



## Home Infusion Therapy Per Diem Authorization Requirements

**Lines of Business:**

Medicaid - Ohio and Kentucky

Marketplace - Ohio, Indiana, Kentucky, & West Virginia

This does not replace the prior authorization requirement for each state and plan. Please refer to your plan's "Medications that Require Prior Authorization on the Medical Benefit"

HCPC	Code Description	Prior Authorization Requirement
S5497	Home infusion therapy, <b>catheter care/maintenance, not otherwise classified</b> Administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	No prior authorization required if billed with J-code
S5498	Home infusion therapy, <b>single-lumen catheter care/maintenance</b> Administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	No prior authorization required if billed with J-code
S5501	Home infusion therapy, <b>&gt;1 lumen catheter care/maintenance, not otherwise classified</b> Administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	No prior authorization required if billed with J-code
S5502	Home infusion therapy, <b>catheter care/maintenance, implanted access device</b> Administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits codes separately), per diem (use this code for interim maintenance of vascular access not currently in use)	No prior authorization required if billed with J-code
S5517	Home infusion therapy, <b>declot kit</b> Administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits codes separately), per diem	No prior authorization required if billed with J-code
S9061	Home infusion therapy, <b>aerosolized drug</b> Administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	No prior authorization required if billed with J-code
S9325	Home infusion therapy, <b>unspecified pain management infusion</b> Administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	No prior authorization required if billed with J-code
S9326	Home infusion therapy, <b>continuous (24 hours or more) pain management infusion</b> Administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	No prior authorization required if billed with J-code
S9327	Home infusion therapy, <b>intermittent (less than 24 hours) pain management infusion</b> Administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	No prior authorization required if billed with J-code
S9328	Home infusion therapy, <b>implanted pump for pain management infusion</b> Administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	No prior authorization required if billed with J-code
S9329	Home infusion therapy, <b>unspecified chemotherapy infusion</b> Administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	No prior authorization required if billed with J-code
S9330	Home infusion therapy, <b>continuous (24 hours or more) chemotherapy infusion</b> Administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	No prior authorization required if billed with J-code
S9331	Home infusion therapy, <b>intermittent (less than 24-hours) chemotherapy infusion</b> Administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	No prior authorization required if billed with J-code
S9338	Home infusion therapy, <b>immunotherapy (e.g., intravenous immunoglobulin, interferon)</b> Administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Prior authorization required - specialty medication required administration by our preferred specialty pharmacy
S9345	Home infusion therapy, <b>antihemophilic agent (e.g., factor VIII)</b> Administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	No prior authorization required if billed with J-code
S9346	Home infusion therapy, <b>alpha-1-proteinase inhibitor (e.g., Prolastin)</b> Administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Prior authorization required - specialty medication required administration by our preferred specialty pharmacy

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S9347	Home infusion therapy, <b>uninterrupted, long-term, controlled rate intravenous or subcutaneous infusion therapy (e.g., epoprostenol)</b> Administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Prior authorization required - specialty medication required administration by our preferred specialty pharmacy
S9348	Home infusion therapy, <b>inotropic/sympathomimetic (e.g., dobutamine)</b> Administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	No prior authorization required if billed with J-code
S9351	Home infusion therapy, <b>antiemetic - continous or intermittent infusion</b> Administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	No prior authorization required if billed with J-code
S9353	Home infusion therapy, <b>insulin - continous infusion</b> Administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	No prior authorization required if billed with J-code
S9355	Home infusion therapy, <b>chelation infusion</b> Administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	No prior authorization required if billed with J-code
S9357	Home infusion therapy, <b>enzyme replacement intravenous therapy (e.g., imiglucerase)</b> Administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Prior authorization required - specialty medication required administration by our preferred specialty pharmacy
S9359	Home infusion therapy, <b>anti-tumor necrosis factor infusion (e.g., infliximab)</b> Administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Prior authorization required - specialty medication required administration by our preferred specialty pharmacy
S9361	Home infusion therapy, <b>diuretic infusion</b> Administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	No prior authorization required if billed with J-code
S9363	Home infusion therapy, <b>antispasmodic infusion</b> Administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	No prior authorization required if billed with J-code
S9364	Home infusion therapy, <b>unspecified total parenteral nutrition (TPN)</b> 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	No prior authorization required
S9365	Home infusion therapy, <b>1.0 liter/day total parenteral nutrition (TPN)</b> 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	No prior authorization required
S9366	Home infusion therapy, <b>&gt;1.0-2.0 liter/day total parenteral nutrition (TPN)</b> 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	No prior authorization required
S9367	Home infusion therapy, <b>&gt;2.0-3.0 liter/day total parenteral nutrition (TPN)</b> 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	No prior authorization required
S9368	Home infusion therapy, <b>&gt;3.0 liter/day total parenteral nutrition (TPN)</b> 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	No prior authorization required
S9370	Home infusion therapy, <b>antiemetic - intermittent injection</b> Administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	No prior authorization required if billed with J-code
S9372	Home infusion therapy, <b>anticoagulant intermittant injection (e.g. heparin)</b> Administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	No prior authorization required if billed with J-code
S9373	Home infusion therapy, <b>unspecified hydration therapy</b> Administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	No prior authorization required

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S9374	Home infusion therapy, <b>1.0 liter/day hydration therapy</b> Administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	No prior authorization required
S9375	Home infusion therapy, <b>&gt;1.0-2.0 liter/day hydration therapy</b> Administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	No prior authorization required
S9376	Home infusion therapy, <b>&gt;2.0-3.0 liter/day hydration therapy</b> Administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	No prior authorization required
S9377	Home infusion therapy, <b>&gt;3.0 liter/day hydration therapy</b> Administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	No prior authorization required
S9379	Home infusion therapy, <b>infusion therapy, not otherwise classified</b> Administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	No prior authorization required if billed with J-code
S9490	Home infusion therapy, <b>corticosteroid infusion</b> Administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	No prior authorization required if billed with J-code
S9494	Home infusion therapy, <b>antibiotic, antiviral, or antifungal therapy; unspecified</b> Administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	No prior authorization required if billed with J-code
S9500	Home infusion therapy, <b>antibiotic, antiviral, or antifungal therapy; once every 24 hours</b> Administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	No prior authorization required if billed with J-code
S9501	Home infusion therapy, <b>antibiotic, antiviral, or antifungal therapy; once every 12 hours</b> Administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately) per diem	No prior authorization required if billed with J-code
S9502	Home infusion therapy, <b>antibiotic, antiviral, or antifungal therapy; once every 8 hours</b> Administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	No prior authorization required if billed with J-code
S9503	Home infusion therapy, <b>antibiotic, antiviral, or antifungal therapy; once every 6 hours</b> Administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	No prior authorization required if billed with J-code
S9504	Home infusion therapy, <b>antibiotic, antiviral, or antifungal therapy; once every 4 hours</b> Administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	No prior authorization required if billed with J-code
S9537	Home infusion therapy, <b>hematopoietic hormone injection (e.g., G-CSF, GM-SCF)</b> Professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Quantity limit 7 days > 7 days prior authorization required
S9542	Home infusion therapy, <b>injectable not otherwise classified</b> Administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	No prior authorization required if billed with J-code
S9558	Home infusion therapy, <b>growth hormone injectable</b> Administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Quantity limit 7 days > 7 days prior authorization required
S9559	Home infusion therapy, <b>interferon injectable</b> Administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Quantity limit 7 days > 7 days prior authorization required
S9560	Home infusion therapy, <b>hormonal injectable (e.g., leuprolide)</b> Administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	No prior authorization required if billed with J-code
S9562	Home infusion therapy, <b>palivizumab injection (e.g., Synagis®)</b> Administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	No prior authorization required
S9590	Home infusion therapy, <b>irrigation (e.g., of an organ or anatomical cavity)</b> Administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	No prior authorization required if billed with J-code