

## New requirements for billing Part B compounded medications used in implantable infusion pumps starting Sept. 1

The Centers for Medicare & Medicaid Services requires that claims for implantable infusion pumps must include the appropriate HCPCS code and modifier.

For dates of service on or after Sept. 1, 2025, health care providers must do the following to receive timely and appropriate payment of Part B claims for Medicare Plus Blue<sup>SM</sup> and BCN Advantage<sup>SM</sup> members:

| Claims for...   | What to do   |
|---|--|
| Single drug or combination of drugs used as a compounded medication in an implantable infusion pump, including one or more of the following: <ul style="list-style-type: none"> <li>• Morphine sulfate</li> <li>• Hydromorphone</li> <li>• Fentanyl</li> <li>• Sufentanil</li> <li>• Clonidine</li> <li>• Bupivacaine</li> <li>• Compounded baclofen</li> <li>• Ziconitide</li> </ul> | Submit the claim with HCPCS code J7999 and include the appropriate modifier and an invoice.<br><br>Do this even if the compound is similar to or includes a drug with a specific HCPCS code. |
| Non-compounded or single-agent drugs used in an implantable infusion pump   | Submit the claim with the HCPCS code for the drug used.  |

Claims that don't include the information listed above may be returned as un-processable. You'll need to resubmit the claim.

For a full list of requirements, see the article [Billing and Coding: Implantable Infusion Pump \(A56695\)](#) on **cms.gov**.\*

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