Per diem is coded and paid every day the patient is on service beginning with the day the therapy is initiated and ending with the day the therapy is permanently discontinued. See www.nhia.org/perdiemfinal.htm.

### Home Infusion Therapy Per Diem Codes

#### Anti-Infectives:

**Antibiotics/Antifungals/Antivirals**

- S9497 Q3 hours
- S9504 Q4 hours
- S9503 Q6 hours
- S9502 Q8 hours
- S9501 Q12 hours
- S9500 Q24 hours
- S9494 Unspecified

#### Chemotherapy

- S9330 Cont. (≥24 hrs)
- S9331 Intrtmnt. (≤24 hrs)
- S9329 Unspecified

#### Enteral Nutrition

- S9343 Bolus
- S9341 Gravity
- S9342 Pump
- S9340 Unspecified

#### Hydration Therapy

- S9374 1.0 liter/day
- S9375 1.0–2.0 liters/day
- S9376 2.0–3.0 liters/day
- S9377 3.0 liters/day
- S9373 Unspecified

#### Pain Management

- S9326 Cont. (≥24 hrs)
- S9327 Intrtmnt. (<24 hrs)
- S9328 Implanted pump
- S9325 Unspecified

#### Total Parenteral Nutrition

- S9365 1.0 liter/day
- S9366 1.0–2.0 liters/day
- S9367 2.0–3.0 liters/day
- S9368 3.0 liters/day
- S9364 Unspecified

#### Catheter Care

**Maintenance**

- SS5498 ▼ Single lumen
- SS5501 ▼ >1 lumen
- SS5502 ▼ Implanted access
- SS5497 ▼ Unspecified
- SS517 ▼ Declot supply kit
- SS518 ▼ Repair supply kit
- ▼ Use when catheter care is provided as a standalone therapy, or during days not covered under per diem by another therapy
- ▲ (Not Per Diem) Supplies required for non-routine catheter procedures are coded and paid separately from other per diem S-codes

**Not Otherwise Classified**

- S9379 ▼ Infusion
- S9542 ▼ Injectable
- ▼ Use only for/misc. therapies not otherwise described by more specific per diem S-codes

#### Per Diem Modifiers

**-SS** Service in infusion suite of home infusion provider

**-SH** ▼ 2nd concurrent ther.

**-SJ** ▼ ≥3rd concurrent ther.

- ▼ Use if needed to distinguish per diem rates per provider-payer agreement, to distinguish the provider’s usual and customary fees, or to indicate that the therapy is a distinct administered therapy.

**-JA** Administered IV

**-JB** Administered subq

**-TG** Complex/high level of care

### Specialty Therapies

**S9061 Aerosolized drug**

(e.g. pentamidine)

**S9346 Alpha-1-proteinase inhibitor**

(e.g. Prolastin®)

- infusion

**S9336 Anticoagulant**

(e.g. heparin) – cont. infusion

**S9372 Anticoagulant**

(e.g. heparin) – intrmnt. inj.

**S9351 Anti-emetic**

- cont. or intrmnt.

**S9370 Anti-emetic**

- intrmnt. inj.

**S9345 Anti-hemophilic agent**

(e.g. Factor VIII)

- infusion

**S9363 Anti-spasmodic**

- infusion

**S9359 Anti-tumor necrosis factor intravenous**

(e.g. infliximab) – infusion

**S9358▼ Blood product(s)**

transfusion

▼ Blood products coded and paid separately

**S9355 Chelation**

– infusion

**S9490 Corticosteroid**

– infusion

**S9361 Diuretic intravenous**

– infusion

**S9357 Enzyme replacement intravenous**

(e.g. imiglucerase) – infusion

**S958 Growth hormone**

– injectable

**S9537 Hematopoietic hormone**

(e.g. erythropoietin, G-CSF, GM-CSF) – inj.

**S9560 Hormonal**

(e.g. leuprolide, goserelin)

- injectable

**S9338 Immunotherapy**

(e.g. immunoglobulin)

- infusion

**S9348 Inotrope/sympathomimetic**

(e.g. dobutamine) – infusion

**S9353 Insulin**

- cont. infusion

**S9559 Intereron**

- injectable

**S9590 Irrigation**

(e.g. of an organ or anatomical cavity) – injectable

**S9562 Palivizumab**

(e.g. Synagis®) – injectable

**S9339 Peritoneal dialysis**

**S9347 Tocolytic**

– infusion

**S958 Uninterrupted, long-term, controlled rate**

(e.g. epoprostenol) – intravenous or subcutaneous infusion

### Some Places of Service

- 12 Home
- 13 Assisted living facility
- 14 Group home
- 16 Temporary lodging
- 31 Skilled nursing facility
- 32 Nursing facility
- 33 Custodial care facility
- 34 Hospice
- 49 Independent clinic
- 99 Other

■ Code use limited, see NHIA National Coding Standard. Applies to all codes marked on this page.

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ALL DRUGS CODED AND PAID SEPARATELY

Use specific HCPCS drug codes ("j-codes") with NDC number.

HIGH TECH NURSING SERVICE CODED AND PAID SEPARATELY

99601 ▼ Home infusion/specialty drug administration, per visit (up to 2 hrs)
99602 ▼ each additional hour

▼ Include time for all nursing activities of a nurse visit: preparation, travel, time in the home, documentation, post-visit reporting, follow-up activities, etc.

S5522 ▼ PICC line insertion (supplies/catheter excluded)
S5520 ▼ PICC line kit
S5523 ▼ Midline insertion (supplies/catheter excluded)
S5521 ▼ Midline kit
▼ Coded and paid separately from 99601 and 99602, as well as separately from any other per diem S-code. Modify with –SS if insertion performed in infusion suite.

Modifiers

-SS ▼ Service in infusion suite of home infusion provider
-SD ▼ Specialized, highly technical
▼ Use if required under provider-payer agreement, or to distinguish the provider’s charges for specialized high-tech home infusion nursing

INFUSION SUITE OF THE HOME INFUSION THERAPY PROVIDER

-SS Service in infusion suite of home infusion provider

All Services Provided in Infusion Suite
Modify per diem S-codes with –SS

Occasional Occurrence of Treatment in Infusion Suite
Do not modify per diem S-codes with –SS

Place of Service Code (POS) ▼
May use 12=Home or 49=Independent Clinic
▼ Provider should document health plan’s choice of POS

TPN CODING PROCEDURES

Per HCPCS per diem S-code descriptions for TPN, the per diem includes TPN, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula. Excluded are lipids, specialty amino acid formulas, drugs other than in standard formula, and nursing visits which are coded, billed, and paid separately.

Included in the TPN per diem are products used 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)

Coded, billed and paid separately are:

- Specialty amino acids for renal failure (e.g., Aminosyn®-RF, NephrAmine®)
- Specialty amino acids for hepatic failure (e.g., HepatAmine®, Hepatase® 8%)
- 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%, Plenamine® 15%, Prosol® 20%)
- Lipids (e.g., Intralipid®, Liposyn®, Smoofilipid®)
- 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, L-Carnitine, iron dextran, Pepcid®, Sandostatin®)

Depending on stability and practice, some of the products in the lists above are compounded into the TPN in the pharmacy, while others are dispensed separately for injection into the TPN in the home.

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