Harvard Pilgrim Health Care | TUFTS Health Plan

Point32Health companies

Payment Policy:
Home Infusion

Applies to:

Commercial Products

☒ Harvard Pilgrim Health Care Commercial products
☒ Tufts Health Plan Commercial products

Public Plans Products

☒ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product)
☒ Tufts Health Together – MassHealth Accountable Care Partnership Plans
☒ Tufts Health RITogether – A Rhode Island Medicaid Plan
☒ Tufts Health One Care – A dual-eligible product

Senior Products

☒ Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)
☒ Tufts Medicare Preferred HMO/PPO (Medicare Advantage products)

Policy

Point32Health reimburses contracted home infusion therapy agencies for medically necessary home infusion therapy services.

Prerequisites

Applicable Point32Health referral, notification, and authorization policies may apply. Refer to the appropriate sections within the Provider Manuals for more information.

General Benefit Information

Services are pursuant to the member's benefit plan documents and are subject to applicable member out-of-pocket cost (e.g., copayment, coinsurance, deductible). Member eligibility and benefit specifics should be verified prior to initiating services.

Use of non-contracted labs may have the unintended consequence of subjecting the member to unnecessary services not ordered by the treating provider or other unreasonable financial exposure. In such circumstances, Point32Health may hold the ordering provider accountable for any inappropriate behavior on the part of the non-participating lab that has been selected.

Point32Health Reimburses

Home infusion therapy services are reimbursed on a per diem basis only when an actual drug infusion is administered that day, which is inclusive of:

- Administrative services
- Professional pharmacy services
- Care coordination
- All necessary supplies and equipment for the effective administration of infusion, specialty drug and nutrition therapies. Including but not limited to:
  - DME (pumps, poles and accessories) for drug and nutrition administration, equipment maintenance and repair (excluding patient owned equipment)
  - Short peripheral vascular access devices, needles, gauze, non-implanted sterile tubing, catheters, dressing kits, and flushing solutions, including heparin and saline
  - Delivery and removal of supplies and equipment

The following services are reimbursed separately from the per diem rate:

- Nursing visits related to infusion services
- Enteral formula when administered via gravity, pump or bolus only (does not apply to nutritional formulas taken orally)
- Covered DME not related to infusion therapy (billed separately from infusion services) when provided by a contracted DME provider
- Drugs and biologicals, based on Point32Health's drug fee schedule
  - Reimbursement for listed and unlisted drugs will not exceed Point32Health's drug fee schedule allowable amounts
  - Point32Health's drug fee schedule is periodically updated based on Average Sale Price (ASP), Average Wholesale Price (AWP), Point32Health Specialty Pharmacy Program, and Medicare and/or Medicaid, as applicable.
- For home infusion therapy services provided in conjunction with home hospice services, refer to Hospice Care for reimbursement information.

Provider Billing Guidelines and Documentation

Providers are reimbursed according to the applicable contracted rates and fee schedules.

Coding

This list is not all inclusive.

Code	Description	
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	Documentation required with claim. Should only be billed for a service or procedure that does not have a valid specific therapy code available and should only be billed if the actual medication is infused separately from any other service being provided on the same date of service.

Other Information

- DME that is not related to infusion therapy must be billed separately from infusion services and must be provided by a contracted DME provider.
- Submit each drug/product using standard CPT/HCPCS codes, National Drug Code (NDC) number of the covered medication, description of product, dosage, and units administered.
- For multiple dates of service (DOS), report a separate line for each DOS with the applicable procedure code(s) and the number of units.
- Submit the following modifiers when billing multiple home infusion therapies:
  - SH identifies the second concurrently administered infusion therapy.
  - SJ identifies the third or more concurrently administered infusion therapy.
  - **Note:** Effective for DOS beginning Dec. 1, 2025, subsequent concurrent infusions (identified by SH or SJ) will be reimbursed at 50% of the standard rate/fee schedule amount.
- Some home infusion drugs may be subject to a maximum number of units per day, in accordance with the Maximum Units Policy.

Related Policies and Resources

Payment Policies

- Audit Policy
- Durable Medical Equipment (DME) and Medical Supplies
- Drugs and Biologicals
- Home Health Care
- Hospice Care
- Interim Billing
- Maximum Units
- Unlisted and Unspecified Procedure Codes

Clinical Policies

- Oral Formula and Enteral Nutrition
- Lyme Disease: Antibiotic Coverage

- New-To-Market Drugs

Publication History

07/01/2026: Removed prior authorization statement from Policy section
12/01/2025: Policy moved to new template; includes all lines of business

Background and Disclaimer Information

This policy applies to the products of Harvard Pilgrim Health Care and Tufts Health Plan and their affiliates, as identified in the check boxes on the first page for services performed by contracted providers.

Payment is based on member benefits and eligibility on the date of service, medical necessity review, where applicable, and the provider's network participation agreement with the Plan. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization, and utilization management requirements (when applicable), adherence to Plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment.

Point32Health reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated as applicable; please adhere to the most recent CPT and HCPCS coding guidelines.

We reserve the right to conduct audits on any provider and/or facility to ensure accuracy and compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, Harvard Pilgrim Health Care and Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance.