



Reimbursement Policy

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Pharmacy and Infusion Services

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INSTRUCTIONS FOR USE

Reimbursement policies are intended to supplement certain **standard** benefit plans. Please note, the terms of an individual's particular benefit plan document [Group Service Agreement (GSA), Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which a reimbursement policy is based. For example, an individual's benefit plan document may contain specific language which contradicts the guidance outlined in a reimbursement policy. In the event of a conflict, an individual's benefit plan document **always supersedes** the information in a reimbursement policy. Reimbursement terms in agreements with participating health care providers may also supersede the information in a reimbursement policy. Proprietary information of Cigna. Copyright ©2018 Cigna

Overview

This policy applies to claims submitted on a CMS 1500 and UB04 claim forms.

This policy outlines the reimbursement for Pharmacy and Infusion Services rendered in several places of service.

Reimbursement Policy

Cigna will consider reimbursement for medically necessary pharmacy and infusion services which include:

- Drug(s), biological agent(s) or infusion service(s) which meet(s) the Cigna Pharmacy Coverage Policy criteria, OR
- Drug(s), biological agent(s) or infusion service(s) for Food and Drug Administration (FDA) approved indication(s) absent any applicable benefit exclusion, OR
- For non-FDA approved indications (off-label uses) when the drug(s), biological agent(s) or infusion service(s),
 - are determined to be medically necessary and reasonable in accordance with generally accepted standards of medical practice; AND
 - where the dosage, frequency, site of administration and duration of therapy are reasonable and clinically appropriate; AND

- are supported by pharmaceutical compendia [i.e. American Hospital Formulary Service, (AHFS) OR results from at least two different controlled clinical studies published in peer-reviewed English language biomedical journals as safe and effective for the patient's illness, injury or disease.
- Blood and blood products
- Peripherally Inserted Central Catheter (PICC), central venous and intra-arterial insertion fee for the purpose of infusions.
- Total Parenteral Nutrition (TPN) and/or lipid products
 - NOTE:** The following items not considered components already included in a standard TPN formula and therefore are separately reimbursable:
 - 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®, Premasol®, TrophAmine®)
 - Specialty amino acids with concentrations of 15% and above when medically necessary for fluid restricted patients (e.g., Aminosyn® 15%, Clinisol® 15%, Novamine® 15%, Prosol® 20%)
 - 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®)

Cigna will not provide reimbursement for the following items used in conjunction with pharmacy and Infusion services:

- Drug(s), biological agent(s) or infusion service(s) which do not meet(s) the Cigna Pharmacy Coverage Policy criteria, OR
- Drug(s), biological agent(s) or infusion service(s) for non-FDA approved indication(s), OR
 - For non-FDA approved indications (off-label uses) when the drug(s), biological agent(s) or infusion service(s) are determined to be NOT medically necessary and reasonable in accordance with generally accepted standards of medical practice; OR
 - where the dosage, frequency, site of administration and duration of therapy are NOT reasonable and clinically appropriate; OR
 - are NOT supported by pharmaceutical compendia [i.e. American Hospital Formulary Service, (AHFS) OR results from at least two different controlled clinical studies published in peer-reviewed English language biomedical journals as safe and effective for the patient's illness, injury or disease.
- Related items such as supplies, DME or services associated with a drug(s), biological agent(s), or infusion(s) for which the primary service was found to be not medically necessary as outlined above.
- Drug(s), biological agent(s), or infusion(s) for which there is no documentation that it was ordered by a physician, and/or actually administered to the patient. (Documentation supporting administration should be available to Cigna upon request).
- Separate reimbursement for any infusion flush.
- Separate reimbursement for any admixture or diluents.
- Separate reimbursement for all supplies or equipment associated with the infusion administration service(s). (see applicable place of service detail below)
- Separate reimbursement for any IV insertion charge(s) (individual or team charges).
- For blood administration for the purpose of general improvement in physical condition.
- Separate reimbursement for blood administration associated with hemodialysis and peritoneal dialysis.
- Excess of one blood transfusion fee in an outpatient setting regardless of the number of units of blood or blood products billed.
- For separate reimbursement of components already included in a standard TPN 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)

Billing Requirements: For All Places of Service

- Claim submitted for services should include only drugs and supplies that were actually administered to and used by the patient. (Documentation supporting administration should be available to Cigna upon request)
- All drug(s), biological agent(s) or infusion charges(s) must be clearly identified on the claim by identifying the dosage, route of administration and the number of HCPCS units administered. The applicable HCPCS and/or National Drug Code Number (NDC #) of the drug(s) is required.
 - Unlisted drug(s), biological agent(s) or infusion charge(s) for which there is not a specific HCPCS code and/or NDC# must include a detailed description of the drug, the drug name, the dosage, the number of units and route of administration. (Documentation must be available to Cigna upon request).
 - Unit(s) of service should not equal the dosage identified within the code description but rather to the number of units actually administered (e.g. code description for 1 unit of Benadryl (J1200) is a dosage of up to 50 mg. The unit of service for 50 mg is 1 unit, not 50 units).
 - In order to minimize pharmaceutical waste, Cigna expects the most appropriate size vial or combination of vials will be used to deliver the prescribed dose of a drug/biologic. In the event of drug wastage, modifier JW must be appended to the drug code and the amount of wastage reported. The communication of drug wastage should occur on a separate claim line from the administered dose of the drug. For example, if the administered amount of a drug is 350 mg and the vial closest to the ordered amount is 400 mg, the wastage would be billed on its own claim line with the drug code appended with modifier JW and 50 reported in the unit field. On a second claim line representing the administered dose, the drug code would be billed with 350 reported in the unit field (and no modifier JW). NDC number may be requested if modifier JW is submitted to support wastage.
- Total Parenteral Nutrition (TPN) and/or lipid products must be billed either as a once per day fee (daily charge), or when billed hourly with a maximum of 24 hours/units per day.
 - Units of service for TPN and/or Lipid products should not be reported using criteria that differs from the HCPCS code defined unit of service. (e.g. code description of 1 unit of B4153 is 100 calories. 100 calories = 1 unit. For a 500 calorie bag, the appropriate number of units is 5.

Place of Service: Facility

Cigna will not provide reimbursement for the following items used in conjunction with pharmacy and infusion services provided in the facility setting:

- Separate reimbursement for any professional administration charge including but not limited to nursing care charges associated with the drug administration or infusion. Cigna follows CPT® direction for codes 96360 – 96379, 96401, 96402, 96409 – 96425, 96521 – 96523 which are not intended to be reported by a health care professional in the facility setting. Charges for these codes on a CMS 1500 claim form by a health care professional with a facility place of service will be denied.
- Fees associated with the collection or donation of blood or blood products, except for autologous donation in anticipation of scheduled services where the likelihood of excess blood loss is such that transfusion is an expected adjunct to surgery.
- Separate reimbursement for all supplies and equipment routinely used in the inpatient setting for infusion services. For more details, see Reimbursement Policy R12 Facility Routine Services, Supplies and Equipment.
- Separate reimbursement for blood transfusion administration fees rendered in an inpatient setting. For more details, see Reimbursement Policy R12 Facility Routine Services, Supplies and Equipment.

- All charges associated with a mismatched blood transfusion that was not present on admission. For more details, see Reimbursement Policy R19 Hospital Acquired Conditions.
- Professional pharmacy services such as drug preparation, compounding or processing fees.
- Separate reimbursement for services considered to be included in or incidental to the primary medical/surgical service. (e.g.: administration services for Injections and infusions when billed with a primary service or procedure. Note: administration services associated with an infusion or injection are separately reimbursed when the infusion/injection is the primary reason or service performed during the facility visit).

Place of Service: Office

Cigna will consider reimbursement for the infusion services (96360-96549) which are medically necessary and provided in the office setting. Cigna will not provide separate reimbursement for materials and supplies required to administer these services.

The following services and supplies are not separately reimbursable when billed with CPT® codes 96360-96549 in the office setting.

(List is not all inclusive):

- Use of local anesthesia
- IV start
- Access to indwelling IV, subcutaneous catheter or port
- Flush at conclusion of infusion
- Standard tubing syringes and supplies.

Place of Service: Home

Cigna will consider reimbursement for the following items and services associated home based pharmacy and infusion services when medically necessary:

- An infusion charge in the home setting when precertification has been obtained for home infusion therapy as required by Cigna.

Billing Requirements for Per Visit/Per Diem services

- Per Visit/Per Diem codes should only be used for the primary drug(s) given. Drug(s) that are given to either prevent or treat side effects of the primary drug infused should not be represented by an additional per visit/per diem code. The HCPCS code that represents the drug given should be billed on the claim.
- When multiple drugs are administered on the same date of service more than one per visit/per diem code may be submitted using modifier 59 and SH or SJ.
 - 59 Distinct Procedural Service
 - SH Second concurrently administered therapy.
 - SJ Third or more concurrently administered therapy

Home infusion Per Visit/Per Diem codes includes the following services and supplies which are not separately reimbursable.

(List is not all inclusive):

- Administrative services
- Care coordination services
- All necessary supplies and equipment
- Professional pharmacy services

General Background

Pharmacy and infusion services include, but are not limited to the administration of drug(s), biological agent(s), fluid(s), blood and blood product(s), nutritional therapy and chemotherapy to a patient.

The U.S. Food and Drug Administration defines compounding as “a practice in which a licensed pharmacist, a licensed physician, or, in the case of an outsourcing facility, a person under the supervision of a licensed pharmacist, combines, mixes, or alters ingredients of a drug to create a medication tailored to the needs of an individual patient.”

Routine clinical services and supplies used in association with pharmacy and infusion services are generally reimbursed as part of the global service reimbursement such as the inpatient room and board, observation care reimbursement, office infusion service, or home per diem/per visit services unless contractual provisions specify otherwise.

Cigna adheres to Current Procedural Terminology (CPT®) guidelines.

- Consistent with CPT® guidelines 96360 – 96379, 96401, 96402, 96409 – 96425, 96521 – 96523 are not intended to be reported by a health care professional in the facility setting. When these codes are billed on a CMS 1500 claim form by a health care professional with a facility place of service, they will be denied.
- Consistent with CPT® guidelines, code descriptions for CPT® codes 96360-96549 includes standard tubing, syringes, and supplies when the supplies are used to facilitate the infusion or injection and are not separately reimbursable.
- Consistent with CPT® guidelines, infusion services typically require direct supervision for any or all purposes of patient assessment, provision of consent, safety oversight, and intra-service supervision of staff. When a diagnostic and therapeutic Injection procedure is performed on the same date of service, by the same individual physician or other health care professional only the appropriate therapeutic and diagnostic injection(s) will be reimbursed and the E & M service is not separately reimbursed. For additional information on possible exceptions see Reimbursement policy M25 – Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Same Day of the Procedure or Other Service.
- Consistent with HCPCS coding guidelines, S5497-S5497, S5501-S5521, S9208-S9331, S9336-S9379, S9490-S9504, S9537-S9590 includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment and are not separately reimbursable.

Cigna may require precertification for selected drugs or infusions for medical necessity and benefit availability. For a complete list of pharmacy and infusion codes requiring precertification, please consult CignaCigna current precertification list found on the Cigna for HealthCare Professionals site at www.Cignaforhcp.com on the dashboard under useful links/policies and procedures/precertification policies. For a list of the medical necessity criteria for the medications included in these infusions, please consult CignaCigna current Pharmacy Clinical Coverage Policies found on the Cigna for Health Care Professionals site at www.Cignaforhcp.com.

Coding/Billing Information

Note: 1) This list of codes may not be all-inclusive.

2) Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

Associated Revenue Codes for Pharmacy and Infusion Services:

Revenue Code**	Description
0250-0259	Pharmacy
0260-0269	IV Therapy

0270-0273 0279	Medical/Surgical Supplies
0290-0299	Durable Medical Equipment
0390-0399	Blood Storage and Blood Processing
0623-0624	Medical/Surgical Supplies (Extension of Rev Code 027)
0630-0639	Pharmacy (Extension of Rev Code 025)

No reimbursement for codes listed below when billed by a health care professional on a CMS 1500 with a facility place of service:

CPT®* Codes	Description
96360	Intravenous infusion, hydration; initial, 31 minutes to 1 hour
96361	Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure)
96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour
96366	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)
96367	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour (List separately in addition to code for primary procedure)
96368	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (List separately in addition to code for primary procedure)
96369	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); initial, up to 1 hour, including pump set-up and establishment of subcutaneous infusion site(s)
96370	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)
96371	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); additional pump set-up with establishment of new subcutaneous infusion site(s) (List separately in addition to code for primary procedure)
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular
96373	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intra-arterial
96374	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug
96375	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure)
96376	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of the same substance/drug provided in a facility (List separately in addition to code for primary procedure)
96379	Unlisted therapeutic, prophylactic, or diagnostic intravenous or intra-arterial injection or infusion
96401	Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic
96402	Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic
96409	Chemotherapy administration; intravenous, push technique, single or initial substance/drug
96411	Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)
96413	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug
96415	Chemotherapy administration, intravenous infusion technique; each additional hour (List separately in addition to code for primary procedure)

96416	Chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump
96417	Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour (List separately in addition to code for primary procedure)
96420	Chemotherapy administration, intra-arterial; push technique
96422	Chemotherapy administration, intra-arterial; infusion technique, up to 1 hour
96423	Chemotherapy administration, intra-arterial; infusion technique, each additional hour (List separately in addition to code for primary procedure)
96425	Chemotherapy administration, intra-arterial; infusion technique, initiation of prolonged infusion (more than 8 hours), requiring the use of a portable or implantable pump
96521	Refilling and maintenance of portable pump
96522	Refilling and maintenance of implantable pump or reservoir for drug delivery, systemic (eg, intravenous, intra-arterial)
96523	Irrigation of implanted venous access device for drug delivery systems

Associated codes for Pharmacy and Infusion Services in the Office Setting:

CPT®* Codes	Description
96360	Intravenous infusion, hydration; initial, 31 minutes to 1 hour
96361	Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure)
96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour
96366	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)
96367	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour (List separately in addition to code for primary procedure)
96368	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (List separately in addition to code for primary procedure)
96369	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); initial, up to 1 hour, including pump set-up and establishment of subcutaneous infusion site(s)
96370	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)
96371	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); additional pump set-up with establishment of new subcutaneous infusion site(s) (List separately in addition to code for primary procedure)
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular
96373	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intra-arterial
96374	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug
96375	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure)
96376	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of the same substance/drug provided in a facility (List separately in addition to code for primary procedure)
96379	Unlisted therapeutic, prophylactic, or diagnostic intravenous or intra-arterial injection or infusion
96401	Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic

96402	Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic
96409	Chemotherapy administration; intravenous, push technique, single or initial substance/drug
96411	Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)
96413	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug
96415	Chemotherapy administration, intravenous infusion technique; each additional hour (List separately in addition to code for primary procedure)
96416	Chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump
96417	Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour (List separately in addition to code for primary procedure)
96420	Chemotherapy administration, intra-arterial; push technique
96422	Chemotherapy administration, intra-arterial; infusion technique, up to 1 hour
96423	Chemotherapy administration, intra-arterial; infusion technique, each additional hour (List separately in addition to code for primary procedure)
96425	Chemotherapy administration, intra-arterial; infusion technique, initiation of prolonged infusion (more than 8 hours), requiring the use of a portable or implantable pump
96521	Refilling and maintenance of portable pump
96522	Refilling and maintenance of implantable pump or reservoir for drug delivery, systemic (eg, intravenous, intra-arterial)
96523	Irrigation of implanted venous access device for drug delivery systems
96542	Chemotherapy injection, subarachnoid or intraventricular via subcutaneous reservoir, single or multiple agents
96549	Unlisted chemotherapy procedure

Not separately reimbursed when billed with the above associated codes for Pharmacy and Infusion Services in the Office Setting:

HCPCS Codes	Description
A4206-A4215	Routine needle related supplies
A4216-A4218	Sterile water/saline and/or dextrose supplies
A4220	Refill kit for implantable infusion pump
A4221	Supplies for maintenance of drug infusion catheter, per week
A4222	Infusion supplies for external drug infusion pump, per cassette or bag
A4223	Infusion supplies not used with external infusion pump, per cassette or bag
A4244-A4248	Routine sterilizing supplies for procedures
A4300-A4306	Routine vascular catheters supplies
A4450-A4456	Routine tape and adhesive removing supplies
A4550	Surgical trays
A4649	Miscellaneous surgical supply
A4927	Non-sterile surgical gloves (per 100)
A4930	Sterile gloves (per pair)
A6203	Composite dressing, sterile, pad size 16 sq in or less, with any size adhesive border, each dressing
A6206	Contact layer, sterile, 16 sq in or less, each dressing
A6216	Gauze, nonimpregnated, nonsterile, pad size 16 sq in or less, without adhesive border, each dressing
A9219	Gauze, nonimpregnated, sterile, pad size 16 sq in or less, with any size adhesive border, each dressing
A6257	Transparent film, sterile, 16 sq in or less, each dressing
A6260	Wound cleansers, any type, any size

A6402	Gauze, nonimpregnated, sterile, pad size 16 sq in or less, without adhesive border, each dressing
A6413	Adhesive bandage, first aid type, any size, each
A6448-A6450	Light compression bandages
A6453-A6455	Self-adherent bandages
A6457	Tubular dressing with or without elastic, any width, per linear yard
A9279	Monitoring feature/device, stand-alone or integrated, any type, includes all
S1015	IV tubing extension set
S1016	Non-PVC (polyvinyl chloride) intravenous administration set, for use with drugs that are not stable in PVC, e.g., paclitaxel

Associated Per Visit/Per Diem HCPCS codes for Pharmacy and Infusion Services in the Home Setting:

HCPCS Codes	Description
S5497-S5502	Home infusion therapy, catheter care/maintenance services; includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S5517	Home infusion therapy, all supplies necessary for restoration of catheter patency or declotting
S5518	Home infusion therapy, all supplies necessary for catheter repair
S5520	Home infusion therapy, all supplies (including catheter) necessary for a peripherally inserted central venous catheter (PICC) line insertion
S5521	Home infusion therapy, all supplies (including catheter) necessary for a midline catheter insertion
S9208-S9214	Home management of pregnancy related conditions, including administrative services, professional pharmacy services, care coordination, and all necessary supplies or equipment (drugs and nursing visits coded separately), per diem
S9325-S9328	Home infusion therapy for pain management services, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem
S9329-S9331	Home infusion therapy for chemotherapy services, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment
S9336	Home infusion therapy, continuous anticoagulant infusion therapy (e.g., Heparin), administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9338	Home infusion therapy, immunotherapy, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9339	Home therapy; peritoneal dialysis, administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9340-S9343	Home therapy; enteral nutrition, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment
S9345	Home infusion therapy, antihemophilic agent infusion therapy (e.g., factor VIII); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9346	Home infusion therapy, alpha-1-proteinase inhibitor (e.g., Prolastin); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9347	Home infusion therapy, uninterrupted, long-term, controlled rate intravenous or subcutaneous infusion therapy (e.g., epoprostenol); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9348	Home infusion therapy, sympathomimetic/inotropic agent infusion therapy (e.g., Dobutamine);

	administrative services, professional pharmacy services, care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9349	Home infusion therapy, tocolytic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9351	Home infusion therapy, continuous or intermittent antiemetic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and visits coded separately), per diem
S9353	Home infusion therapy, continuous insulin infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9355	Home infusion therapy, chelation therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9357	Home infusion therapy, enzyme replacement intravenous therapy; (e.g., Imiglucerase); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9359	Home infusion therapy, antitumor necrosis factor intravenous therapy; (e.g., Infliximab); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9361	Home infusion therapy, diuretic intravenous therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9363	Home infusion therapy, antispasmodic therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9364-S9368	Home infusion therapy, total parenteral nutrition (TPN) services, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem
S9370	Home therapy, intermittent antiemetic injection therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9372	Home therapy; intermittent anticoagulant injection therapy (e.g., Heparin); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9373-S9377	Home infusion therapy for hydration therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9379	Home infusion therapy, infusion therapy, not otherwise classified; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9490	Home infusion therapy, corticosteroid infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9494-S9504	Home infusion therapy for antibiotic, antiviral, or antifungal therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9537	Home therapy; hematopoietic hormone injection therapy (e.g., erythropoietin, G-CSF, GM-CSF); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9538	Home transfusion of blood product(s); administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (blood products, drugs, and nursing visits coded separately), per diem
S9542	Home injectable therapy, not otherwise classified, including administrative services,

	professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9558	Home injectable therapy; growth hormone, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9559	Home injectable therapy, interferon, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9560	Home injectable therapy; hormonal therapy (e.g., leuprolide, goserelin), including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9562	Home injectable therapy, palivizumab, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9590	Home therapy, irrigation therapy (e.g., sterile irrigation of an organ or anatomical cavity); including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem

Not separately reimbursed when billed with the above Per Visit/Per Diem HCPCS codes for Pharmacy and Infusion Services in the Home Setting:

HCPCS Codes	Description
A4206-A4215	Routine needle related supplies
A4216-A4218	Sterile water/saline and/or dextrose supplies
A4220	Refill kit for implantable infusion pump
A4221	Supplies for maintenance of drug infusion catheter, per week
A4222	Infusion supplies for external drug infusion pump, per cassette or bag
A4223	Infusion supplies not used with external infusion pump, per cassette or bag
A4244-A4248	Routine sterilizing supplies for procedures
A4300-A4306	Routine vascular catheters supplies
A4450-A4456	Routine tape and adhesive removing supplies
A4550	Surgical trays
A4649	Miscellaneous surgical supply
A4927	Non-sterile surgical gloves (per 100)
A4930	Sterile gloves (per pair)
A6203	Composite dressing, sterile, pad size 16 sq in or less, with any size adhesive border, each dressing
A6206	Contact layer, sterile, 16 sq in or less, each dressing
A6216	Gauze, nonimpregnated, nonsterile, pad size 16 sq in or less, without adhesive border, each dressing
A9219	Gauze, nonimpregnated, sterile, pad size 16 sq in or less, with any size adhesive border, each dressing
A6257	Transparent film, sterile, 16 sq in or less, each dressing
A6260	Wound cleansers, any type, any size
A6402	Gauze, nonimpregnated, sterile, pad size 16 sq in or less, without adhesive border, each dressing
A6413	Adhesive bandage, first aid type, any size, each
A6448-A6450	Light compression bandages
A6453-A6455	Self-adherent bandages
A6457	Tubular dressing with or without elastic, any width, per linear yard
A9279	Monitoring feature/device, stand-alone or integrated, any type, includes all
E0776	IV pole
E0779-E0781	Ambulatory infusion pumps

K0105	IV hanger, each
S1015	IV tubing extension set
S1016	Non-PVC (polyvinyl chloride) intravenous administration set, for use with drugs that are not stable in PVC, e.g., paclitaxel

Not Separately Reimbursed:

HCPCS Codes	Description
J1642	Injection, heparin sodium (heparin lock flush), per 10 units
J7050	Infusion, normal saline solution, 250 cc

Not Separately Reimbursed/Incidental to the Primary Medical/Surgical Service when performed in a facility setting and billed on a UB04:

CPT® Codes	Description
96360	Intravenous infusion, hydration; initial, 31 minutes to 1 hour
96361	Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure)
96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour
96366	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)
96367	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour (List separately in addition to code for primary procedure)
96368	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (List separately in addition to code for primary procedure)
96369	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); initial, up to 1 hour, including pump set-up and establishment of subcutaneous infusion site(s)
96370	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)
96371	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); additional pump set-up with establishment of new subcutaneous infusion site(s) (List separately in addition to code for primary procedure)
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular
96373	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intra-arterial
96374	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug
96375	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure)
96376	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of the same substance/drug provided in a facility (List separately in addition to code for primary procedure)
96377	Application of on-body injector (includes cannula insertion) for timed subcutaneous injection
96379	Unlisted therapeutic, prophylactic, or diagnostic intravenous or intra-arterial injection or infusion
96521	Refilling and maintenance of portable pump
96522	Refilling and maintenance of implantable pump or reservoir for drug delivery, systemic (eg, intravenous, intra-arterial)
96523	Irrigation of implanted venous access device for drug delivery systems

References

1. American Medical Association. Current Procedural Terminology (CPT®) © 2017 Professional Edition.
2. Definition of Medical Necessity, www.cignaforhcp.com
3. National Home Infusion Association, <http://www.nhia.org/members/documents/NHIANationalCodingStdQuickRef2013.pdf>, version 0113, page last, updated 2013
4. The Centers for Medicare and Medicaid (CMS) Medicare Claims Processing Manual, Chapter 3, Inpatient Hospital Billing, Section 10, General Inpatient requirements.
5. The Centers for Medicare and Medicaid (CMS) Medicare Claims Processing Manual Chapter 3, Part A Hospital
6. The Centers for Medicare and Medicaid (CMS) Medicare Claims Processing Manual Chapter 4, Part B Hospital
7. The Centers for Medicare and Medicaid (CMS) Medicare, NCCI, Chapter 11, Chemotherapy, Section N.
8. The Centers for Medicare and Medicaid (CMS) Medicare, NCCI, Chapter 11, Therapeutic or Diagnostic Infusions/Injections and Immunizations, Section B.
9. U.S. Food and Drug Administration, www.fda.gov/drugs/guidancecomplianceregulatory/pharmacycompounding/ucm339764, page last updated 12/02/2013
10. Health Care Procedure Coding System, National Level II Medicare Codes, ©2016 Practice Management information Corporation, Los Angeles, California 90010

Policy History/Update

Date	Change/Update
09/18/2018	Added a clarifying statement to the denial for administration services for injections and infusions: Note: administration services associated with an infusion or injection are separately reimbursed when the infusion/injection is the primary reason or service performed during the facility visit.
05/19/2018	Effective date for the denial of administration services for injections and infusions when billed with a primary service or procedure.
02/15/2018	Notification for the denial of administration services for injections and infusions when billed with a primary service or procedure effective 05/19/2018.
01/16/2018	Notification for the denial of J1642; heparin lock flush effective 04/15/2018.

10/17/2017	Effective date for the denial of J7050 in all places of service.
07/20/2017	Notification date for the denial of J7050 in all places of service, effective 10/17/2017.
10/03/2016	Effective date for modifier JW requirement
06/23/2016	Notification of the requirement to append Modifier JW to the drug on a separate claim line to identify the amount of the drug which was wasted. This will become effective 10/01/2016
06/16/2015	Updated policy to include billing requirement for pre visit/per diem services to include Modifier 59 with SH or SJ.
07/22/2014	Notification of policy update. Updated the Related Policy section, broadened the scope of policy to include home and office place of service, and added sections for facility, office, home and all places of service. Added documentation and precertification requirements. Added items that are not separately reimbursable: Heparin flush, admixture or diluent greater than 100 cc's, standard components of TPN and supplies, services and DME that are included in the primary infusion code as outlined in the policy. Added billing instructions for appropriate units of service, when a per diem code should or should not be used and identified infusion codes that are not reimbursable with a facility place of service on a CMS 1500 claim form. Added compounding definition, CPT coding guidelines, additional coding sections and updated References. Updated Off Label Drug requirements.
05/23/2011	Policy template updated
07/15/2010	Initial published Date

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