Kansas City

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| Payment Policy POL-PP-120 | |
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| **Subject: Therapeutic, Prophylactic, and Diagnostic Injections and Infusions** | |
| Effective Date: 10/1/2019 | Committee Approval Obtained: 10/1/2019<br>Last Review: 10/1/2023<br>Next Review: 10/1/2024 |
| The most current version of our reimbursement policies can be found on our provider website. If you are using a printed version of this policy, please verify the information by going to **https://providers.bluekc.com/ContactUs/PaymentPolicies** | |
| **Provider Payment policies** are written to provide an overview of coding and payment guidelines as they pertain to claims submitted to Blue KC. These guidelines are not intended to provide billing or coding advice but to serve as a reference for facilities and providers.<br><br>**Covered services and payment** are based on the member's benefit plan and provider agreement. Providers and their office staff may use our online tools to verify effective dates and member copayments before providing services. Visit our providers page for information on member eligibility and benefits. Member liability may include, but is not limited to co-payments, deductibles, and co-insurance. Members' costs depend on member benefits.<br><br>Certain services require prior authorization or referral.<br><br>**Blue KC reimburses** health care providers based on your contracted rates and member benefits. Claims are subject to payment edits, which Blue KC updates regularly. | |
| **Policy** | This policy applies to all lines of business, including, but not limited to, Commercial, Medicare Advantage, Federal Employee Program, and ACA.<br><br>A therapeutic, prophylactic, or diagnostic IV infusion or injection (other than hydration) is for the administration of a substance/drug. Injections may be subcutaneous, intramuscular, intra-arterial, or intravenous. When fluids are used to administer the drug(s), the administration of the fluid is considered incidental hydration and is not separately reportable.<br><br>All injectable/infused drugs should be billed with National Drug Codes.<br><br>**Injectable Drug**<br>Submit the HCPCS Level II code that describes the injection given in terms of the drug name and dosage.<br><br>• Unlisted drug codes such as J3490 should only be submitted if there is no other code that describes the drug given.<br><br>When the dosage given is greater than that listed, use the units field to specify the appropriate number of units according to the code definition found in HCPCS. |

- For example: Patient received 8 mg. of haloperidol. J1630 is up to 5 mg, 2 units should be submitted. The administration charge should be submitted separately. CPT 96379 and J3490 are for unlisted therapeutic injections. The drug name and dosage must be included on each claim, as well as the National Drug Code (NDC) number.

**Injection Administration 96372-96377**
Choose the appropriate administration code based on route of administration.

An intravenous injection and an intravenous infusion cannot be billed on the same date of service when an injection is administered through the same line as the infusion. The provider may bill the infusion or the injection, but not both.

Administration code(s) should be appropriate to the drug(s) injected.

**Syringe with Needle A4206-A4209**
Supplies (syringes, needles, or other supplies) used in conjunction with administering any injection, therapeutic or diagnostic, are considered incidental to the administration.

**Surgical Injections**
When surgical injections are performed as part of a surgical procedure, the HCPCS code for the drug should only be billed. The administration of the injection is considered part of the surgical procedure itself and should not be submitted separately.

If performed to facilitate an infusion or injection of a drug or biological, the following are included and are not reported separately:
- Use of local anesthesia
- IV start
- Access to indwelling IV, subcutaneous catheter or port
- Flush at conclusion of infusion
- Standard tubing, syringes, and supplies

For declotting of a catheter or port see CPT 35693.

When multiple drugs are administered report the service(s) and the specific materials or drugs for each.

When administering multiple infusions, injections, or combinations, only one "initial" service code should be reported for a given date, unless protocol requires that two separate IV sites must be used. Do not report a second initial service on the same date due for,
- Intravenous line requiring a restart
- An IV rate not being able to be reached without two lines
- Accessing a port of a multi-lumen catheter

The first IV push given subsequent to an initial one-hour infusion is reported using a subsequent IV push code.

Do not report 96372 for injections given without direct physician or other qualified health care provider supervision. To report use 99211. Hospitals may report 96372 when the physician or other qualified health care provider is not present.

**Home Infusion Therapy**
Blue KC does not reimburse for "per diem" S codes S9325 – S9379 but reimburses for home infusion therapy based on CMS coding methodology.

| HCPCS | Short Descriptor |
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| | <table><tr><td>G0068</td><td>Adm IV infusion drug in home</td></tr><tr><td>G0069</td><td>Adm SQ infusion drug in home</td></tr><tr><td>G0070</td><td>Adm of IV chemo drug in home</td></tr><tr><td>G0088</td><td>Adm IV drug 1st home visit</td></tr><tr><td>G0089</td><td>Adm SubQ drug 1st home visit</td></tr><tr><td>G0090</td><td>Adm IV chemo 1st home visit</td></tr></table><br>**Multiple Therapies**<br>For multiple therapies in the same therapeutic category done on the same date of service as primary therapy, append the following modifiers:<br><br>• SH- second concurrently administered infusion therapy<br><br>• SJ- third or more concurrently administered therapy |
| **History** | Approval Date: 10/1/2019<br>Effective Date: 10/1/2019 |
| **Review** | 10/1/2020 – Annual review, HCPCS G0259 removed as non-covered.<br>10/1/2021 – Annual review, no changes<br>11/15/2021 – Added Home Infusion Per Diem payment information.<br>7/18/2022 – Removed home infusion per diem payment information and added "HCPCS "S" codes are temporary home infusion services based on a "per diem" reimbursement methodology. Blue KC does not reimburse for per diem S codes S9379 – S9361, but uses a new methodology based on CMS."<br>10/01/2022 – Annual review, no updates<br>3/15/2023 – Added list of G codes included in CMS methodology and clarified information on SH and SJ modifier.<br>3/20/2023 – Expanded list of non-covered per diem S codes.<br>10/1/2023 -Annual review, no changes were made. |
| **References and Research Materials** | CMS<br>NCCI Policy Manual |
| **Related Policies** | N/A |