

REIMBURSEMENT POLICY	
Policy Name:	Heparin Flush
Policy Number:	PI-003
Original Effective Date:	02/20/2018
Annual Approval Date:	01/01/2022
Products:	Pennsylvania Medicaid

Disclaimer

Highmark Wholecare medical claims payment and prior-authorization policy is a reference resource regarding payment and coverage for the services described. This policy does not constitute medical advice and is not intended to govern and/or otherwise influence medical necessity decisions.

POLICY SCOPE

This policy applies to claims submitted to Highmark Wholecare under the Pennsylvania Medical Assistance product.

DEFINITIONS

J1642 - Injection, heparin sodium, (heparin lock flush), per 10 units

Heparin Flush (J1642)

J1642 is not separately payable. It is included in infusion services.

POLICY SOURCES

American Medical Association, *HCPCS Level II Professional Edition*

CMS, *Pub 100-4 Medicare Claims Processing Manual, Chapter 12, 30.5*

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf>

Policy History

Date	Activity
02/20/2018	Initial effective date
02/01/2021	Reviewed with no changes
01/01/2022	Reviewed with no changes