



Intravenous Therapy

The purpose of intravenous therapy is to sustain life, reduce or eliminate infections, replace or provide necessary chemicals to maintain electrolyte balance or provide blood product or chemotherapeutics.

Intravenous therapy and treatment should only be used when the Medicaid recipient cannot use oral medications.

Covered services

Medicaid covers the administration of intravenous, intra-muscular or subcutaneous medications or infusions.

Prior authorization requirements

Intravenous therapy does not require a prior authorization. However, for any intravenous antibiotic claim over \$150, the providing pharmacy must contact Nevada Medicaid at the following to request prior authorization.

Phone: (855) 455-3311

Fax: (855) 455-3303

Notes

Billing units used should be the NCPDP standards of *each*, milliliters (ml) or grams (g).

Providers must bill intravenous solutions in milliliters administered per dose. For example, if a recipient receives 250ml of normal saline four times per day, the quantity entered will be 250, as that is the quantity per dose.

Intravenous drugs are billed under provider type 37 via the Pharmacy Point of Sale (POS) system. Intravenous therapy supplies are billed through the DME program.