

Home Health Nurses' Visits to Patients Requiring Heparin Injection (NCD 290.2)

Guideline Number: MPG137.06
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[➔ Terms and Conditions](#)

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Related Medicare Advantage Coverage Summary

- [Home Health Services, Home Health Visits, and Respite Care](#)

Policy Summary

[➔ See Purpose](#)

Overview

Subcutaneous injections of low dose heparin can be, under certain circumstances, medically accepted therapy for the treatment of recurrent pulmonary emboli, recurrent deep venous thrombosis, and other conditions requiring long term anticoagulation. The drug of choice for these conditions is Warfarin. Heparin may be substituted for Warfarin in circumstances such as demonstrated Warfarin sensitivity. For anticoagulation during pregnancy, heparin is now the drug of choice.

Guidelines

Medicare payment may be made for several visits by the home health nurse to teach the patient or the caring person to give subcutaneous injections of low dose heparin if it is prescribed by a physician for a homebound patient who:

- Requires treatment for deep venous thrombosis or pulmonary emboli, or
- Is pregnant and requires anticoagulant therapy, or
- For another condition requiring anticoagulation, and documentation justifies that the patient cannot tolerate Warfarin

If the patient or caring person is unable to administer the injection, nursing visits to give the injections on a daily basis, 7 days a week, for a period of up to 6 months (in the case of pregnancy, visits may be made for a period beyond 6 months if reasonable and necessary) would be reimbursed by Medicare. Documentation of need for heparin injections beyond 6 months would not be required for pregnant patients who meet the homebound criteria. Coverage for these services after 6 months of treatment would be provided only if the prescribing physician can justify and document the need for such an extended course of treatment.

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code	Description
99601	Home infusion/specialty drug administration, per visit (up to 2 hours) (Invalid)
99602	Home infusion/specialty drug administration, per visit (up to 2 hours); each additional hour (List separately in addition to code for primary procedure) (Invalid)

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HCPCS Code	Description
J1644	Injection, heparin sodium, per 1,000 units
T1502	Administration of oral, intramuscular and/or subcutaneous medication by health care agency/professional, per visit (Invalid)

References

CMS National Coverage Determinations (NCDs)

[NCD 290.2 Home Health Nurses' Visits to Patients Requiring Heparin Injection](#)

CMS Benefit Policy Manual

[Chapter 7; § 30.4 Needs Skilled Nursing Care on an Intermittent Basis \(Other than Solely Venipuncture for the Purposes of Obtaining a Blood Sample\), Physical Therapy, Speech-Language Pathology Services, or Has Continued Need for Occupational Therapy. § 40.1.2.4 Administration of Medications](#)

Guideline History/Revision Information

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

Date	Summary of Changes
04/01/2021	Template Update <ul style="list-style-type: none"> Reformatted policy; transferred content to new template
09/09/2020	Applicable Codes <ul style="list-style-type: none"> Updated notation to indicate the following codes are "invalid": <ul style="list-style-type: none"> CPT codes 99601 and 99602 HCPCS code T1502 Supporting Information <ul style="list-style-type: none"> Archived previous policy version MPG137.05

Purpose

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers' submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as NCDs, LCDs, LCAs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the [References](#) section below to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

Terms and Conditions

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

Medicare Advantage Policy Guidelines are the property of UnitedHealthcare. Unauthorized copying, use, and distribution of this information are strictly prohibited.

*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the [Administrative Guide](#).