

Home Infusion Billing Reminder for D-SNP Claims

May 27, 2026

Neighborhood Health Plan of Rhode Island (Neighborhood) is reminding home infusion providers that **Neighborhood INTEGRITY for Duals (HMO D-SNP)** claims must be billed in accordance with [Medicare billing requirements](#) (Section 411 of Chapter 32.)

Neighborhood has identified home infusion claims submitted using coding that Neighborhood previously accepted under the previous INTEGRITY (MMP) plan. However, for D-SNP claims, providers must bill using the appropriate **Medicare-required G codes** rather than 90000-series codes.

Home infusion therapy services are also contingent upon **a home infusion drug J-code**. Claims will be denied if the appropriate drug associated with the visit is billed **no more than 30 days** prior to the visit

In addition, claims must be billed with the correct taxonomy code, **3336H0001X**.

Claims that have not been submitted with the appropriate billing codes and correct taxonomy will deny **beginning this week** and require resubmission.

Please note: Neighborhood's payment policy is being updated to reflect Medicare billing requirements for these services.

Providers should review their billing practices and ensure D-SNP home infusion claims are submitted using the appropriate codes and taxonomy to help avoid claim denials or payment delays.

Thank you for your continued partnership and attention to this reminder.