

Home Infusion Therapy



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This appendix to the Professional Provider Manual briefly describes home infusion therapy benefits and guidelines available to the members of Blue Cross and Blue Shield of Kansas (BCBSKS). The information applies specifically to those providing home infusion therapy services on an outpatient basis.

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NOTE: The revision date appears in the footer of the document.

I. Enteral Formula and Medical Supplies

HCPCS Codes B4034 – B4036

Use these codes only when the all-inclusive administration/supply code is not used. When billing for multiple dates of service, bill each date on a separate line.

HCPCS Codes B4100 – B4162

Most member contracts do not cover formula. Formula is covered for FEP members when criteria are met. See the Benefit Plan Brochure for criteria.

Submit NDC number and units based on what was purchased and the nomenclature of the code on the claim attachment.

Multiple units are required in Box 24G if there's more than one unit of 100 calories per code.

- 200 calories = 002 units of service

II. Parenteral Nutrition Solutions and Supplies

HCPCS Codes B4164 – B4216

Predetermination is **strongly recommended**. Access the form at bcbsks.com.

Indicate the number of cubic centimeters (cc), milliliters (ml) or grams on the attached claim.

Multiple units are required in Box 24G if more than one 500 ml unit per code or more than one unit of grams is indicated in the code.

- Two 500 ml units = 002 units of service
- Three 15 grams units = 003 units of service

When using the all-inclusive S codes, standard TPN Formula should not be billed separately.

HCPCS Codes B4220 – B4224

When billing for multiple dates of service, bill each date on a separate line.

HCPCS Codes B5000 – B5200

Predetermination is **strongly recommended**. Access the form at bcbsks.com.

Indicate the number of cc on the claim attachment.

Multiple units are required in Box 24G if there's more than one unit per code.

- Two 500 ml units = 002 units of service
- Three 15 grams units = 003 units of service

III. Enteral and Parenteral Pumps

HCPCS Codes B9002 – B9999

For long-term use, enteral nutrition pumps should be purchased. Coverage of rental or purchase of the pump will be at the discretion of BCBSKS.

Parenteral nutrition pumps are covered for purchase or rental only if TPN is covered. If needed long term, the pump should be purchased.

When billing for multiple dates of service, bill each date on a separate line.

Use modifier RR for rental and NU for purchase.

Enteral supply not otherwise classified (NOC) should be submitted with itemization to include description and charge for each item.

Routine supplies such as extension sets are part of the all-inclusive procedure codes and should not be billed under these codes.

Parenteral supply NOC should be submitted with itemization to include description and charge for each item.

Routine supplies such as tubes are part of the all-inclusive procedure codes and should not be billed under these codes.

Special tubing should be coded with the following:

B4081 B4087

B4082 B4088 B4083

When billing for a Mickey button, use the NOC code with a description.

IV. Infusion Equipment/Supplies

HCPCS Codes E0776 – E0791; K0455; K0552; K0601 – K0605; S1015 and S1016

Rental is allowed for short term use, and subject to review. Purchase is allowed for long term use.

Equipment should be submitted with the appropriate modifier:

- RR = Rental
- NU = Purchase

E0776 should be billed as a purchase upfront when used with enteral feeding.

If billing all-inclusive administration/supply code, these codes should not be billed separately.

V. Home Infusion Therapy S Codes

HCPCS Codes S5035 and S5036

Deny content of service of the rental of the pump.

If pump is purchased, provide the following information on the claim attachment:

- Date purchased
- By whom
- Itemize repairs

HCPCS Code S9328

Procedure code S9328 – Home infusion therapy, implanted pump pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment is considered “content of service” and is not reimbursed as a separate allowance.

All-inclusive HCPCS Codes: S5497 – S5502; S9061; S9325 – S9327; S9329 – S9363; S9370 – S9379 and S9490 – S9810

Include the following:

- All equipment-pump and supplies
- Bag and mixing fees
- Dispensing fee

Itemization of charges is not required.

Drugs should be coded separately. Indicate pump usage and route of administration on the claim attachment.

HCPCS Codes S9500-S9504

- Only one unit of each code is allowed per day.
- If different codes are billed, reimbursement will be allowed at full and half of the maximum allowable payment (MAP).

All other per diem codes are limited to one per date of service.

When billing for multiple dates of service, bill each date on a separate line.

Include all line items for one day on the same claim.

HCPCS Codes S5517 – S5523 are considered content of service of catheter replacement and are not reimbursed separately.

Nursing visits should be pre-certified. Call the BCBSKS precertification line at 800-782-4437.

VI. Total Parenteral Nutrition (TPN)

All-inclusive HCPCS codes S9364 – S9368

Predetermination is **strongly recommended**. Access the form at bcbsks.com

History and physical findings are required, and the following questions should be answered:

- Is oral feeding impossible?
- Is TPN the only source of nutrition?
- Has enteral feeding been tried?
 - If yes, why did it fail?
 - If no, why not?
- If the patient is able to eat,
 - What is the patient's expected caloric intake?
 - What percentage of calories is TPN going to provide?
- What is the rationale for needing TPN?
- What is the diagnosis?
- What is the expected duration of TPN therapy?
- If specialty amino acids are required, what is the medical necessity?

The following drugs are included in the S code and cannot be billed separately:

- Non-specialty amino acids
- Concentrated dextrose
- Sterile water
- Electrolytes
- Standard multi-trace element solutions
- Standard multi-vitamin solutions

The following drugs may be billed separately using J3490 and the number of units implicit in the NDC number, such as number of vials dispensed:

- Specialty amino acids for renal failure, hepatic failure, high stress conditions, and amino acids with concentrations of 15 percent and above when medically necessary
- Added trace elements not from a standard multi-trace element solution
- Added vitamins not from a standard multivitamin solution
- Products serving non-nutritional purposes, such as heparin, insulin, iron, dextran, famotidine, ondansetron)

VII. Important Billing Reminders

- BlueCard coverage is determined by a member's Blue Cross and Blue Shield of Kansas plan.
- When billing for multiple dates of service, bill each date on a separate line.
- Include all line items for one day on the same claim.
- Submit correct place of service:
 - 11 = office
 - 12 = home

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Appendix C

Revisions

04/02/2018	Page C-5: Updated codes to remove termed code
01/01/2022	Page C-7: added "HCPCS Code S9328"
01/01/2023	Reviewed – no changes
01/01/2024	Reviewed – no changes
01/01/2025	Reviewed – no changes
01/01/2026	Reformatted manual for consistency to other manuals Updated S9500 – S9504 billing for clarity

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