

## Any Willing Provider Medical Specialty Drug Network Fee Schedule

Reimbursement for approved medications is 105% of the Medicare ASP Drug Pricing rate from the Medicare rate at the time of the Date of Service. If a drug code is not on the Medicare fee schedule published by CMS, please contact [contracting@viviohealth.com](mailto:contracting@viviohealth.com).

HCPC	Description	Price
36593	Other Central Venous Access Procedures	\$60.00
64615	Injection Procedure	\$50.00
67028	Vitreous Procedures on the Posterior Segment of the Eye	\$200.00
96360	IV infusion	\$130.00
96361	IV Infusion, hydration	\$45.00
96365	IV Admin - First Hour	\$130.00
96366	IV Admin - Addtl Hour	\$60.00
96367	IV infusion	\$60.00
96368	Ther/diag concurrent inf	\$45.00
96372	Non-toxoid infusion admin	\$45.00
96375	Infusion Admin	\$45.00
96377	Therapeutic, Prophylactic, and Diagnostic Injections and Infusions	\$45.00
96401	IV Administration	\$100.00
96402	IV Injection - Complex Biologic	\$105.00
96411	Chemo, IV push, addl drug	\$50.00
96413	Infusion Admin - 1st Hr	\$350.00
96415	Infusion Admin - 2nd Hr	\$105.00
96416	IV & Injection	\$200.00
96417	Chemo infusion	\$220.00
96521	Other Injection & Infusion Services	\$100.00

HCPC	Description	Price
96523	Other Injection & Infusion Services	\$50.00
99101	Misc. Medical Services	\$100.00
99349	Home health services	\$100.00
99601	Home infusion/specialty drug administration, per visit (up to 2 hours)	\$400.00
99602	Each additional hour (List separately in addition to primary procedure) (Use 99602 in conjunction with code 99601)	\$200.00
S9338	Home infusion therapy, immunotherapy, administrative services, professional pharmacy services, care coordination; and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	\$105.00
S9357	Home infusion therapy, enzyme replacement intravenous therapy; (e.g. imiglucerase); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	\$105.00
S9359	Home infusion therapy, anti-tumor necrosis factor intravenous therapy; (e.g. infliximab); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	\$105.00
S9379	Home infusion therapy, infusion therapy, not otherwise classified; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	\$105.00
S9542	Home injectable therapy; not otherwise classified, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	\$100.00
S9558	Home injectable therapy; growth hormone, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	\$105.00
S9345	Home infusion therapy, anti-hemophilic agent infusion therapy (e.g. Factor VIII); administrative services, professional pharmacy services, care coordination, and all necessary supplies, per diem	\$105.00
S9346	Home infusion therapy, alpha-1-proteinase inhibitor (e.g. Prolastin); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	\$105.00

\*If an administrative code is not available please use the most similar Misc. or NOC code.

\*\*Aside from adding codes, VIVIO will only change administration fee schedule once per quarter. If there are any changes, they will be updated within the first 10 business days of the quarter.

\*\*\*VIVIO calculates 105% of the CMS published Medication rate.