800-600-8065

## South Dakota Service Contacts

Wellmark Blue Cross and Blue Shield of South Dakota  
Sioux Falls, SD 57104

**Wellmark Blue Cross and Blue Shield of South Dakota\***  
*Provider/Customer Service Center*  
..... 800-774-3892 or 605-373-7292

**Federal Employee Program\***  
..... 888-800-1359

**Tyson Foods**  
..... 800-526-5710

**Admission Notification, Precertification, and Case Management**  
800-642-9273

**Network Relations**  
.... 800-700-9137 or 605-373-7460

*Fax Number*  
..... 605-373-7498

Contact to discuss contracting opportunities in your area

**Pregnancy Program\***  
..... 866-460-9742

**Disease Management Program\***  
..... 866-816-5264

**Network Administration\***  
.... 800-708-1342

Providing information about  
network participation      provider number  
address change              application status  
taxpayer identification number change

**BlueCard® Program**  
*Out-of-state members' claim status or payment information*  
..... 800-774-3892

**EC (Electronic Commerce) Solutions\***  
..... 800-407-0267  
Providing: Electronic claims and reports information

**Pharmacy Department**  
..... 800-600-8065



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Blue Shield Association

\*You will find e-mail links to these areas from our website at  
www.wellmark.com > *Contact Us (top right of page)*. Select  
For Providers and on the next screen, choose your state.