



Home Infusion Therapy Per Diem Authorization Requirements

This does not replace other Humana – CareSource prior authorization requirements. Please refer to the medications that require prior authorization on the medical benefit grid for further requirements.

CPCS code	Code description	Prior authorization requirement
S5497	Home infusion therapy, catheter care/maintenance, not otherwise classified; includes	No prior authorization required when
	administrative services, professional pharmacy services, care coordination and all necessary	billed with J-code
	supplies and equipment (drugs and nursing visits coded separately), per diem	
S5498	Home infusion therapy, single-lumen catheter care/maintenance; includes administrative services,	No prior authorization required when
	professional pharmacy services, care coordination and all necessary supplies and equipment (drugs	billed with J-code
	and nursing visits coded separately), per diem	
S5501	Home infusion therapy, more than one lumen catheter care/maintenance ; includes administrative	No prior authorization required when
	services, professional pharmacy services, care coordination and all necessary supplies and	billed with J-code
		billed with J-code
	equipment (drugs and nursing visits coded separately), per diem	No wish suite ariantian required when
S5502	Home infusion therapy, catheter care/maintenance, implanted access device; includes	No prior authorization required when billed with J-code
	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.)	
S5517	Home infusion therapy, all supplies necessary for restoration of catheter patency (or declotting kit)	No prior authorization required wher billed with J-code
S9061	Home administration of aerosolized drug therapy (e.g., pentamidine); includes administrative	No prior authorization required when
20001	services, professional pharmacy services, care coordination and all necessary supplies and	billed with J-code
	equipment (drugs and nursing visits coded separately), per diem	
S9325	Home infusion therapy, pain management infusion ; includes administrative services, professional	No prior authorization required wher billed with J-code
59325	pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing	
	visits coded separately), per diem	Sinca with a code
S9326	Home infusion therapy, continuous (24 hours or more) pain management infusion;	No prior authorization required wher
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	includes administrative services, professional pharmacy services, care coordination and all	billed with J-code
	necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
S9327	Home infusion therapy, intermittent (less than 24 hours) pain management infusion;	No prior authorization required wher
	includes administrative services, professional pharmacy services, care coordination and all	billed with J-code
	necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
S9328	Home infusion therapy, implanted pump for pain management infusion ; includes administrative	No prior authorization required wher
	services, professional pharmacy services, care coordination and all necessary supplies and	billed with J-code
	equipment (drugs and nursing visits coded separately), per diem	
S9329	Home infusion therapy, unspecified chemotherapy infusion; includes administrative services,	No prior authorization required wher
	professional pharmacy services, care coordination and all necessary supplies and equipment (drugs	billed with J-code
	and nursing visits coded separately), per diem	
S9330	Home infusion therapy, continuous (24 hours or more) chemotherapy infusion; includes	No prior authorization required when billed with J-code
	administrative services, professional pharmacy services, care coordination and all necessary	
	supplies and equipment (drugs and nursing visits coded separately), per diem	
C0224		No prior cuthorization required when
S9331	Home infusion therapy, intermittent (less than 24 hours) chemotherapy infusion; includes	No prior authorization required when
	administrative services, professional pharmacy services, care coordination and all necessary	billed with J-code
	supplies and equipment (drugs and nursing visits coded separately), per diem	
S9338	Home infusion therapy, immunotherapy (e.g., intravenous immunoglobulin, interferon) ; includes	Prior authorization required: Special
	administrative services, professional pharmacy services, care coordination and all necessary	medication requires administration b
	supplies and equipment (drugs and nursing visits coded separately), per diem	our preferred specialty pharmacy.
S9345	Home infusion therapy, antihemophilic agent (e.g., factor VIII); includes administrative services,	No prior authorization required wher
	professional pharmacy services, care coordination and all necessary supplies and equipment (drugs	billed with J-code
	and nursing visits coded separately), per diem	
S9346	Home infusion therapy, alpha-1-proteinase inhibitor (e.g., Prolastin); includes administrative	Prior authorization required: Special
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	services, professional pharmacy services, care coordination and all necessary supplies and	medication requires administration b
	equipment (drugs and nursing visits coded separately), per diem	our preferred specialty pharmacy.
S9347	Home infusion therapy, uninterrupted, long-term, controlled rate intravenous or subcutaneous	Prior authorization required: Special
	infusion therapy (e.g., epoprostenol); includes administrative services, professional pharmacy	medication requires administration b
	services, care coordination and all necessary supplies and equipment (drugs and nursing visits	our preferred specialty pharmacy.
	coded separately), per diem	

	Code description	Prior authorization requirement
S9348	Home infusion therapy, sympathomimetic/ inotropic (e.g., dobutamine) ; includes 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 when billed with J-code
S9351	Home infusion therapy, continuous or intermittent antiemetic infusion therapy ; includes 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 when billed with J-code
S9353	Home infusion therapy, continuous insulin infusion therapy ; includes 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 when billed with J-code
S9355	Home infusion therapy, chelation therapy ; includes 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 when billed with J-code
S9357	Home infusion therapy, enzyme replacement intravenous therapy (e.g., imiglucerase) ; includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Prior authorization required: Specialt medication requires administration by our preferred specialty pharmacy.
S9359	Home infusion therapy, anti-tumor necrosis factor intravenous therapy (e.g., infliximab); includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Prior authorization required: Specialt medication requires administration by our preferred specialty pharmacy.
S9361		No prior authorization required when billed with J-code
S9363	Home infusion therapy, antispasmotic therapy ; includes 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 when billed with J-code
S9364	Home infusion therapy, total parenteral nutrition (TPN) ; includes 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, total parenteral nutrition (TPN) , one liter a day ; includes 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, total parenteral nutrition (TPN), more than one liter but no more than two liters per day; includes 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	No prior authorization required
S9367	Home infusion therapy, total parenteral nutrition (TPN), more than two liters but no more than three liters per day; includes 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	No prior authorization required
S9368	Home infusion therapy, total parenteral nutrition (TPN), more than three liters per day; includes 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 therapy, intermittent antiemetic injection therapy ; includes 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 when billed with J-code
S9372	Home therapy, intermittent anticoagulant injection therapy (e.g., heparin) ; includes 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 when billed with J-code
S9373	Home infusion therapy, hydration therapy ; includes 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
S9374	Home infusion therapy, hydration therapy, one liter per day ; includes 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, hydration therapy, more than one liter but no more than two liters per day; includes 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

CPCS code	Code description	Prior authorization requirement
S9376	Home infusion therapy, hydration therapy, more than two liters but no more than three liters per	No prior authorization required
	day; includes 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 three liters per day; administrative services,	No prior authorization required
	professional pharmacy services, care coordination and all necessary supplies and equipment (drugs	
	and nursing visits coded separately), per diem	
S9379	Home infusion therapy, infusion therapy, not otherwise classified; includes administrative	No prior authorization required when
	services, professional pharmacy services, care coordination and all necessary supplies and	billed with J-code
	equipment (drugs and nursing visits coded separately), per diem	
S9490	Home infusion therapy, corticosteriod infusion ; includes administrative services, professional	No prior authorization required when
	pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing	billed with J-code
	visits coded separately), per diem	
S9494	Home infusion therapy, antibiotic, antiviral or antifungal therapy, unspecified; includes	No prior authorization required when
S9494	administrative services, professional pharmacy services, care coordination and all necessary	billed with J-code
	supplies and equipment (drugs and nursing visits coded separately), per diem	billed with a code
S0500	Home infusion therapy, antibiotic, antiviral or antifungal therapy, once every 24 hours; includes	No prior authorization required when
S9500	administrative services, professional pharmacy services, care coordination and all necessary	billed with J-code
	supplies and equipment (drugs and nursing visits coded separately), per diem	bliled with 5-code
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S9501	Home infusion therapy, antibiotic, antiviral or antifungal therapy, once every 12 hours; includes	No prior authorization required when
	administrative services, professional pharmacy services, care coordination and all necessary	billed with J-code
00500	supplies and equipment (drugs and nursing visits coded separately) per diem	No anima and basine Garage and advantage
S9502	Home infusion therapy, antibiotic, antiviral or antifungal therapy, once every 8 hours; includes	No prior authorization required when
	administrative services, professional pharmacy services, care coordination and all necessary	billed with J-code
	supplies and equipment (drugs and nursing visits coded separately), per diem	
S9503	Home infusion therapy, antibiotic, antiviral or antifungal therapy, once every 6 hours; includes	No prior authorization required when
	administrative services, professional pharmacy services, care coordination and all necessary	billed with J-code
	supplies and equipment (drugs and nursing visits coded separately), per diem	
S9504	Home infusion therapy, antibiotic, antiviral or antifungal therapy, once every 4 hours; includes	No prior authorization required when
	administrative services, professional pharmacy services, care coordination and all necessary	billed with J-code
	supplies and equipment (drugs and nursing visits coded separately), per diem	
S9537	Home infusion therapy, hematopoietic hormone injection therapy (e.g., erythropoietin, G-CSF,	Quantity limit: Seven days without prio
	GM-CSF); includes administrative services, professional pharmacy services, care coordination and	authorization. More than seven days'
	all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	quantity requires prior authorization.
S9542	Home injectable therapy, not otherwise classified ; includes administrative services, professional	No prior authorization required when
	pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing	billed with J-code
	visits coded separately), per diem	
S9558	Home injectable therapy, growth hormone ; includes administrative services, professional pharmacy	Quantity limit: Seven days without prio
	services, care coordination and all necessary supplies and equipment (drugs and nursing visits	authorization. More than seven days'
	coded separately), per diem	quantity requires prior authorization.
S9559	Home injectable therapy, interferon ; includes administrative services, professional pharmacy	
39339	services, care coordination and all necessary supplies and equipment (drugs and nursing visits	Quantity limit: Seven days without pric authorization. More than seven days'
	coded separately), per diem	quantity requires prior authorization.
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S9560	Home injectable therapy, hormonal therapy (e.g., leuprolide, goserelin); includes administrative	No prior authorization required when
	services, professional pharmacy services, care coordination and all necessary supplies and	billed with J-code
00500	equipment (drugs and nursing visits coded separately), per diem	N
S9562	Home injectable therapy, palivizumab injection (e.g., Synagis[®]); includes administrative services,	No prior authorization required
	professional pharmacy services, care coordination and all necessary supplies and equipment (drugs	
	and nursing visits coded separately), per diem	
S9590	Home therapy, irrigation therapy (e.g., sterile irrigation of an organ or anatomical cavity);	No prior authorization required when
	includes administrative services, professional pharmacy services, care coordination and all	billed with J-code
	necessary supplies and equipment (drugs and nursing visits coded separately), per diem	

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