

Home Infusion Therapy Fee Schedule		
Effective January 1, 2023		
Code	Terminology	PEIA Fee
S5035	Home infusion therapy, routine service of infusion device (e.g. pump maintenance)	\$ 11.00
S5036	Home infusion therapy, repair of infusion device (e.g., pump repair)	\$ 21.00
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	\$ 25.00
S5498	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.	\$ 30.00
S5501	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	\$ 55.50
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 coded separately), per diem (use this code for interim maintenance of vascular access not currently in use)	\$ 120.00
S5517	Home infusion therapy, all supplies necessary for restoration of catheter patency or declotting	\$ 87.00
S5518	Home infusion therapy, all supplies necessary for catheter repair	\$ 87.00
S5520	Home infusion therapy, all supplies (including catheter) necessary for a peripherally inserted central venous catheter (PICC) line insertion	\$ 58.50
S5521	Home infusion therapy, all supplies (including catheter) necessary for a midline catheter insertion	\$ 35.00
S5522	Home infusion therapy, insertion of peripherally inserted central venous catheter (PICC), nursing services only, (no supplies or catheter included)	\$ 60.00
S5523	Home infusion therapy, insertion of midline central venous catheter, nursing services only (no supplies or catheter included)	\$ 60.00
S9061	Home administration of aerosolized drug therapy (e.g., pentamidine); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem.	\$ 65.00
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).	\$ 100.00
S9326	Home infusion therapy, continuous (twenty-four 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.	\$ 75.00
S9327	Home infusion therapy, intermittent (less than twenty-four 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	\$ 66.00
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.	\$ 60.00
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).	\$ 75.00
S9330	Home infusion therapy, continuous (twenty-four 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.	\$ 9.50
S9331	Home infusion therapy, intermittent (less than twenty-four hours) chemotherapy infusion; administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem.	\$ 10.00
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.	\$ 24.00
S9338	Home infusion therapy, immunotherapy; (e.g., intravenous immunoglobulin, interferon); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem.	\$ 9.00
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.	\$ 60.00
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.	\$ 100.00
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	\$ 65.00

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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	\$ 75.00
S9345	Home infusion therapy, anti-hemophilic 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.	\$ 159.00
S9346	Home infusion therapy, alpha-1-proteinase inhibitor (e.g., Prolastin); administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drug and nursing visits coded separately), per diem.	\$ 75.00
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	\$ 60.00
S9348	Home infusion therapy, sympathomimetic/inotropic agent infusion therapy (e.g., Dobutamine); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	\$ 60.00
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	\$ 74.00
S9351	Home infusion therapy, continuous anti-emetic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	\$ 65.00
S9353	Home infusion therapy, continuous insulin therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	\$ 60.00
S9355	Home infusion therapy, chelation therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	\$ 60.00
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	\$ 120.00
S9359	Home infusion therapy, anti-tumor 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	\$ 134.00
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	\$ 150.00
S9363	Home infusion therapy, anti-spasmodic intravenous therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	\$ 165.00

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Code	Terminology	PEIA Fee
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)	\$ 162.00
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	\$ 11.50
S9366	Home infusion therapy, Total Parenteral Nutrition (TPN); more than one liter per day 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	\$ 11.50
S9367	Home infusion therapy, Total Parenteral Nutrition (TPN); more than two liters per day 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	\$ 60.00
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	\$ 75.00
S9370	Home therapy, intermittent anti-emetic injection therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	\$ 75.00
S9372	Home therapy, intermittent anticoagulation 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)	\$ 75.00
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)	\$ 75.00
S9374	Home infusion therapy, hydration therapy; one liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	\$ 75.00
S9375	Home infusion therapy, hydration therapy; more than one liter per day but less than two liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	\$ 75.00
S9376	Home infusion therapy, hydration therapy; more than two liters per day but less 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	\$ 60.00
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	\$ 95.00
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	\$ 70.00
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	\$ 80.00
S9494	Home infusion therapy, antibiotic, antifungal, or antiviral 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 home infusion codes for hourly dosing schedules S9497-S9504)	\$ 90.00

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S9497	Home infusion therapy, antibiotic, antifungal, or antiviral therapy; once every 3 hours administrative services, professional services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	\$ 100.00
S9500	Home infusion therapy, antibiotic, antifungal, or antiviral therapy; once every 24 hours administrative services, professional services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	\$ 114.00
S9501	Home infusion therapy, antibiotic, antifungal, or antiviral therapy; once every 12 hours administrative services, professional services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	\$ 11.50
S9502	Home infusion therapy, antibiotic, antifungal, or antiviral therapy; once every 8 hours administrative services, professional services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	\$ 52.00
S9503	Home infusion therapy, antibiotic, antifungal, or antiviral therapy; once every 6 hours administrative services, professional services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	\$ 84.00
S9504	Home infusion therapy, antibiotic, antifungal, or antiviral therapy; once every 4 hours administrative services, professional services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	\$ 11.50
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	\$ 11.50
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	\$ 11.50
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	\$ 4.00
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	\$6.00
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	\$6.00
S9560	Home injectable therapy; hormonal therapy (Leuprolide, Goserelin), including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	\$16.00
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	\$4.00
Code+Modifier-SH	Second concurrently administered infusion therapy	\$25.00
Code +Modifier -SJ	Third and additional concurrently administered infusion therapy	\$15.00
	Note: IC - Individual Consideration	

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