

RB.046.A Home Infusion Billing Requirements

Original Implementation Date: 06/14/2026
Version [A] Date: 06/14/2026
Last Reviewed Date: 04/28/2026

*** NOTIFICATION OF PENDING POLICY IMPLEMENTATION ***

Please note that this Policy Bulletin will be implemented on 06/14/2026.

This document provides a 30-day notification of its pending implementation and is not currently implemented.

PRODUCT VARIATIONS

This policy applies to all Jefferson Health Plans/Health Partners Plans lines of business.

Application of Claim Payment Policy is determined by benefits and contracts. Benefits may vary based on product line, group, or contract. Payment may vary based on individual contract.

POLICY STATEMENT

The purpose of this claim payment policy is to define the billing requirements for accurate and timely payment for medically necessary home infusion services.

Payment is made for covered infusion drugs, supplies, equipment, and the related professional services when the billing requirements are followed.

This policy outlines billing requirements for prompt and accurate payment of medically necessary home infusion services. Payment covers eligible infusion drugs, supplies, equipment, and associated professional services when billed according to the following requirements:

- **Drug Code Requirement:**

Claims must be submitted using the appropriate J, Q, or B code and must include the date(s) of service and the number of infusions administered. Date spans may be billed when applicable.

- **Home Infusion Services Requirement:**

Claims must include the correct codes based on the type of home infusion service provided.

- **Place of Service Requirement:**

Claims must reflect Place of Service (POS) **12 (Home)** and include the appropriate number of service units.

Applicable billing codes may vary by line of business and are subject to the specific terms of each individual contract.

POLICY GUIDELINES

Home infusion services are reimbursable when medically necessary, covered under the member’s benefit plan, and provided in the home setting.

S-codes are HCPCS supplemental tracking codes that can be **used in Medicaid and CHIP medical billing** to describe specific healthcare services and procedures, including administrative services, care coordination, and supplies. Use of an S-code does not guarantee payment and is reimbursable only when accepted by the Plan.

G-codes are HCPCS Level II codes used by Medicare and Individual and Family Plans (ACA) to bill for professional services associated with home infusion therapy. These codes do not include drugs, infusion pumps, or most supplies, which are billed separately.

Payment is made only for services that are appropriately billed, supported by documentation, and, when required, authorized in advance.

CODING

Note: The Current Procedural Terminology (CPT®), Healthcare Common Procedure Coding System (HCPCS), and the 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10) codes that may be listed in this policy are for reference purposes only. Listing of a code in this policy does not imply that the service is covered and is not a guarantee of payment. Other policies and coverage guidelines may apply. When reporting services, providers/facilities should code to the highest level of specificity using the code that was in effect on the date the service was rendered. This list may not be all inclusive.

CPT® is a registered trademark of the American Medical Association.

CPT Code	Description
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N/A	
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HCPCS Code	Description
N/A	

ICD-10 Codes	Description
N/A	

BENEFIT APPLICATION

This Reimbursement Policy does not constitute a description of benefits. Rather, this assists in the administration of the members’ benefits which may vary by line of business. Applicable benefit documents govern which services/items are eligible for coverage, subject to benefit limits, or excluded completely from coverage.

DESCRIPTION OF SERVICES

Home infusion therapy is the administration of intravenous or subcutaneous medications, fluids, or biologic agents in the member’s home or other non-facility setting. Services must be ordered by a licensed prescriber and provided by an appropriately licensed and credentialed home infusion provider.

For reimbursement purposes, home infusion services may be billed using **HCPCS Level II S-codes or G-codes** . These codes may represent bundled or component services associated with home infusion therapy, including, but not limited to:

- Infusion drugs or biologic agents
- Pharmacy services, including drug preparation, compounding, dispensing, and care coordination
- Professional services related to infusion administration, monitoring, and patient education

- Supplies and equipment necessary for the safe delivery of infusion therapy, such as pumps, tubing, and vascular access supplies

Reimbursement for services billed with these codes is limited to those that are medically necessary, covered under the member’s benefit plan, and billed in accordance with Plan-specific coding and billing guidelines.

DEFINITIONS

G-codes are Level II HCPCS alphanumeric codes established and maintained by CMS to identify professional services and procedures that are not described by CPT® codes, or that are Medicare-specific.

S-codes are HCPCS Level II codes used primarily by health plans to describe services, supplies, or bundled care that are not otherwise represented by permanent CPT® or HCPCS codes. These codes are plan-specific and are recognized for coverage and reimbursement only when designated by the Plan.

DISCLAIMER

Approval or denial of payment does not constitute medical advice and is neither intended to guide nor influence medical decision making. Policy Bulletins are developed by Jefferson Health Plans/Health Partners Plans to assist in administering plan benefits and constitute neither offers of coverage nor medical advice. This Policy Bulletin may be updated and therefore is subject to change.

POLICY HISTORY

This section provides a high-level summary of changes to the policy since the previous version.

Summary	Version	Version Date
New policy	A	06/14/2026

REFERENCES

1. Centers for Medicare & Medicaid Services: Healthcare Common Procedure Coding System (HCPCS) Level II Coding Procedures : <https://www.cms.gov/medicare/coding-billing/healthcare-common-procedure-system>

2. S-codes in Medical Billing: Understanding Supplemental Codes: <https://myfcbilling.com/what-are-s-codes/>
3. Home Infusion Services: <https://www.cms.gov/medicare/payment/fee-for-service-providers/home-infusion-therapy>
4. **MLN Matters**® Billing for home infusion: <https://www.cms.gov/files/document/mm11880.pdf>
5. Code of federal regulation: <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-414/subpart-P>
6. NDC Billing Requirements: RB.042.A [NDC Billing Requirements for Medical Drugs](#)