Anthem Blue Cross and Blue Shield

Home Infusion Clarification

Anthem Blue Cross Blue Shield has been notified that there is some confusion by providers on when to bill home infusion drug claims with the “KD” modifier. This article provides information on appropriate billing according to Medicare guidelines.

Medicare Part B covers a small number of home infusion drugs through the DME benefit. To be covered under the Part B DME drug benefit, the drug must require administration through an implanted DME infusion pump and the administration of the drug in the home must be medically necessary. The CMS DME Medicare administrative contractors limit this coverage to about 30 drugs specified in their local coverage policies.

Examples include, among others, certain IV drugs for heart failure and pulmonary arterial hypertension, immune globulin for primary immune deficiency (PID), insulin, antifungals, antivirals, and chemotherapy in limited circumstances.

KD Modifier definition: Drug or biological infused through DME (Durable Medical Equipment) implanted infusion pump for chronic pain that is covered by Medicare. Claims for infusion drugs furnished through DME shall be identified using the “KD” modifier. Since the infusion of medications takes place through an implantable pump, the “KD” modifier must be added to the drug code. In order to receive the higher infusion drug DME rate, these services must be billed with a KD modifier using the HCPCS code assigned to the medication (e.g., J2275, morphine sulfate, preservative-free sterile solution, per 10 mg).

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