

# Home Health



## Medical Coverage Policy

**Effective Date:** 06/22/2023  
**Revision Date:** 06/22/2023  
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**Change Summary:** Updated Description, Coverage Determination, Coverage Limitations, References

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**Disclaimer**  
**Description**  
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### Disclaimer

State and federal law, as well as contract language, including definitions and specific inclusions/exclusions, take precedence over clinical policy and must be considered first in determining eligibility for coverage. Coverage may also differ for our Medicare and/or Medicaid members based on any applicable Centers for Medicare & Medicaid Services (CMS) coverage statements including National Coverage Determinations (NCO), Local Medical Review Policies (LMRP) and/or Local Coverage Determinations. Refer to the [CMS website](#). The member's health plan benefits in effect on the date services are rendered must be used. Clinical policy is not intended to preempt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test or procedure over another. Clinical technology is constantly evolving, and we reserve the right to review and update this policy periodically. No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any shape or form or by any means, electronic, mechanical, photocopying or otherwise, without permission from Humana.

### Description

Home health care refers to intermittent skilled services rendered by personnel of a state licensed and/or Medicare certified home health agency to an individual at their place of residence. Sometimes home health care services follow discharge from a hospital, skilled nursing facility or may be needed in place of an inpatient admission. The purpose of home health care is to restore health or independence while reducing the effects of disability and disease, including terminal illness.

**Skilled care** refers to health care that is managed, observed and evaluated by nursing or rehabilitation staff. Examples of skilled care includes, but may not be limited to:

- Applications of dressings involving prescription medications and aseptic technique

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- Insertion/replacement of catheters and sterile irrigations of catheters
- Intravenous (IV) injections
- Recent or complicated ostomy requiring extensive care
- Speech therapy
- Therapeutic exercises, which must be performed by, or under the supervision of, a licensed physical or occupational therapist

**Custodial care** refers to things that most individuals do themselves (eg, nonskilled care), as part of normal daily activities, such as getting in and out of bed, bathing, eating, dressing and using the bathroom. Taking medicine, such as eye drops, using oxygen or routine care of colostomy or bladder catheters is also considered custodial. **(Refer to Coverage Limitations section)**

**Private duty care** describes a wide variety of home care services that includes non-medical services such as home care aides, companion care and homemaker services, as well as some traditional skilled nursing and therapy services. Typically the private duty caregiver provides continuous one on one care rather than caring for multiple individuals. **(Refer to Coverage Limitations section)**

For information regarding coverage determination/limitations not addressed in this medical coverage policy, please refer to the following:

<b>Service</b>	<b>Corresponding Medical Coverage Policy</b>
Chelation therapy	<a href="#">Complementary and Alternative Medicine</a>
Home births	<a href="#">Home Births and Birth Doulas</a>
Home monitoring of prothrombin time	<a href="#">Durable Medical Equipment</a>
Speech therapy	<a href="#">Speech Therapy</a>
Therapeutic exercises, performed by, or under the supervision of, a licensed physical or occupational therapist	<a href="#">Physical Therapy and Occupational Therapy</a>

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**Coverage  
Determination**

**Services provided by a psychiatrist, psychologist or other behavioral health professionals are subject to the provisions of the applicable behavioral health benefit.**

**Refer to specific certificate language regarding home health care. Most certificates limit the duration or number of visits.**

**Any state mandates for home health take precedence over this medical coverage policy.**

Humana members may be eligible under the Plan for **home health services**, with the exception of home infusion therapy, when **ALL** of the following criteria are met:

- Individual must be confined to the home or the condition is such that leaving the home for required services would require considerable effort or expose the individual to undesirable risk; **AND**
- Service(s) must be prescribed by the attending physician or other licensed healthcare professional acting within their state specific licensure and scope of practice in their licensed jurisdiction where the services are provided as part of a written plan of care; **AND**
- Plan of care must be established and approved by a physician or other licensed healthcare professional acting within their state specific licensure and scope of practice in their licensed jurisdiction where the services are provided; **AND**
- In-home intermittent skilled care is provided by or under the supervision of the following:
  - Occupational therapist
  - Physical therapist
  - Registered or licensed practical (vocational) nurse
  - Respiratory therapist
  - Social worker
  - Speech therapist

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Unless otherwise specified in the certificate of coverage, a visit for home health services of two hours or less in 24 hours will be counted as one visit. Each additional two hours of home health services in 24 hours would be considered an additional visit. (Example: Five hours of home health services in 24 hours would be considered three visits.) **(Refer to individual certificate language for specific information as this may vary).**

**Recertification for home health visits by the attending physician may be required at a minimum of every 21-30 days.**

**Note:** The criteria for **home health care** are not consistent with the Medicare National Coverage Policy, and therefore may not be applicable to Medicare members. Refer to the [CMS website](#) for additional information.

*Coverage  
Limitations*

Humana members may **NOT** be eligible under the Plan for the following services, as these are generally excluded by certificate:

- Custodial care (eg, nonskilled care) including, but may not be limited to:
  - Domestic housekeeping services unrelated to care of the individual; **OR**
  - Meals on Wheels or similar food arrangements; **OR**
  - Medication administration that would normally not require assistance; **OR**
  - Respite care services; **OR**
  - Services designed to help an individual meet the needs of daily living, whether or not a disability exists (inability to walk or get out of bed); **OR**
- Home health aides; **OR**
- Maintenance care consists of activities that generally are intended to preserve the individual's present level of function and/or prevent regression of that level of function including, but may not be limited to:

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- o Maintenance begins when the therapeutic goals of the treatment program are achieved or when no further significant progress is made or reasonably seen as occurring; **AND**
- o Individual has achieved generally accepted normal levels of function and/or muscle strength and has reached a plateau (generally a period of 4 weeks or less, depending on the specific condition and/or individual situation); **OR**
- Private duty care (may be custodial or skilled but is one on one and more continuous in nature than intermittent home health services)

Humana members may **NOT** be eligible under the Plan for **home health services** for any indications other than those listed above, including, but may not be limited to, the following:

- Administration of home health services simply for member, family or caregiver convenience; **OR**
- Services performed by a physical therapist assistant or occupational therapist assistant when reported separately from supervising therapist; **OR**
- Treatment plan does not demonstrate continued need for skilled home care

All other indications are considered not medically necessary as defined in the member's individual certificate. Please refer to the member's individual certificate for the specific definition.

## **Background**

Additional information about **home health care, hospital discharge planning or transitioning to home after being in a skilled nursing facility** may be found from the following websites:

- [Family Caregiver Alliance](#)
- [National Library of Medicine](#)

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**Medical Alternatives**

Alternatives to **home health care** include, but may not be limited to, the following:

- Receipt of services in a hospital, laboratory, outpatient facility, physician's office or skilled nursing facility

Physician consultation is advised to make an informed decision based on an individual's health needs.

**Provider Claims Codes**

Any CPT, HCPCS or ICD codes listed on this medical coverage policy are for informational purposes only. Do not rely on the accuracy and inclusion of specific codes. Inclusion of a code does not guarantee coverage and or reimbursement for a service or procedure.

CPT® Code(s)	Description	Comments
99501	Home visit for postnatal assessment and follow-up care	
99502	Home visit for newborn care and assessment	
99503	Home visit for respiratory therapy care (eg, bronchodilator, oxygen therapy, respiratory assessment, apnea evaluation)	
99504	Home visit for mechanical ventilation care	
99505	Home visit for stoma care and maintenance including colostomy and cystostomy	
99506	Home visit for intramuscular injections	
99507	Home visit for care and maintenance of catheter(s) (eg, urinary, drainage, and enteral)	
99509	Home visit for assistance with activities of daily living and personal care	<b>Not Covered</b>
99510	Home visit for individual, family, or marriage counseling	<b>Not Covered</b>
99511	Home visit for fecal impaction management and enema administration	
99512	Home visit for hemodialysis	
99600	Unlisted home visit service or procedure	
99601	Home infusion/specialty drug administration, per visit (up to 2 hours);	

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99602	Home infusion/specialty drug administration, per visit (up to 2 hours); each additional hour (List separately in addition to code for primary procedure)	
<b>CPT® Category III Code(s)</b>	<b>Description</b>	<b>Comments</b>
No code(s) identified		
<b>HCPCS Code(s)</b>	<b>Description</b>	<b>Comments</b>
G0151	Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes	
G0152	Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes	
G0153	Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes	
G0155	Services of clinical social worker in home health or hospice settings, each 15 minutes	
G0156	Services of home health/hospice aide in home health or hospice settings, each 15 minutes	<b>Not Covered</b>
G0157	Services performed by a qualified physical therapist assistant in the home health or hospice setting, each 15 minutes	<b>Not Covered</b>
G0158	Services performed by a qualified occupational therapist assistant in the home health or hospice setting, each 15 minutes	<b>Not Covered</b>
G0159	Services performed by a qualified physical therapist, in the home health setting, in the establishment or delivery of a safe and effective physical therapy maintenance program, each 15 minutes	<b>Not Covered</b>
G0160	Services performed by a qualified occupational therapist, in the home health setting, in the establishment or delivery of a safe and effective occupational therapy maintenance program, each 15 minutes	<b>Not Covered</b>

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G0161	Services performed by a qualified speech-language pathologist, in the home health setting, in the establishment or delivery of a safe and effective speech-language pathology maintenance program, each 15 minutes	<b>Not Covered</b>
G0162	Skilled services by a registered nurse (RN) for management and evaluation of the plan of care; each 15 minutes (the patient's underlying condition or complication requires an RN to ensure that essential nonskilled care achieves its purpose in the home health or hospice setting)	<b>Not Covered</b>
G0179	Physician re-certification for Medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians to affirm the initial implementation of the plan of care that meets patient's needs, per re-certification period	<b>Not Covered</b>
G0180	Physician certification for Medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians to affirm the initial implementation of the plan of care that meets patient's needs, per certification period	<b>Not Covered</b>
G0181	Physician supervision of a patient receiving Medicare-covered services provided by a participating home health agency (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of laboratory and other studies, communication (including telephone calls) with other health care professionals involved in the patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month, 30 minutes or more	<b>Not Covered</b>
G0299	Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting, each 15 minutes	

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G0300	Direct skilled nursing services of a licensed practical nurse (LPN) in the home health or hospice setting, each 15 minutes	
G0493	Skilled services of a registered nurse (RN) for the observation and assessment of the patient's condition, each 15 minutes (the change in the patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment in the home health or hospice setting)	
G0494	Skilled services of a licensed practical nurse (LPN) for the observation and assessment of the patient's condition, each 15 minutes (the change in the patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment in the home health or hospice setting)	
G0495	Skilled services of a registered nurse (RN), in the training and/or education of a patient or family member, in the home health or hospice setting, each 15 minutes	
G0496	Skilled services of a licensed practical nurse (LPN), in the training and/or education of a patient or family member, in the home health or hospice setting, each 15 minutes	
S0270	Physician management of patient home care, standard monthly case rate (per 30 days)	<b>Not Covered</b>
S0271	Physician management of patient home care, hospice monthly case rate (per 30 days)	<b>Not Covered</b>
S0272	Physician management of patient home care, episodic care monthly case rate (per 30 days)	<b>Not Covered</b>
S0273	Physician visit at member's home, outside of a capitation arrangement	<b>Not Covered</b>
S0274	Nurse practitioner visit at member's home, outside of a capitation arrangement	<b>Not Covered</b>
S5035	Home infusion therapy, routine service of infusion device (e.g., pump maintenance)	<b>Not Covered</b>

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55036	Home infusion therapy, repair of infusion device (e.g., pump repair)	<b>Not Covered</b>
55108	Home care training to home care client, per 15 minutes	<b>Not Covered</b>
55109	Home care training to home care client, per session	<b>Not Covered</b>
55110	Home care training, family; per 15 minutes	<b>Not Covered</b>
55111	Home care training, family; per session	<b>Not Covered</b>
55115	Home care training, nonfamily; per 15 minutes	<b>Not Covered</b>
55116	Home care training, nonfamily; per session	<b>Not Covered</b>
55180	Home health respiratory therapy, initial evaluation	
55181	Home health respiratory therapy, NOS, per diem	
55497	Home infusion therapy, catheter care/maintenance, not otherwise classified; includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
55498	Home infusion therapy, catheter care/maintenance, simple (single lumen), includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem	
55501	Home infusion therapy, catheter care/maintenance, complex (more than one lumen), includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
55502	Home infusion therapy, catheter care/maintenance, implanted access device, includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (use this code for interim maintenance of vascular access not currently in use)	

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55517	Home infusion therapy, all supplies necessary for restoration of catheter patency or clotting	
55518	Home infusion therapy, all supplies necessary for catheter repair	
55520	Home infusion therapy, all supplies (including catheter) necessary for a peripherally inserted central venous catheter (PICC) line insertion	
55521	Home infusion therapy, all supplies (including catheter) necessary for a midline catheter insertion	
55522	Home infusion therapy, insertion of peripherally inserted central venous catheter (PICC), nursing services only (no supplies or catheter included)	
55523	Home infusion therapy, insertion of midline venous catheter, nursing services only (no supplies or catheter included)	
59061	Home administration of aerosolized drug therapy (e.g., Pentamidine); administrative services, professional pharmacy services, care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
59097	Home visit for wound care	
59098	Home visit, phototherapy services (e.g., Bili-lite), including equipment rental, nursing services, blood draw, supplies, and other services, per diem	
59122	Home health aide or certified nurse assistant, providing care in the home; per hour	<b>Not Covered</b>
59123	Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT codes 99500-99602 can be used)	
59124	Nursing care, in the home; by licensed practical nurse, per hour	
59125	Respite care, in the home, per diem	<b>Not Covered</b>
59127	Social work visit, in the home, per diem	
59128	Speech therapy, in the home, per diem	
59129	Occupational therapy, in the home, per diem	
59131	Physical therapy; in the home, per diem	

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S9208	Home management of preterm labor, including administrative services, professional pharmacy services, care coordination, and all necessary supplies or equipment (drugs and nursing visits coded separately), per diem (do not use this code with any home infusion per diem code)	
S9209	Home management of preterm premature rupture of membranes (PPROM), including administrative services, professional pharmacy services, care coordination, and all necessary supplies or equipment (drugs and nursing visits coded separately), per diem (do not use this code with any home infusion per diem code)	
S9211	Home management of gestational hypertension, includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately); per diem (do not use this code with any home infusion per diem code)	
S9212	Home management of postpartum hypertension, includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with any home infusion per diem code)	
S9213	Home management of preeclampsia, includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing services coded separately); per diem (do not use this code with any home infusion per diem code)	
S9214	Home management of gestational diabetes, includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately); per diem (do not use this code with any home infusion per diem code)	

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S9325	Home infusion therapy, pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem (do not use this code with S9326, S9327 or S9328)	
S9326	Home infusion therapy, continuous (24 hours or more) pain management infusion; administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
S9327	Home infusion therapy, intermittent (less than 24 hours) pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
S9328	Home infusion therapy, implanted pump pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
S9329	Home infusion therapy, chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with S9330 or S9331)	
S9330	Home infusion therapy, continuous (24 hours or more) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
S9331	Home infusion therapy, intermittent (less than 24 hours) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	

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S9335	Home therapy, hemodialysis; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing services coded separately), per diem	
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	Home therapy; enteral nutrition; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem	
S9341	Home therapy; enteral nutrition via gravity; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem	
S9342	Home therapy; enteral nutrition via pump; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem	
S9343	Home therapy; enteral nutrition via bolus; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem	

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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	

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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	Home infusion therapy, total parenteral nutrition (TPN); 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 (do not use with home infusion codes S9365-S9368 using daily volume scales)	
S9365	Home infusion therapy, total parenteral nutrition (TPN); one liter per day, 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	

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S9366	Home infusion therapy, total parenteral nutrition (TPN); more than one liter but no more than two liters per day, 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	
S9367	Home infusion therapy, total parenteral nutrition (TPN); more than two liters but no more than three liters per day, 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	
S9368	Home infusion therapy, total parenteral nutrition (TPN); more than three liters per day, 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 (do not use this code for flushing of infusion devices with Heparin to maintain patency)	
S9373	Home infusion therapy, hydration therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use with hydration therapy codes S9374-S9377 using daily volume scales)	

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S9374	Home infusion therapy, hydration therapy; 1 liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
S9375	Home infusion therapy, hydration therapy; more than 1 liter but no more than 2 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
S9376	Home infusion therapy, hydration therapy; more than 2 liters but no more than 3 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
S9377	Home infusion therapy, hydration therapy; more than 3 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies (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	Home infusion therapy, 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 (do not use this code with home infusion codes for hourly dosing schedules S9497-S9504)	

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S9497	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 3 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
S9500	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 24 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
S9501	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 12 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
S9502	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 8 hours, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
S9503	Home infusion therapy, antibiotic, antiviral, or antifungal; once every 6 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
S9504	Home infusion therapy, antibiotic, antiviral, or antifungal; once every 4 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
S9529	Routine venipuncture for collection of specimen(s), single homebound, nursing home, or skilled nursing facility patient	

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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	
S9563	Home injectable therapy, immunotherapy, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	<b>New Code Effective 04/01/2023</b>

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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	
S9810	Home therapy; professional pharmacy services for provision of infusion, specialty drug administration, and/or disease state management, not otherwise classified, per hour (do not use this code with any per diem code)	<b>Not Covered</b>
T1000	Private duty/independent nursing service(s), licensed, up to 15 minutes	<b>Not Covered</b>
T1004	Services of a qualified nursing aide, up to 15 minutes	<b>Not Covered</b>
T1005	Respite care services, up to 15 minutes	<b>Not Covered</b>
T1021	Home health aide or certified nurse assistant, per visit	<b>Not Covered</b>
T1022	Contracted home health agency services, all services provided under contract, per day	<b>Not Covered</b>
T1028	Assessment of home, physical and family environment, to determine suitability to meet patient's medical needs	
T1030	Nursing care, in the home, by registered nurse, per diem	
T1031	Nursing care, in the home, by licensed practical nurse, per diem	
T1502	Administration of oral, intramuscular and/or subcutaneous medication by health care agency/professional, per visit	
T1503	Administration of medication, other than oral and/or injectable, by a health care agency/professional, per visit	

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