

Coding Policy

Modifiers -SH and -SJ: Second and Third Concurrent Infusion Therapies

CODING POLICY NUMBER: 71

Effective Date: 10/1/2026

Last Review Date: 9/2026

Next Annual Review: 2027

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SCOPE: Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”). **The full Company portfolio of current coding policies is available online and can be [accessed here](#).**

POLICY APPLICATION

- | | | |
|--|---|--|
| ☒ Providence Health Plan Participating Providers | ☒ Non-Participating Practitioners | |
| ☒ Commercial | ☒ Medicaid/Oregon Health Plan | ☒ Medicare |

*Medicaid/OHP Members

Oregon: Services requested for Oregon Health Plan (OHP) members follow the OHP Prioritized List and Oregon Administrative Rules (OARs) as the primary resource for coverage determinations. Coding policy criteria below may be applied when there are no criteria available in the OARs and the OHP Prioritized List.

POLICY STATEMENT

- I. Modifiers -SH and/or -SJ should be added to the CPT codes for infusion therapy as appropriate and will be implemented as follows:

- A. Modifier -SH: The allowable will be reduced by 25 percent of the contracted rate
- B. Modifier -SJ: The allowable will be reduced by 50 percent of the contracted rate

PROCEDURE

GENERAL

Modifiers SH and SJ are used to report second and third concurrent infusion therapies.

- SH: “Second concurrently administered infusion therapy.”
- SJ: “Third or more concurrently administered infusion therapy.”

REFERENCES

1. Centers for Medicare & Medicaid Services (cms.gov)
2. American Medical Association. Current Procedural Terminology (CPT)

POLICY REVISION HISTORY

Date	Revision Summary
9/1991	Original policy effective date.
1/2023	Annual review. Converted to new template 5/2023.
1/2024	Annual review. No changes to policy.
1/2025	Annual review. No changes to policy.
10/2025	Annual review. No changes to policy.
10/2026	Annual review. No changes to policy.