

# CCN Infusion Therapy Services

## Quick Reference Guide

### Key Points

- Under the Department of Veterans Affairs (VA) Community Care Network (CCN), infusion therapy services includes: Home Infusion Therapy, Ambulatory Infusion Suite (AIS), and IV Therapy Outpatient Infusion.
- Providers should only bill Current Procedural Terminology (CPT) codes approved in their Standardized Episode of Care (SEOC).
- Reimbursement for services rendered cannot exceed the number of units authorized by the approved SEOC. If a provider requires additional units, they must request a new referral from VA.
- Compounding fees are not separately payable.

### Home Infusion Therapy

CCN includes nursing services, supply/admin codes and drugs associated with authorized home infusion services billed with a place of service 12.

### Ambulatory Infusion Suite (AIS)

An AIS is an alternative care site to a home, physician office or hospital setting where patients can receive infusion therapy of specialty drugs in a safe, monitored environment. Care is managed and performed by skilled nurses and clinical pharmacists pursuant to physician orders. An AIS is billed with a place of service 11 and modifier SS.

### IV Therapy Outpatient Infusion

This is a traditional hospital location for infusions and often done in conjunction with chemotherapy, blood transfusions, biologics and fluids for rehydration. IV therapy outpatient infusion is billed with place of service 22.

### Authorizations

Infusion services are authorized through CCN under four main sites:

- The physician's office
- A stand-alone infusion center or AIS
- Outpatient hospital department
- The patient's home

Providers should review authorizations prior to service to ensure they are approved to render services according to the location on the SEOC on the authorization.



## Billing

- **Nursing Services:** This type of care is typically billed with 99601 and 99602.
- **Supply/Admin Codes:** Use the appropriate 'S' per diem based on the type of infusion therapy performed.
  - Since this code is a per diem code, only one unit per date can be billable.
  - Examples:
    - DOS 1/1/2024 – 1/1/2024; only 1 unit can be billed
    - DOS 1/1/2024 – 1/5/2024; up to 5 units can be billed
  - S codes are not payable with POS 22, outpatient infusion location
- **Drugs:** Billed with J codes and reimbursed at 100% ASP. Providers should bill with the HCPCS units in FL in box 24g.
- **Unlisted Codes:** Unlisted codes should be reported only if no other specific HCPCS codes adequately describe the procedure or service. Unlisted codes will follow the pricing hierarchy of:
  - Medicare pricing methodology
  - VA fee schedule
  - Paid at billed (inclusive of any agreed contractual discount) not to exceed billed charges