A Message to

Business Office Managers

8000 Midlantic Drive, Suite 333, Mt. Laurel N.J. 08054

Memorandum

TO: All AmeriHealth Contracting Home Infusion Providers

FROM: Kathleen Mariano
Manager, Provider Relations

DATE: April 1, 2003

SUBJECT: **HIPAA Compliant Medical Code Sets**

Effective for dates of service on or after May 1, 2003, AmeriHealth has implemented a HIPAA compliant medical code set and fee schedule for home infusion services, as outlined in the enclosed documents. A new set of S codes, with nursing services and supply per diems separately billed, will replace the current Z codes. Additionally, please remember to bill the NDC codes for drugs. Based on our current utilization, the new S codes, with nursing services separately billed, should be revenue neutral compared to the current Z codes.

With this change, the current Z code set will be terminated for dates of service on or after May 1, 2003. Any claim billed with Z codes for dates of service on or after May 1, 2003 will be rejected.

Our Patient Care Management (PCM) Departments will update authorizations for home infusion with the new code set as authorizations expire or are renewed. Please bill all claims for dates of service after May 1, 2003 with the new S codes. AmeriHealth has implemented a process for converting the existing Z code authorizations to the new S codes to ensure proper payment of claims with dates of service after May 1.

Finally, we would like to take this opportunity to clarify our position on drug wastage:

1. Provider shall use bulk multi-dose vials, or such other more cost-effective method, to compound and dispense injectable drugs, while maintaining consistency with applicable federal and state laws and regulations, and generally accepted medication standards.

2. When multi-dose vials are used, the Provider shall bill and AmeriHealth shall pay, only for the portion of the vial required to fill the prescription.

3. When the prescription requires that the Provider use a portion of the smallest available package size, and the wastage cannot be used to fill another prescription, the Provider may bill and AmeriHealth shall pay, for the full dose of the smallest available package size.

If you have any questions regarding this bulletin, please contact Melinda Grant, Ancillary Coordinator, at (856) 778-6647.

Enclosures

AMERIHEALTH
AMERIHEALTH PERSONAL CHOICE PROVIDER NETWORK
HOME INFUSION SERVICES SCHEDULE OF RATES

Code	Abbreviated Description	Rate
TOTAL PARENTERAL NUTRITION		
S9364	HIT, TPN, (lipids & SAA coded separately) (do not use with codes S9365 - S9368)	$97.00 + 85% AWP
S9365	HIT, TPN 1 liter (lipids and SAA coded separately)	$97.00 + 85% AWP
S9366	HIT, TPN >1 liter and < 2 liters (lipids & SAA coded separately)	$132.00 + 85% AWP
S9367	HIT, TPN >2 liters and < 3 liters (lipids & SAA coded separately)	$147.00 + 85% AWP
S9368	HIT, TPN > 3 liters (lipids & SAA coded separately)	$162.00 + 85% AWP
ENTERAL NUTRITION		
S9342	HIT, enteral nutrition via pump (enteral formula coded separately)	$7.00 + 85% AWP
ANTI-INFECTIVE THERAPY		
S9494	HIT, antibiotic, antiviral or antifungal, (do not use with codes S9497 - S9504)	$53.00 + 85% AWP
S9497	HIT, Antibiotic, Antiviral or Antifungal, Q3 hours	$96.00 + 85% AWP
S9500	HIT, Antibiotic, Antiviral or Antifungal, Q24 hours	$53.00 + 85% AWP
S9501	HIT, Antibiotic, Antiviral or Antifungal, Q12 hours	$65.00 + 85% AWP
S9502	HIT, Antibiotic, Antiviral or Antifungal, Q8 hours	$71.00 + 85% AWP
S9503	HIT, Antibiotic, Antiviral or Antifungal, Q6 hours	$76.00 + 85% AWP
S9504	HIT, Antibiotic, Antiviral or Antifungal, Q4 hours	$87.00 + 85% AWP
IMMUNE GLOBULIN THERAPY		
S9338	HIT, Immunotherapy (e.g. IVIG)	$60.00 + 100% AWP
ANTI HEMOPHILIC FACTOR		
S9345	HIT, Anti-Hemophilic Agent Infusion (e.g.Factor)	$53.00 + 85% AWP
PAIN MANAGEMENT		
S9325	HIT, Pain Management Infusion, (do not use with codes S9326, S9327, or S9328)	$43.00 + 85% AWP
S9326	HIT, Continuous Pain Management Infusion	$43.00 + 85% AWP
S9327	HIT, Intermittent Pain Management Infusion	$43.00 + 85% AWP
S9328	HIT, Implanted Pump Pain Management Infusion	$43.00 + 85% AWP
HYDRATION THERAPY		
S9373	HIT, Hydration Therapy, (do not use with codes S9374-S9377)	$53.00
S9374	HIT, Hydration Therapy, 1 liter	$53.00
S9375	HIT, Hydration Therapy, > 1 liter and <=2 liters	$53.00
S9376	HIT, Hydration Therapy, >2 liters and <=3 liters	$53.00
S9377	HIT, Hydration Therapy, > 3 liters	$53.00
CHEMOTHERAPY		
S9329	HIT, Chemotherapy Infusion, (do not use with codes S9330 or S9331)	$43.00 + 85% AWP
S9330	HIT, Continuous Chemotherapy Infusion (24 hrs or more)	$53.00 + 85% AWP
S9331	HIT, Intermittent Chemotherapy Infusion (<24 hrs)	$53.00 + 85% AWP
ANTI-COAGULATION THERAPY		
S9336	HIT, Continuous Anticoagulant IV Therapy (e.g. heparin)	$60.00 + 85% AWP
S9372	HIT, Intermittent Anticoagulant Injection (e.g. heparin)	$10.00 + 85% AWP
ANTI-EMETIC THERAPY		
S9351	HIT, Continuous Anti-Emetic IV Therapy	$60.00 + 85% AWP
S9370	HIT, Intermittent Anti-Emetic Injection	$10.00 + 85% AWP
MISCELLANEOUS INFUSION THERAPIES		
S9355	HIT, Chelation IV Therapy	$60.00 + 85% AWP
S9348	HIT, Inotropic Infusion Therapy (e.g. dobutamine)	$60.00+ 85% AWP
S9359	HIT, Anti-Tumor Necrosis Factor IV (e.g. infliximab)	$60.00 + 85% AWP
S9363	HIT, Anti-Spasmotic IV Therapy	$60.00 + 85% AWP
S9361	HIT, Diuretic IV Therapy	$60.00 + 85% AWP
S9353	HIT, Continuous Insulin Infusion	$60.00 + 85% AWP
S9347	HIT, Uninterrupted, Long term , Controlled Rate Infusion (e.g. epoprostenol)	$60.00 + 100% AWP
S9346	HIT, Infusion Therapy Alpha 1 proteins (e.g. prolastin)	$53.00 + 85% AWP
S9349	HIT, Tocolytic Infusion Therapy	$53.00 + 85% AWP
S9490	HIT, Corticosteroid Infusion Therapy	$53.00 + 85% AWP

EFFECTIVE 05/01/03

AMERIHEALTH
AMERIHEALTH PERSONAL CHOICE PROVIDER NETWORK
HOME INFUSION SERVICES SCHEDULE OF RATES

Code	Abbreviated Description	Rate
MISCELLANEOUS THERAPIES		
S9558	HIT, Growth Hormone Injection	$10.00 + 85% AWP
S9537	HIT, Blood Product Simulating Factor Injection (hematopoietic hormone)	$10.00 + 85% AWP
S9559	HIT, Interferon Injection	$10.00 + 85% AWP
S9560	HIT, Hormonal Therapy (e.g. leuprolide, goserelin) Injection	$10.00 + 85% AWP
S9538	HI, Transfusion of Blood Products	$60.00 + acquisition cost
CATHETER INSERTION & MAINTENANCE SUPPLIES		
S5520	HIT, Supplies (including catheter) for PICC line insertion	$180.00
S5521	HIT, Supplies (including catheter) for Midline Insertion	$180.00
S5498	HIT, Catheter Care Maintenance, Simple (single lumen)	$9.00
S5501	HIT, Catheter Care Maintenance, Complex (more than one lumen)	$16.00
S5502	HIT, Catheter Care Maintenance Supplies, Implanted Access Device	$27.00
S5517	HIT, All Supplies for Restoration of Catheter Patency or Declotting	$15.00
S5518	HIT, All Supplies for Catheter Repair	$43.00
NURSING & PROFESSIONAL SERVICES		
S9802	HIT, Nursing Services; Per Visit (up to 2 hrs)	$80.00
S9803	HIT, Nursing Services; Each Additional Hour	$45.00
S5522	HIT, Insertion of PICC Line, Nursing Services Only	$45.00
S5523	HIT, Insertion of Midline Catheter, Nursing Services Only	$45.00
S9546	HIT Blood Products, Nursing Services, Per Visit	$285.00
IRRIGATION THERAPY		
S9590	HT, Irrigation Therapy	$26.00
HEMOPHILIA J CODES		
J7190	Factor VIII (antihemophilic factor, human), per IU	$0.77
J7191	Factor VIII (antihemophilic factor,(porcine)), per IU	$1.68
J7192	Factor VIII (antihemophilic factor, recombinant), per IU	$1.11
J7193	Factor IX (antihemophilic factor, purified, non-recombinant), per IU	$0.97
J7194	Factor IX, complex, per IU	$0.69
J7195	Factor IX (antihemophilic factor, recombinant), per IU	$0.93
J7198	Anti-Inhibitor, per IU	$1.22
J7199	Hemophilia Clotting Factor, NOC	IC
Q0187	Factor VIIa (coagulation factor, recombinant) per 1.2 mg	$1,260.00
Q2022	Von Willebrand Factor complex, human, per IU	$1.00
HOME INFUSION THERAPY (INDIVIDUAL CONSIDERATION)		
S9542	HIT, Injection	IC
S9379	HIT, Infusion Therapy (not otherwise classified)	IC
S5497	HIT, Catheter Care Maintenance Supplies	IC
S9810	HIT< Professional Pharmacy Services, Per Hour (do not use with any per diem code)	IC

EFFECTIVE 05/01/03