

HOME INFUSION THERAPY SERVICES
TEMPORARY TRANSITIONAL PAYMENT:
FREQUENTLY ASKED QUESTIONS
(FAQs)

1. What is the Home Infusion Therapy Services Temporary Transitional Payment?

The Medicare home infusion therapy services temporary transitional payment is for coverage of home infusion therapy services needed for the safe and effective administration of certain drugs and biologicals administered intravenously or subcutaneously through an external infusion pump that is an item of Durable Medical Equipment (DME). Payment is for an “infusion drug administration calendar day” and includes: professional services, including nursing; training and education (not otherwise paid for under the Medicare Part B DME benefit); and monitoring and remote monitoring services. This payment is made to “eligible home infusion suppliers” for providing home infusion therapy services on or after January 1, 2019, until the implementation of the permanent home infusion therapy benefit in 2021.

2. What is an “Infusion Drug Administration Calendar Day”?

An “infusion drug administration calendar day” is the day on which home infusion therapy services are furnished by skilled professionals in the individual’s home on the day of infusion drug administration. The skilled services provided on such day must be so inherently complex that they can only be safely and effectively performed by, or under the supervision of, professional or technical personnel.

3. What is the patient eligibility criteria for home infusion therapy services?

Home infusion therapy services can only be furnished to an individual that: has Medicare Part B; is under the care of an applicable provider (a physician, a nurse practitioner, or a physician assistant); and is under a plan of care established and periodically reviewed by a physician prescribing the type, amount, and duration of infusion therapy services. A beneficiary is not required to be homebound in order to receive home infusion therapy services. Home infusion services must be furnished in the patient’s home, which means the place of residence used as the home of an individual, including an institution that is used as a home (excluding hospitals, critical access hospitals, and skilled nursing facilities as defined in section 1819(a)(1) of the Social Security Act).

4. What home infusion drugs qualify for the additional temporary transitional payment?

The temporary transitional payment covers services needed for the safe and effective administration of “transitional home infusion drugs”. The Bipartisan Budget Act of 2018 (Pub. L. 115-123) specifies the Healthcare Common Procedure Coding System (HCPCS) codes for the drugs and biologicals defined as “transitional home infusion drugs”. Therefore, only services needed for the safe and effective administration of these identified drugs are eligible for the temporary transitional payment (listed in table 1). The drugs listed in table 1 below are the same drugs covered under the Local Coverage Determinations (LCDs) for External Infusion Pumps.

Table 1: Temporary Transitional Payment Categories for Home Infusion Therapy Services, by Infusion Drug (J-Code)

J-Code	Drug
Category 1	
J0133	Injection, acyclovir, 5 mg
J0285	Injection, amphotericin b, 50 mg
J0287	Injection, amphotericin b lipid complex, 10 mg
J0288	Injection, amphotericin b cholesteryl sulfate complex, 10 mg
J0289	Injection, amphotericin b liposome, 10 mg
J0895	Injection, deferoxamine mesylate, 500 mg
J1170	Injection, hydromorphone, up to 4 mg
J1250	Injection, dobutamine hydrochloride, per 250 mg
J1265	Injection, dopamine hcl, 40 mg
J1325	Injection, epoprostenol, 0.5 mg
J1455	Injection, foscarnet sodium, per 1000 mg
J1457	Injection, gallium nitrate, 1 mg
J1570	Injection, ganciclovir sodium, 500 mg
J2175	Injection, meperidine hydrochloride, per 100 mg
J2260	Injection, milrinone lactate, 5 mg
J2270	Injection, morphine sulfate, up to 10 mg
J2274	Injection, morphine sulfate, preservative-free for epidural or intrathecal use, 10 mg
J2278	Injection, ziconotide, 1 microgram
J3010	Injection, fentanyl citrate, 0.1 mg
J3285	Injection, treprostinil, 1 mg
Category 2	
J1555 JB ¹	Injection, immune globulin (cuvitru), 100 mg
J1559 JB	Injection, immune globulin (hizentra), 100 mg
J1561 JB	Injection, immune globulin, (gamunex-c/gammaked), non-lyophilized (e.g., liquid), 500 mg
J1562 JB	Injection, immune globulin (vivaglobin), 100 mg
J1569 JB	Injection, immune globulin, (gammagard liquid), non-lyophilized, (e.g., liquid), 500 mg
J1575 JB	Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immune globulin
Category 3	
J9000	Injection, doxorubicin hydrochloride, 10 mg
J9039	Injection, blinatumomab, 1 microgram
J9040	Injection, bleomycin sulfate, 15 units
J9065	Injection, cladribine, per 1 mg
J9100	Injection, cytarabine, 100 mg
J9190	Injection, fluorouracil, 500 mg
J9200	Injection, floxuridine, 500 mg
J9360	Injection, vinblastine sulfate, 1 mg
J9370	Injection, vincristine sulfate, 1 mg

¹ The JB modifier indicates that the route of administration is subcutaneous.

5. Who is considered an “eligible home infusion supplier”?

Eligible home infusion suppliers are suppliers that are enrolled in Medicare as pharmacies that furnish external infusion pumps and external infusion pump supplies, and that maintain all pharmacy licensure requirements in the State in which the applicable infusion drugs are administered. This means that existing DME suppliers that are enrolled in Medicare as pharmacies that provide external infusion pumps and supplies are considered eligible home infusion suppliers.

6. What services are covered under the new home infusion therapy benefit?

The skilled services provided on an infusion drug administration calendar day must be so inherently complex that they can only be safely and effectively performed by, or under the supervision of, professional or technical personnel. Additionally, the skilled provider must be furnishing services within the scope of his/her practice. The services provided under the home infusion therapy benefit are distinct from those required and paid under the DME benefit and may include:

- Training and education on care and maintenance of vascular access devices:
 - Hygiene education
 - Instruction on what to do in the event of a dislodgement or occlusion
 - Education on signs and symptoms of infection
 - Teaching and training on flushing and locking the catheter
- Dressing changes and site care
- Patient assessment and evaluation:
 - Review history and assess current physical and mental status, including obtaining vital signs
 - Assess any adverse effects or infusion complications
 - Evaluate family and caregiver support
 - Review prescribed treatment and any concurrent oral and/or over-the-counter treatments
 - Obtain blood for lab-work
- Medication and disease management education:
 - Instruction on self-monitoring
 - Education on lifestyle and nutritional modifications
 - Education regarding drug mechanism of action, side effects, interactions with other medications, adverse and infusion-related reactions
 - Education regarding therapy goals and progress
 - Instruction on administering pre-medications and inspection of medication prior to use
 - Education regarding household and contact precautions and/or spills
- Remote monitoring services
- Monitoring services:
 - Communicate with patient regarding changes in condition and treatment plan
 - Monitor patient response to therapy
 - Assess compliance

We note that by law, no payment may be made under Medicare Part A or Part B for any expenses incurred for items or services which are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

7. What home infusion therapy services, items, and supplies are covered under the Durable Medical Equipment (DME) benefit?

The external infusion pump, related supplies (including the home infusion drug), and the services required to furnish these items remain covered under the Part B DME benefit.

8. Is a nurse required to be present every time an infusion drug is being administered in order for the external infusion pump, supplies, and drugs to be covered under the Part B DME benefit?

No. The requirement that a skilled professional be in the home on a day an infusion drug is being administered is only for determining when the temporary transitional payment is made. A beneficiary is not required to receive home infusion therapy services under the temporary transitional payment for every infusion. Likewise, there is no limit on the number of times the temporary transitional payment can be made if a nurse needs to make a visit more than once a week.

9. Who may bill for the home infusion therapy services temporary transitional payment?

Only eligible home infusion suppliers may submit a claim for the home infusion therapy services temporary transitional payment.

10. Can an eligible home infusion supplier bill for services not provided in the patient's home on a day of infusion drug administration?

No. An eligible home infusion supplier can only bill when home infusion services are furnished in the individual's home. Therefore, any services not furnished in the patient's home are considered bundled into the payment for an infusion drug administration calendar day. The temporary transitional payment is equal to the payment amount for 4 hours of infusion drug administration in a physician's office. This means that an eligible home infusion supplier will be paid an amount equal to 4 hours of administration services in a physician's office for each infusion drug administration calendar day, regardless of the actual length of the visit.

11. Can eligible home infusion suppliers bill for professional services provided in the home by a pharmacist?

Yes. There is nothing prohibiting a pharmacist from furnishing home infusion therapy services in the patient's home on a day of infusion drug administration.

12. Can an eligible home infusion supplier sub-contract with a home health agency to provide the home infusion services for a non-homebound patient receiving transitional home infusion drugs and bill for the temporary transitional payment?

Yes. An eligible home infusion supplier can sub-contract with a home health agency to furnish home infusion services for a non-homebound patient receiving transitional home infusion drugs and bill for the temporary transitional payment.

13. Can a home health agency furnish home infusion therapy services related to the administration of transitional home infusion drugs under the home infusion therapy benefit?

No. A home health agency is not considered an eligible home infusion supplier and therefore cannot bill for the home infusion therapy services temporary transitional payment. However, if a patient is considered homebound and is under a Medicare home health plan of care, the home health agency may continue to furnish the professional services related to the administration of transitional home infusion drugs, in accordance with the Home Health Conditions of Participation (CoPs) and other regulations, as home health services and bill for such services as home health services under the Medicare home health benefit.

14. During the two-year temporary transitional payment period (CYs 2019 and 2020), can an eligible home infusion supplier furnish home infusion therapy services, and bill for the temporary transitional payment, to the same patient that is under a home health plan of care, where the home health agency is furnishing care unrelated to the home infusion therapy, such as wound care and physical therapy?

No. For the two-year temporary transitional payment period (CYs 2019-2020), home health services covered under the Medicare home health benefit include the in-home services covered under the new home infusion therapy benefit. Therefore, if a patient under a home health plan of care requires in-home skilled services needed for the safe and effective administration of a transitional home infusion drug and the home health agency determines it does not have the staff available to furnish those services as home health services under the home health benefit (and cannot provide such services under arrangement), then the home health agency cannot accept the patient on service or continue to provide other home health services under an existing plan of care. Home health agencies can only accept patients for treatment on the reasonable expectation that the home health agency can meet the patient's medical, nursing, rehabilitative, and social needs in his or her place of residence. Each patient must receive an individualized written plan of care identifying these needs, including any revisions or additions.

15. Can a home health agency sub-contract with an eligible home infusion supplier to furnish home infusion therapy services to a beneficiary under a home health plan of care?

Yes. Such services would be considered home health services and billed by the home health agency under the Medicare home health benefit and not the home infusion therapy benefit. In addition, the eligible home infusion supplier cannot bill for such services under the home infusion therapy benefit as such services are covered as home health services under the Medicare home health benefit.

16. How can a home infusion supplier learn whether a patient is under a home health episode of care that includes home infusion nursing?

The supplier should use standard Medicare procedures to check if a beneficiary is under a Medicare home health episode of care, for example:

1. The HIPAA Eligibility Transaction System (HETS)
2. Contractor Medicare Portal
3. Interactive Voice Response (IVR)
4. Check with beneficiary