



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.

| HCPCS code | Code description | Prior authorization requirement |
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| S5497 | 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 | No prior authorization required when billed with J-code |
| S5498 | Home infusion therapy, single-lumen catheter care/maintenance ; 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 |
| S5501 | Home infusion therapy, more than one lumen catheter care/maintenance ; 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 |
| S5502 | 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 codes separately), per diem (Use this code for interim maintenance of vascular access not currently in use.) | No prior authorization required when billed with J-code |
| S5517 | Home infusion therapy, all supplies necessary for restoration of catheter patency (or declotting kit) | No prior authorization required when billed with J-code |
| S9061 | Home administration of aerosolized drug therapy (e.g., pentamidine); 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 |
| S9325 | Home infusion therapy, pain management infusion ; 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 |
| S9326 | Home infusion therapy, continuous (24 hours or more) pain management infusion ; 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 |
| S9327 | Home infusion therapy, intermittent (less than 24 hours) pain management infusion ; 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 |
| S9328 | Home infusion therapy, implanted pump for pain management infusion ; 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 |
| S9329 | Home infusion therapy, unspecified chemotherapy infusion ; 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 |
| S9330 | Home infusion therapy, continuous (24 hours or more) chemotherapy infusion ; 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 |
| S9331 | Home infusion therapy, intermittent (less than 24 hours) chemotherapy infusion ; 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 |
| S9338 | Home infusion therapy, immunotherapy (e.g., intravenous immunoglobulin, interferon) ; 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: Specialty medication requires administration by our preferred specialty pharmacy. |
| S9345 | Home infusion therapy, antihemophilic agent (e.g., factor VIII) ; 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 |
| S9346 | Home infusion therapy, alpha-1-proteinase inhibitor (e.g., Prolastin) ; 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: Specialty medication requires administration by our preferred specialty pharmacy. |
| S9347 | Home infusion therapy, uninterrupted, long-term, controlled rate intravenous or subcutaneous infusion therapy (e.g., epoprostenol) ; 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: Specialty medication requires administration by our preferred specialty pharmacy. |

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| 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: Specialty 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: Specialty medication requires administration by our preferred specialty pharmacy. |
| S9361 | Home infusion therapy, diuretic intravenous 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 |
| S9363 | Home infusion therapy, antispasmodic 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 |

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| S9376 | Home infusion therapy, hydration therapy, 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 (drugs and nursing visits coded separately), per diem | No prior authorization required |
| S9377 | Home infusion therapy, hydration therapy, more than three liters per day ; 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, infusion therapy, 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 | No prior authorization required when billed with J-code |
| S9490 | Home infusion therapy, corticosteroid infusion ; 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 |
| S9494 | Home infusion therapy, antibiotic, antiviral or antifungal therapy, unspecified ; 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 |
| S9500 | Home infusion therapy, antibiotic, antiviral or antifungal therapy, once every 24 hours ; 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 |
| S9501 | Home infusion therapy, antibiotic, antiviral or antifungal therapy, once every 12 hours ; 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 |
| S9502 | Home infusion therapy, antibiotic, antiviral or antifungal therapy, once every 8 hours ; 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 |
| S9503 | Home infusion therapy, antibiotic, antiviral or antifungal therapy, once every 6 hours ; 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 |
| S9504 | Home infusion therapy, antibiotic, antiviral or antifungal therapy, once every 4 hours ; 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 |
| S9537 | Home infusion therapy, hematopoietic hormone injection therapy (e.g., erythropoietin, G-CSF, GM-CSF) ; includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | Quantity limit: Seven days without prior authorization. More than seven days' quantity requires prior authorization. |
| S9542 | Home injectable therapy, 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 | No prior authorization required when billed with J-code |
| S9558 | Home injectable therapy, growth hormone ; includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | Quantity limit: Seven days without prior authorization. More than seven days' quantity requires prior authorization. |
| S9559 | Home injectable therapy, interferon ; includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | Quantity limit: Seven days without prior authorization. More than seven days' quantity requires prior authorization. |
| S9560 | Home injectable therapy, hormonal therapy (e.g., leuprolide, goserelin) ; 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 |
| S9562 | Home injectable therapy, palivizumab injection (e.g., Synagis®) ; 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 |
| S9590 | Home therapy, irrigation therapy (e.g., sterile irrigation of an organ or anatomical cavity) ; 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 |