

INFUSION SERVICES SUPPLIES

Date of origin: Oct. 7, 2024

Review dates: None yet recorded

APPLIES TO

All plans

DEFINITION

This policy identifies billing and payment requirements associated with Infusion services supplies.

MEDICAL POLICY

- [Infusion Services and Equipment \(#91313\)](#) – reference for coverage details

Additional information on site of service restrictions applied for infusion services can be found in our Provider Manual.

POLICY SPECIFIC INFORMATION

- Supply HCPCS codes A4224 and A4225 used with an external infusion pump other than HCPCS code E0784 will be denied as incorrect coding.
- Compounded drugs NOC (J7999) billed with an external infusion pump will be denied.
- Claims for compounded drugs that don't use code Q9977 or J7999 will be denied as incorrect coding.
- Replacement batteries (K0601, K0602, K0603, K0604, K0605) aren't separately payable when billed with a rented infusion pump.
- Claims for codes A4221, A4222 and K0552 must only be used with a non-insulin external infusion pump (E0779, E0780, E0781, E0791 or K0455).
- A4224 describes all necessary supplies used with an external infusion pump (E0784) for the administration of continuous subcutaneous insulin and includes, but isn't limited to, all cannulas, needles, dressings and infusion supplies. Separate billing for any item will be denied as unbundling. Claims for codes A4224 and A4225 must only be used with insulin infusion pumps (E0784).
- Codes A4230 and A4231 aren't valid for claim submission. They're included in code A4224.
- The below HCPCS codes are used with different types of external infusion pumps. The HCPCS codes listed in the "Associated codes" column should be used with the corresponding "Pump HCPCS code." Claims for supply codes listed in the "Non-associated codes" column will be denied as incorrect coding if they're used with an external infusion pump listed in the "Pump HCPCS code" column of the same line.

Pump HCPCS code	Associated codes	Non-associated codes
E0779	A4221, A4222, K0522*	A4224, A4225
E0780	A4221, A4222	A4224, A4225, K0552
E0781	A4221, A4222	A4224, A4225, K0552
E0748	A4224, A4225, A4238**, A4239**	A4221, A4222, K0552
E0791	A4221, A4222	A4224, A4225, K0552
K0455	A4221, A4222, K0552*	A4224, A4225

*For E0779 and K0455 pumps, either A4222 or K0552 may be billed, but not both.

**For E0784 pumps, either A4238 or A4239 may be billed if used in conjunction with an integrated adjunctive or non-adjunctive CGM, respectively.

Modifiers (HCPCS)

- **EY:** No physician or other licensed health care provider order for this item or service
- **GA:** Waiver of liability statement issued as required by payer policy, individual case
- **GY:** Item or service statutorily excluded or does not meet the definition of any Medicare benefit
- **GZ:** Item or service expected to be denied as not reasonable and necessary
- **JB:** Administered Subcutaneously
- **JK:** One month supply or less of drug or biological
- **JL:** Three month supply of drug or biological
- **JW:** Drug amount discarded/not administered to any patient
- **JZ:** Zero drug amount discarded/not administered to any patient
- **KX:** Requirements specified in the medical policy have been met

Documentation requirements

We align with the Centers for Medicare & Medicaid Services (CMS) standard documentation requirements for supplies and DME. Reference [CMS Article A55426 – Standard Documentation Requirements for All Claims Submitted to DME MACs](#) for documentation requirements.

Resources

- [National Home Infusion Association](#)
- [LCD – External Infusion Pumps \(L33794\)](#) (CMS)

CHANGE / REVIEW HISTORY

Date	Revisions made