

### Reminder: Per Diem HCPCS Codes

#### Purpose of this communication:

- The purpose of this communication is to remind Home Infusion Therapy (HIT) providers of the services that are included in the per diem reimbursement and are not separately reimbursable.

#### What do I need to know?

- As of October 1, 2024, the J Codes below were removed from your fee schedule because the associated services are included in your per diem reimbursement and must not be billed separately.

HCPCS	MOD1	MOD2	Notes	CURRENT DESCRIPTION	BCBSM	FL Blue	Horizon	Sentara
J3475			INCLUDED IN PN/TPN BILLING	MAGNESIUM SULFATE, PER 500 MG	✓	✓	✓	✓
J3490	HB	SQ		PROSOL 20% SOLN AMINO ACID, (2000ML VIAL)	✓	✓	✓	✓
J2997			INCLUDED IN ANAPHYLACTIC KIT BILLING	ALTEPLASE RECOMBINANT, 1 MG	✓	✓	✓	✓
J1642				HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	✓	✓	N/A*	✓
J0171			INCLUDED IN CATHETER CARE BILLING	INJECTION, ADRENALIN, EPINEPHRINE (& GENERIC THER. EQUIV.) 0.1MG	✓	✓	✓	✓
J0171	SC			EPINEPHRINE (EPIPEN)	N/A*	✓	✓	N/A*
J0173				INJ EPINEPHRINE (BELCHER/BPI) NOT TE TO ADRENALIN (J0171) 0.1MG	✓	✓	✓	✓

\*Not included in fee schedule

#### What do I need to do?

- If you have any questions, please reach out to your Contracting contact or reference our [Provider Manual](#).

Thank you in advance for your cooperation and continued partnership.