

2015/2016

Schedule of Home Medical Services and Fees for Approved Agencies

Legislative Authority:

Health Insurance Act (Standard Hospital Benefit) Regulations 1971- Section 3(xv)

This schedule lists the home medical services and fees covered under Standard Hospital Benefit provided by approved agencies in Bermuda.

The agencies and fees are approved until 31st March 2016

Approved Home Medical Service Agencies

LTC Solutions Limited

Home Healthcare Ltd.

PALS

Bermuda Home Dialysis Services Ltd.

Approved Registered Nurses trained in IV Therapy

Debra Darrell

Patricia Elliott

Kathy Fox

Julie Harrington

Dorothy Morgan-Swan

Irine Nusum

Susan Reeves

Donna Viney

Bernice Zaft-Gibbons

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CPT/HCPCS CODE	PROCEDURE/SERVICE	BERMUDA DESCRIPTION	CPT DESCRIPTION	2015/16 regulated \$
Home Medical Services Procedures				
General Services				
	Isolation precautions	Isolation precautions		26.00
G0154	Central line care	Central line care, removal of PICC line, catheter tip sent to lab and dressing change. Code can only be used for central line care and PICC line removal and not direct skilled nursing.	Direct skilled nursing services of a licensed nurse (LPN or RN), in the home health or hospice setting, each 15 minutes.	77.00
G0164	Patient education and training	Education and training for patient self-management by a qualified, non-physician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family). Includes tinzaparin teaching for self-administration.	Skilled services of a licensed nurse (LPN or RN), in the training and/or education of a patient or family member, in the home health setting, each 15 minutes.	77.00
G8696	Antithrombotic therapy (Tinzaparin)	Tinzaparin protocol initial or follow-up visit.	Antithrombotic therapy prescribed at discharge.	108.00
99001	Specimen handling	Non-blood sampling including sputum, urine, stools, M.R.S.A. screening and wound/line swabs, etc.	Handling and/or conveyance of specimen for transfer from the patient in other than an office to a laboratory (includes supplies).	36.00
99341	Home visit initial	Home visit for the evaluation and management of a new patient, which requires these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counselling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.	Home visit for the evaluation and management of a new patient, which requires these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counselling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.	82.00

CPT/HCPCS CODE	PROCEDURE/SERVICE	BERMUDA DESCRIPTION	CPT DESCRIPTION	2015/16 regulated \$
99506	Home visit intramuscular injection	Administration and instructions for subcutaneous/ intra muscular injections including self-administration, teaching and client/family education about their medication.	Home visit for intramuscular injections.	77.00
99507	Urinary catheter change	Home visit for care and maintenance of catheters simple (e.g., urinary drainage, and enteral).	Home visit for care and maintenance of catheters simple (e.g., urinary drainage, and enteral).	77.00
90945	Monthly Peritoneal Dialysis	Monthly peritoneal dialysis and associated supplies with evaluation by a physician or other qualified health care professional	Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), with single evaluation by a physician or other qualified health care professional	11545.00
Home Infusion Management				
E0779 mod RR	IV pump rental per week	Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater. <i>Modifier: Rental</i>	Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater. <i>Modifier: Rental</i>	56.00
S9364	Total parenteral nutrition via pump	Initial and ongoing assessment of patient; blood sampling weekly as ordered by physician; monitor and report lab results; start TPN daily and discontinue; central line care, dressing changes and flushing; collaborate with multidisciplinary team; initial and ongoing family teaching and education; provide medical supplies needed for home administration of TPN (pump rental and medicine not included in the fee).	Home infusion therapy, total parenteral nutrition (TPN); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem.	282.00
36415	Collection of blood	Collection of venous blood by venipuncture. Qualifier: This includes transportation to KEMH or other lab as may be required.	Collection of venous blood by venipuncture.	36.00
96523	Flush vascular device	Central line blood sampling and flushing. Includes any substance used to flush the line.	Irrigation of implanted venous access device for drug delivery systems.	62.00
Drug Monitoring				

CPT/HCPCS CODE	PROCEDURE/SERVICE	BERMUDA DESCRIPTION	CPT DESCRIPTION	2015/16 regulated \$
G0163	INR monitoring	Management for an outpatient and interpretation of International Normalized Ratio (INR) testing, patient instructions, dosage adjustment (as needed) and ordering of additional tests.	Skilled services of a licensed nurse in the delivery or observation and assessment of the patient's condition, each 15 minutes (when the likelihood of change in the patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment in the home health setting).	31.00
80299	Blood level monitoring	Blood sampling, lab monitoring and management of outpatients for INR, vancomycin, other antibiotics and/ or treatment regimens requiring blood level monitoring (includes collection and monitoring). Code should be used when monitoring and drawing blood.	Quantitation of drug, not elsewhere specified (code should not be used with CPT code 36415).	51.00
Wound Care				
S9097	Wound(s) care simple (non-selective)	Home visit for wound care (includes wound assessment, and instruction(s) for on-going care, per session).	Home visit for wound care.	62.00
97602 mod 22	Wound care complex	Removal of devitalized tissue from wound(s); non-selective debridement, without anaesthesia (e.g., wet-to-moist dressings, enzymatic, abrasion), including topical application(s), wound assessment, and instruction(s) for on-going care, per session. <i>Qualifier:</i> Session is longer and products used are more expensive	Removal of devitalized tissue from wound(s); non-selective debridement, without anaesthesia (e.g., wet-to-moist dressings, enzymatic, abrasion), including topical application(s), wound assessment, and instruction(s) for on-going care, per session. <i>Modifier:</i> when work required is substantively great (increased intensity, time, technical difficulty of procedure, severity)	103.00
Intravenous Infusion Therapy				
Initial				
99601	Intravenous infusion therapy initial 2 hours	Home infusion/specialty drug administration, per visit (up to 2 hours). Drug code should be listed separately. Use when infusing J0290, J0295, J0690, J0713, J0696, S0077, J1335, J1580, J2185, J0561, J2543, J2700, J3370, J3487	Home infusion/specialty drug administration, per visit (up to 2 hours)	154.00
Additional Hours				

CPT/HCPCS CODE	PROCEDURE/SERVICE	BERMUDA DESCRIPTION	CPT DESCRIPTION	2015/16 regulated \$
99602	Intravenous infusion therapy add on hours	Home infusion/specialty drug administration any additional time. Code should only be used when infusing J codes listed below.	Each additional hour	
B4216 B4222 B4224 B5200	Intravenous infusion therapy add on	Home TPN		128.00
J1756	Intravenous infusion therapy add on	Iron Venofer test dose		51.00
J1590	Intravenous infusion therapy add on	Immunoglobulin 10 mg vial		154.00
J2920	Intravenous infusion therapy add on	Solumedrol 1GM		51.00
J2920	Intravenous infusion therapy add on	Solumedrol 500mg		26.00
J7030, J7070	Intravenous infusion therapy add on	IV fluids for hydration		103.00
J1745	Intravenous infusion therapy add on	Remicaide		128.00

Drugs					
CPT/HCPCS CODE	BHB CHARGE NUMBER	PROCEDURE/SERVICE	BERMUDA DESCRIPTION	2015 CPT DESCRIPTION	2015/16 regulated \$
J0290	525359-6	Drug	Ampicillin 500 mg vial	Injection, ampicillin sodium 500mg	2.31
J0690	525417-2	Drug	Cefazolin 1 GM vial	Injection, cefezolin sodium 500 mg	4.31
J0713	525419-8	Drug	Ceftazidime 1 GM vial	Injection, ceftazidime per 500 mg	5.93
J0696	525421-4	Drug	Ceftriaxone 1 GM vial or duplex bag (1 GM)	Injection, ceftriazone sodium per 500 mg	22.37

S0077	525449-5	Drug	Clindamycin 300 mg vial or premix bag (300mg)	Injection, clindamycin phosphate, 300 mg	12.71
J2700	525462-8	Drug	Cloxacillin 500 mg vial	Injection, oxacillin sodium, up to 250 mg	1.84
J1335	526032-8	Drug	Ertapenem 500 mg vial	Injection, ertapenem sodium, 500 mg	33.29
J1580	525607-8	Drug	Gentamicin 80 mg vial or premix bag (80mg)	Injection, garamycin, gentamicin, up to 80 mg	6.30
B4216	526033-6	Drug	Home TPN 3-IN-1 vs. 2-IN-1	Parenteral nutrition, additives (vitamins, trace elements, heparin, electrolytes) homemix per day	1050.00
B4222				Parenteral nutrition supply kit; home mix, per day	
B4224				Parenteral nutrition administration kit, per day	
B5200				Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, stress-branch chain amino acids - premix	
J1756	526034-4	Drug	Iron Venofer 100 mg vial	Injection, iron sucrose, 1 mg	17.85
90283	526035-1	Drug	IV immunoglobulin (IVIG) 10 mg vial	Immune globulin (IgIV), human, for intravenous use	1050.00
90284	526036-9	Drug	IV immunoglobulin (IVIG) 10 mg vial (Baxter)	Immune globulin (SCIg), human, for use in subcutaneous infusions, 100 mg, each	1050.00
J2185	525725-8	Drug	Meropenem 500 mg vial	Injection, meropenem 100 mg	24.15
J0561	526037-7	Drug	Penicillin G vial (5 MU)	Injection, penicillin G benzathine, 100,000 units	10.29
J1745	526038-5	Drug	Remicaide 100 mg vial	Injection, infliximab, 10 mg	546.00
J2920	526039-3	Drug	Solumedrol 1GM	Injection, methylprednisolone sodium succinate, up to 40 mg	4.20
J2543	526040-1	Drug	Tazocin (piperacillin/tazobactam) 2.25 gm, 3.375 gm, 4.5 gm	Injection, piperacillin sodium/tazobactam sodium, 1 gram/0.125 grams (1.125 grams)	7.56
J1655	526043-5	Drug	Tinzaparin, 10,000 unit syringe	Injection, tinzaparin sodium 1,000 IU	11.50
J1655	526044-3	Drug	Tinzaparin, 14,000 unit syringe	Injection, tinzaparin sodium 1,000 IU	15.60
J1655	526045-0	Drug	Tinzaparin, 18,000 unit syringe	Injection, tinzaparin sodium 1,000 IU	19.80

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J0295	526041-9	Drug	Unasyn (ampicillin/sulbactam) 1.5 gm vial	Injection, ampicillin sodium/sulbactam sodium, per 1.5 gm	23.10
J3370	525983-3	Drug	Vancomycin 500 mg vial	Injection, vancomycin HCL, 500 mg	3.78
J3487	526042-7	Drug	Zometa 5 mg vial	Injection, zoledronic acid (Zometa), 1 mg	1114.05