



# HIT Monitoring Report

February 2026

Analyses and findings within this report were calculated by Abt Global under the contract "Home Health Prospective Payment System (HH PPS) Hospice, Home Infusion Therapy (HIT), Home Intravenous Immune Globulin (IVIG) Items and Services and Inpatient Rehabilitation Facility Prospective Payment System (IRF PPS): Analysis Support and Monitoring" (GS-00F-252CA), funded by the Centers for Medicare & Medicaid Services, Department of Health and Human Services



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## Executive Summary

Under Fee-for-service (FFS) Medicare, home infusion therapy (HIT) involves the intravenous or subcutaneous administration of drugs or biologicals to an individual at home. The components needed to perform home infusion include the drug (for example, antivirals, immune globulin), equipment (for example, a pump), and supplies (for example, tubing and catheters). Likewise, nursing services are necessary to train and educate the patient and caregivers on the safe administration of infusion drugs in the home. Visiting nurses often play a large role in home infusion. Nurses typically train the patient or caregiver to self-administer the drug, educate on side effects and goals of therapy, and visit periodically to assess the infusion site and provide dressing changes. The home infusion process typically requires coordination among multiple entities, including patients, physicians, hospital discharge planners, health plans, home infusion pharmacies, and, if applicable, home health agencies.

This report includes information on the utilization of HIT service visits (Exhibits 1 through 4), characteristics of HIT recipients (Exhibits 5 through 7), characteristics of HIT supplier organizations (Exhibits 8 through 10), and trends in the utilization of drugs that qualify a beneficiary for the HIT benefit by care setting (Exhibits 11 through 13).

Data are presented for the first quarter (Q1) of 2023 through the second quarter (Q2) of 2025.

From Q1 2023 to Q2 2025, the quarterly average of HIT service visits was 6,991 visits. HIT service visits fluctuated from 7,400 in Q1 2023 to 7,365 in Q2 2025. Over this same time frame, utilization of drugs that qualify a beneficiary for the HIT benefit declined not only in the home setting but also in physician offices and outpatient settings.

The market for HIT service visits is concentrated with seven of the 73 HIT supplier organizations providing 54.0 percent of the HIT service visits in the last 12 months of data (ending June 30, 2025).

## Overall Methodology

Data for analyses come from the CMS Chronic Conditions Warehouse Virtual Research Data Center (CCW VRDC), where 100% of HIT-related Medicare Part B claims are extracted quarterly beginning with quarter 1 (Q1) of 2023. For this report, we examine the ten quarters of data that exist from Q1 2023 through Q2 2025. Each quarter of data is extracted at least seven months after the quarter's end to account for claims processing timelines.<sup>1</sup>

Under the HIT benefit, CMS pays HIT suppliers for professional services furnished for each infusion drug administration calendar day.<sup>2</sup> Medicare covers professional service visits for three categories of HIT drugs:

- **Category 1** for certain intravenous infusion drugs for therapy, prophylaxis, or diagnosis, including antifungals and antivirals; inotropic and pulmonary hypertension drugs; pain management drugs; and chelation drugs,
- **Category 2** for subcutaneous infusions for therapy or prophylaxis, including certain subcutaneous immunotherapy infusions, and
- **Category 3** for chemotherapy drugs or other highly complex infusion drugs or biologicals.

Because utilization patterns and beneficiary characteristics can vary by drug category, many of the tables and figures below present findings by drug category.

We identify HIT service visits by identifying Carrier claim line-items that include one of the following payment category-specific HCPCS codes (G-codes): G0068, G0069, G0070, G0088, G0089, G0090.<sup>3</sup> In this report, any beneficiary with a HIT service visit is referred to as a "HIT service visit recipient."

We identify HIT drug fills for use in the home setting by identifying DME claim line-items that include the HCPCS code for one of the 34 drugs covered by the HIT benefit.<sup>4</sup> In this report, any beneficiary with a HIT drug fill is referred to as a "HIT drug recipient."

Additional information on the HIT drug and service visit codes can be found in Appendix A.

For Exhibits 11 through 13, we examined utilization of drugs that qualify a beneficiary for the HIT benefit by care setting. Specifically, we examined utilization in the home setting by identifying DME claim line-items that included a HCPCS codes for one of the 34 drugs covered by the HIT benefit. We likewise examined prescription fills for these drugs in the Carrier claims (which we label as the "physician office" setting) and in the Outpatient claims. For these three exhibits, the data for calendar years 2024 and 2025 included all claims processed as of December 31, 2025, and the data for calendar year 2024 included all claims processed as of December 31, 2024.

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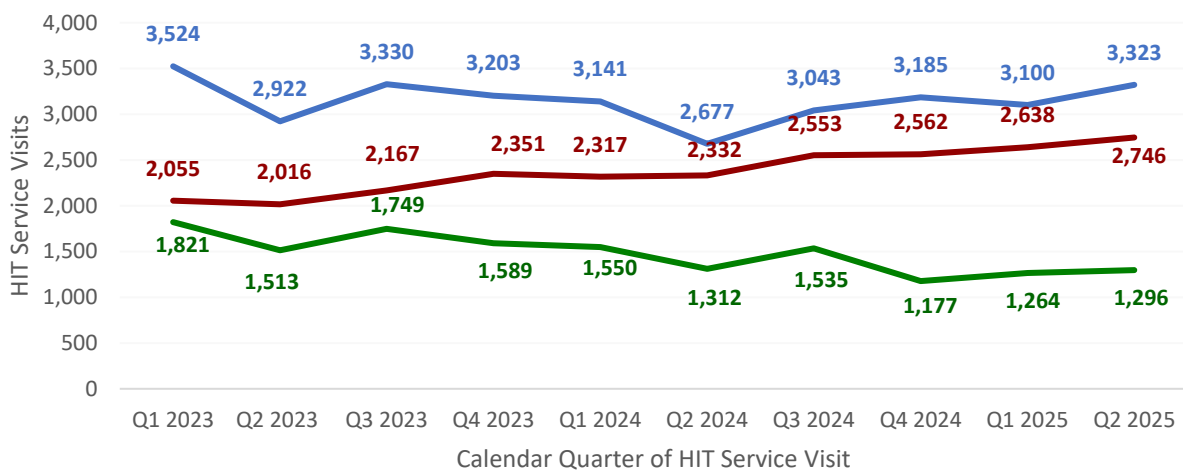
<sup>1</sup> Providers have up to a year from service date to submit claims (<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c01.pdf>). Table 3 of the CCW White Paper: Medicare Claims Maturity indicates that over 95 percent of claims are final after six months (<https://www2.ccwdata.org/documents/10280/19002256/medicare-claims-maturity.pdf>).

<sup>2</sup> For more details on Medicare reimbursement of HIT service visits, consult Pub 100-04 Medicare Claims Processing Transmittal 10547 (<https://www.cms.gov/files/document/r10547cp.pdf>).

<sup>3</sup> <https://www.cms.gov/files/document/mm11880.pdf>

<sup>4</sup> <https://www.cms.gov/files/document/mm11880.pdf>

## Exhibit 1. Number of HIT service visits by drug category (Q1 2023 – Q2 2025)



- Category 1: Intravenous anti-infective, pain, chelation, pulmonary hypertension, and inotropic drugs
- Category 2: Subcutaneous infusions including immunotherapy drugs
- Category 3: Highly complex intravenous infusions including chemotherapy

Source: Analyses of Medicare FFS Part B claims (Accessed from CCW VRDC on January 15, 2026)



### KEY TAKEAWAYS:

The total number of visits was slightly lower in 2024 (n = 27,834) than in 2023 (n = 28,240), with little change in total visits during the first half of 2025.

**CATEGORY 1** Visits for Category 1 drugs had an overall decline from Q1 2023 (n = 3,524) through Q2 2024 (n = 2,677) before increasing to 3,323 visits in Q2 2025.

**CATEGORY 2** Category 2 visits increased from a low of 2,016 in Q2 2023 to a high of 2,746 in Q2 2025.

In all quarters since Q1 2023, **CATEGORY 1** accounted for the largest share of visits. The share of visits has ranged from 42.4% in to a high of 47.6%.



### EXHIBIT 1 METHODOLOGY:


Refer to Overall Methodology for details.

Exhibit 2. Breakdown of HIT service visits by initial/subsequent visit and by drug category (Q3 2024 - Q2 2025)

Type of HIT Service Visit	Category 1		Category 2		Category 3		Total	
	N	%	N	%	N	%	N	%
Initial Visit	268	2.1%	488	4.6%	269	5.1%	1,025	3.6%
Subsequent Visit	12,383	97.9%	10,011	95.4%	5,003	94.9%	27,397	96.4%
<b>Total</b>	<b>12,651</b>	<b>100.0%</b>	<b>10,499</b>	<b>100.0%</b>	<b>5,272</b>	<b>100.0%</b>	<b>28,422</b>	<b>100.0%</b>

**Category 1:** Intravenous anti-infective, pain management, chelation, pulmonary hypertension, and inotropic drugs.  
**Category 2:** Subcutaneous infusions including immunotherapy drugs.  
**Category 3:** Highly complex intravenous infusions including chemotherapy drugs.

Source: Analyses of Medicare FFS Part B Carrier claims (Accessed from CCW VRDC on January 15, 2026)



**KEY TAKEAWAYS:**


**CATEGORY 1**

had the **lowest share** of initial visits  
**2.1%**

**CATEGORY 3**

had the **highest share** of initial visits  
**5.1%**

There were **significantly more** subsequent visits than **initial visits** for all payment categories.



**EXHIBIT 2 METHODOLOGY:**

Refer to Overall Methodology for details.

### Exhibit 3. Utilization of HIT service visits by HIT drug category and linked drug (Q3 2024 - Q2 2025)

Drug Category	Linked Drug	Frequency of HIT Service Visits	Share of Drug Category	Share of All HIT Service Visits
Category 1	Milrinone lactate (J2260)	10,467	82.7%	36.8%
	Dobutamine HCl (J1250)	1,360	10.8%	4.8%
	Treprostinil (J3285)	237	1.9%	0.8%
	Other	581	4.6%	2.0%
	<b>Category 1 Total</b>	<b>12,645</b>	<b>100.0%</b>	<b>44.5%</b>
Category 2	Hizentra (J1559 JB)	4,466	42.5%	15.7%
	Cuvitru (J1555 JB)	2,372	22.6%	8.3%
	Hyaluronidase (J1575 JB)	1,494	14.2%	5.3%
	Other	2,180	20.6%	7.7%
	<b>Category 2 Total</b>	<b>10,512</b>	<b>100.0%</b>	<b>37.0%</b>
Category 3	Fluorouracil (J9190)	4,908	93.1%	17.3%
	Blinatumomab (J9039)	324	6.1%	1.1%
	Other	39	0.7%	0.1%
	<b>Category 3 Total</b>	<b>5,271</b>	<b>100.0%</b>	<b>18.5%</b>

**Category 1:** Intravenous anti-infective, pain management, chelation, pulmonary hypertension, and inotropic drugs.

**Category 2:** Subcutaneous infusions including immunotherapy drugs.

**Category 3:** Highly complex intravenous infusions including chemotherapy drugs.

Source: Analyses of Medicare FFS Part B Carrier and DME claims (Accessed from CCW VRDC on January 15, 2026)



#### KEY TAKEAWAYS:

The most linked drug was **milrinone lactate** **CATEGORY 1**  
 followed by **fluorouracil** **CATEGORY 3**  
 followed by **Hizentra** **CATEGORY 2**



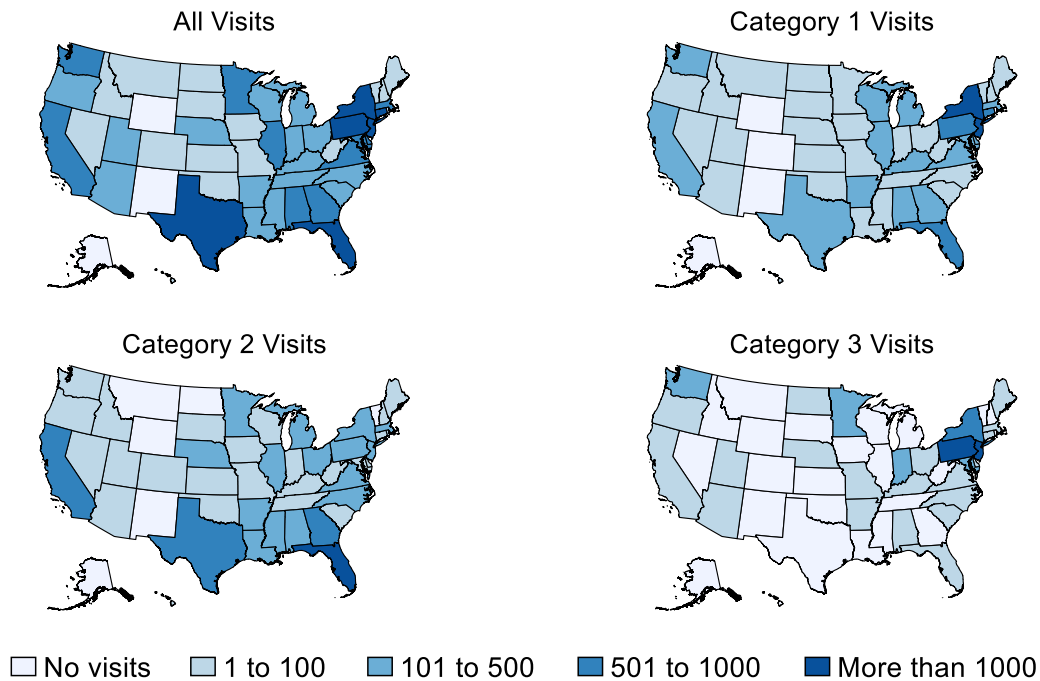
**These three drugs linked to 69.8%** of all HIT service visits.

One linked drug dominated the share of each drug category, with **milrinone lactate linked to 82.7%** of Category 1 visits, **Hizentra linked to 42.5%** of Category 2 visits, and **fluorouracil linked to 93.1%** of Category 3 visits.

**EXHIBIT 3 METHODOLOGY:**

HIT service visits were matched to HIT prescription fills by identifying drug-specific HCPCS codes (J-codes) on Part B Medicare FFS DME claim lines with expense dates within 30 days of the visit expense date. One visit can match to multiple J codes, so the total number of visits in this table can be greater than the total number of visits over the same four quarters in Exhibit 2 and Exhibit 8. The top three HIT drugs for each payment category are shown, and the remaining drugs in a category are listed as “Other.”

## Exhibit 4. HIT service visits by state and payment category (Q3 2024 - Q2 2025)



**Category 1:** Intravenous anti-infective, pain management, chelation, pulmonary hypertension, and inotropic drugs.

**Category 2:** Subcutaneous infusions including immunotherapy drugs.

**Category 3:** Highly complex intravenous infusions including chemotherapy drugs.

Source: Analyses of Medicare FFS Part B Carrier claims (Accessed from CCW VRDC on January 15, 2026)



### KEY TAKEAWAYS:

Without adjusting for Medicare FFS enrollment across states, **HIT service visits were concentrated in the Mid-Atlantic.** California and Florida also had a relatively high number of visits.

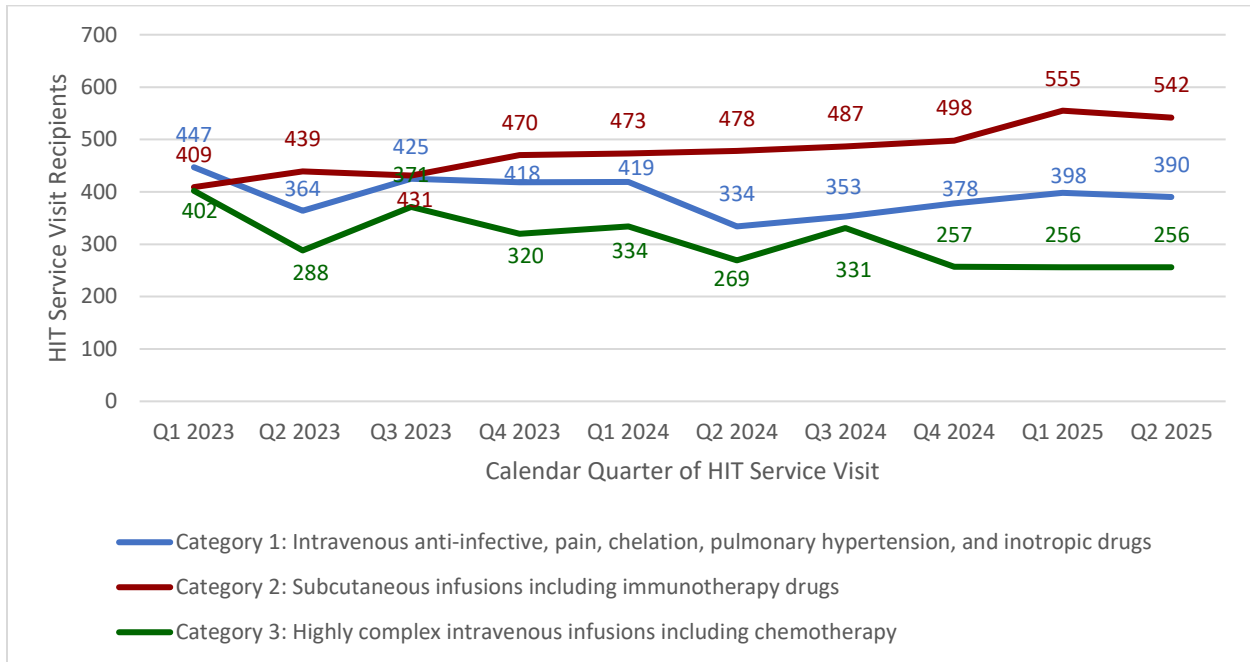
**CATEGORY 3** HIT service visits were particularly concentrated in the Mid-Atlantic.



### EXHIBIT 4 METHODOLOGY:

We identified the state of the HIT service visits using the beneficiary residence state code located on the HIT claim.

## Exhibit 5. Number of HIT service visit recipients by drug category (Q1 2023 – Q2 2025)



Source: Analyses of Medicare FFS Part B Carrier claims (Accessed from CCW VRDC on January 15, 2026)

**KEY TAKEAWAYS:**

The total number of HIT service visit recipients decreased from:

**Q1 2023**  
**1,258**

to

**Q2 2025**  
**1,188**

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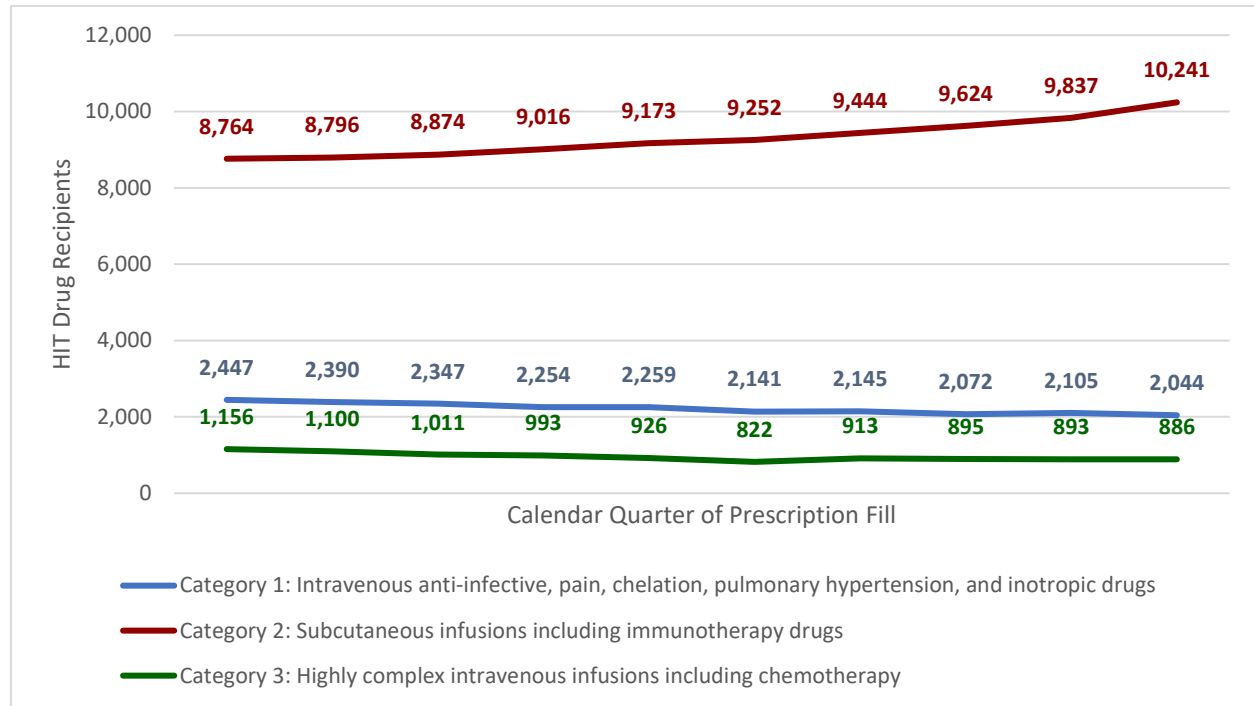
The number of **CATEGORY 1** service visit recipients was **12.8% lower** in Q2 2025 than in Q1 2023, and the number of **CATEGORY 3** recipients was **36.3% lower**. In contrast, the number of **CATEGORY 2** recipients was **32.5% higher** in Q2 2025 than in Q1 2023.



**EXHIBIT 5 METHODOLOGY:**

Note that beneficiaries who received service visits in multiple quarters were included in the count for each quarter in which a service visit was received. Beneficiaries who received service visits for multiple drug categories within a quarter are included in the count for each category. Refer to Overall Methodology for other details.

## Exhibit 6. Number of HIT drug recipients (Q1 2023 – Q2 2025)



Source: Analyses of Medicare FFS Part B DME claims (Accessed from CCW VRDC on January 15, 2026)



### KEY TAKEAWAYS:

The number of **CATEGORY 2** HIT drug recipients **increased**

**FROM** **Q1 2023** **8,764 recipients** **TO** **Q2 2025** **10,241 recipients**  
(a 16.7% increase)

In contrast, the **quarterly number** of **CATEGORY 1** and **CATEGORY 3** HIT drug recipients **decreased** over time. The number of Category 1 drug recipients **decreased** from **2,447** to **2,044** (a **16.5% decrease**) and the number of **Category 3** drug recipients **decreased** from **1,156** to **886** (a **23.4% decrease**).



**EXHIBIT 6 METHODOLOGY:**

Refer to Overall Methodology for details on definitions for HIT drug recipients and payment categories. Note that recipients who filled HIT prescriptions in multiple quarters were included in the count for each quarter in which a prescription was filled.

## Exhibit 7. Number and percent of HIT service visit recipients by demographic characteristics (Q3 2024 - Q2 2025)

Demographic	Category 1		Category 2		Category 3		Total		Medicare FFS 2024*
	N	%	N	%	N	%	N	%	%
<b>Sex</b>									
Female	274	38.1%	799	78.4%	286	41.4%	1,359	53.9%	54.2%
Male	501	61.9%	248	21.6%	361	58.6%	1,110	46.1%	45.8%
<b>Total</b>	<b>775</b>	<b>100.0%</b>	<b>1,047</b>	<b>100.0%</b>	<b>647</b>	<b>100.0%</b>	<b>2,469</b>	<b>100.0%</b>	<b>100.0%</b>
<b>Age</b>									
Age < 65	125	16.1%	122	11.7%	43	6.6%	290	11.7%	10.2%
65 <= Age < 75	265	34.2%	461	44.0%	326	50.4%	1,052	42.6%	47.9%
75 <= Age < 85	297	38.3%	365	34.9%	244	37.7%	906	36.7%	30.0%
85 <= Age	88	11.4%	99	9.5%	34	5.3%	221	9.0%	11.9%
<b>Total</b>	<b>775</b>	<b>100.0%</b>	<b>1,047</b>	<b>100.0%</b>	<b>647</b>	<b>100.0%</b>	<b>2,469</b>	<b>100.0%</b>	<b>100.0%</b>
<b>Eligibility for both Medicare and Medicaid (Dually Eligible)</b>									
Never Dually Eligible	633	81.7%	962	91.9%	586	90.6%	2,181	88.3%	83.0%
Any Dually Eligible	142	18.3%	85	8.1%	61	9.4%	288	11.7%	17.0%
<b>Total</b>	<b>775</b>	<b>100.0%</b>	<b>1,047</b>	<b>100.0%</b>	<b>647</b>	<b>100.0%</b>	<b>2,469</b>	<b>100.0%</b>	<b>100.0%</b>

\* Contains all Medicare FFS beneficiaries from the Medicare Beneficiary Summary File (MBSF) with both Part A and Part B enrollment.

Source: Analyses of Medicare FFS Part B Carrier claims and the MBSF (Accessed from CCW VRDC on January 15, 2026)

**Category 1:** Intravenous anti-infective, pain management, chelation, pulmonary hypertension, and inotropic drugs.

**Category 2:** Subcutaneous infusions including immunotherapy drugs.

**Category 3:** Highly complex intravenous infusions including chemotherapy drugs.



### KEY TAKEAWAYS:

Overall, across all categories, **HIT service users** had similar demographics as the overall FFS population of Medicare beneficiaries.

Relative to the other payment categories, **CATEGORY 1** HIT service visit recipients were more likely to be male and more likely to be **DUALLY ELIGIBLE** for Medicare and Medicaid.

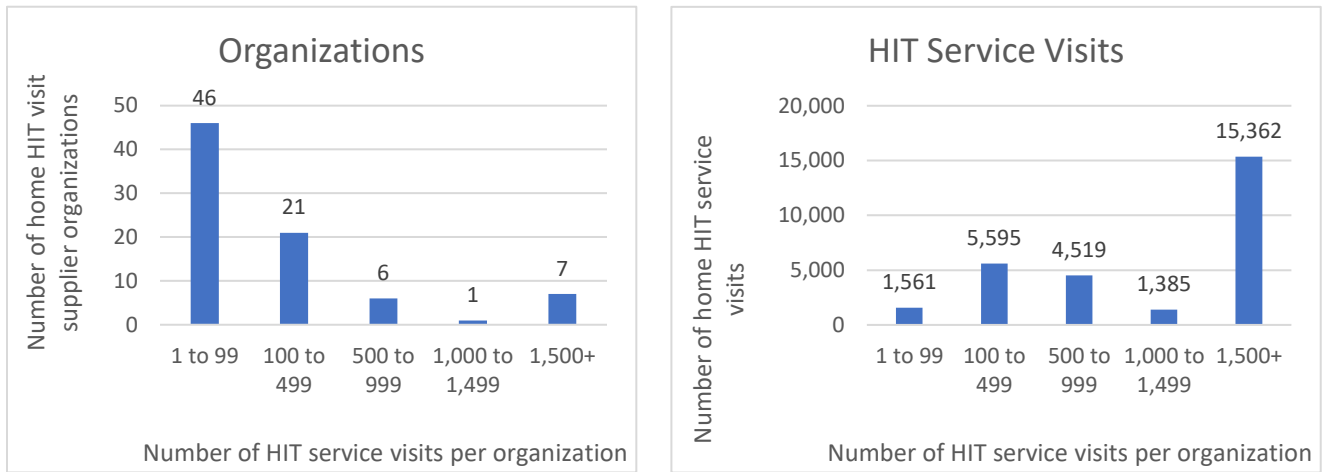
Relative to the other payment categories, **CATEGORY 2** HIT service visit recipients were more likely to be **FEMALE** and more likely to be never dually eligible for Medicare and Medicaid.



#### **EXHIBIT 7 METHODOLOGY:**

We obtained demographic characteristics for HIT service visit recipients from the Medicare Beneficiary Summary File (MBSF). We calculated age as the oldest age that a beneficiary attained during the 12-month period. Dual eligibility status for Medicare and Medicaid, which is assigned monthly in the MBSF, is assigned as never eligible versus any eligibility for the 12 months we examined. Because recipients exist over multiple quarters, the sum of recipients in Exhibit 5 will not equal the totals in this exhibit.

Exhibit 8. Number of HIT visit supplier organizations and total number of visits by size of supplier organization (Q3 2024 - Q2 2025)



Source: Analyses of Medicare FFS Part B Carrier claims (Accessed from CCW VRDC on January 15, 2026)



**KEY TAKEAWAYS:**

**Seven of 73 HIT supplier organizations supply 54.0 percent of HIT service visits.**

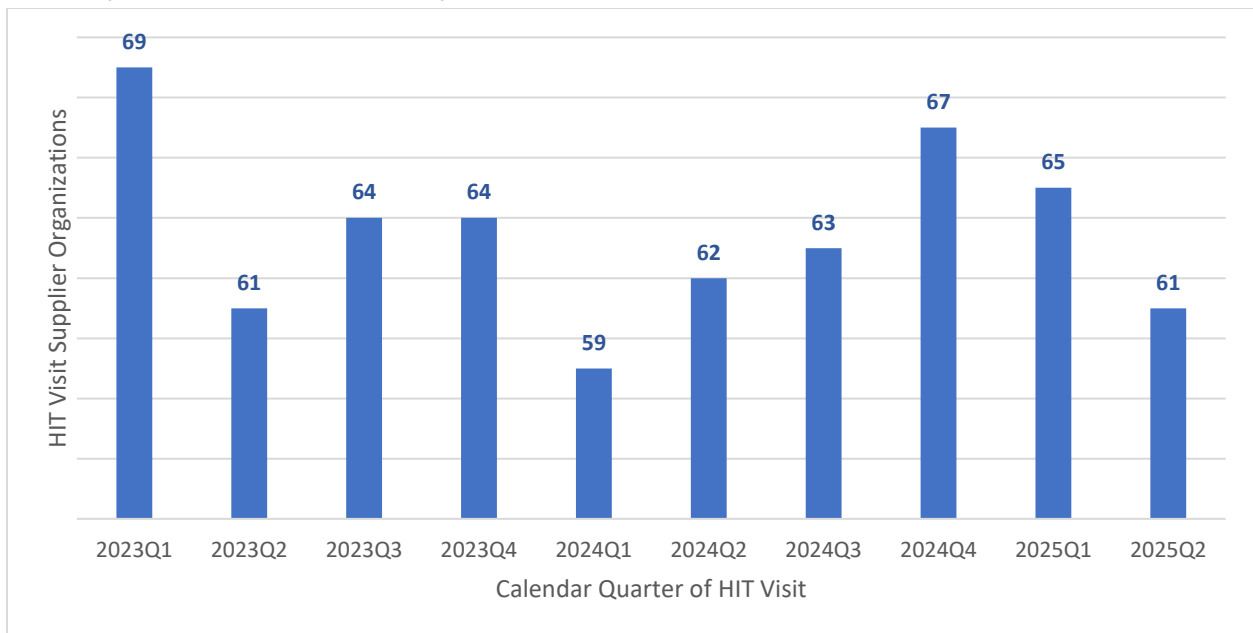
**46 organizations provide fewer than 100 HIT service visits.**



**EXHIBIT 8 METHODOLOGY:**

Any supplier (based on its National Provider Identifier (NPI)) that provides at least one or more HIT service visits is considered a HIT supplier. After identification, NPIs are consolidated using the NPI's organization name field in the January 2026 National Plan & Provider Enumeration System (NPPES). NPIs with the same or similar organization names are grouped together as a single organization. We combined 194 NPIs into 81 different HIT supplier organizations in the 12 months ending June 30, 2025.

## Exhibit 9. Number of HIT supplier organizations providing HIT service visits (Q1 2023 - Q2 2025)



Source: Analyses of Medicare FFS Part B DME claims (Accessed from CCW VRDC on January 15, 2026)



### KEY TAKEAWAYS:

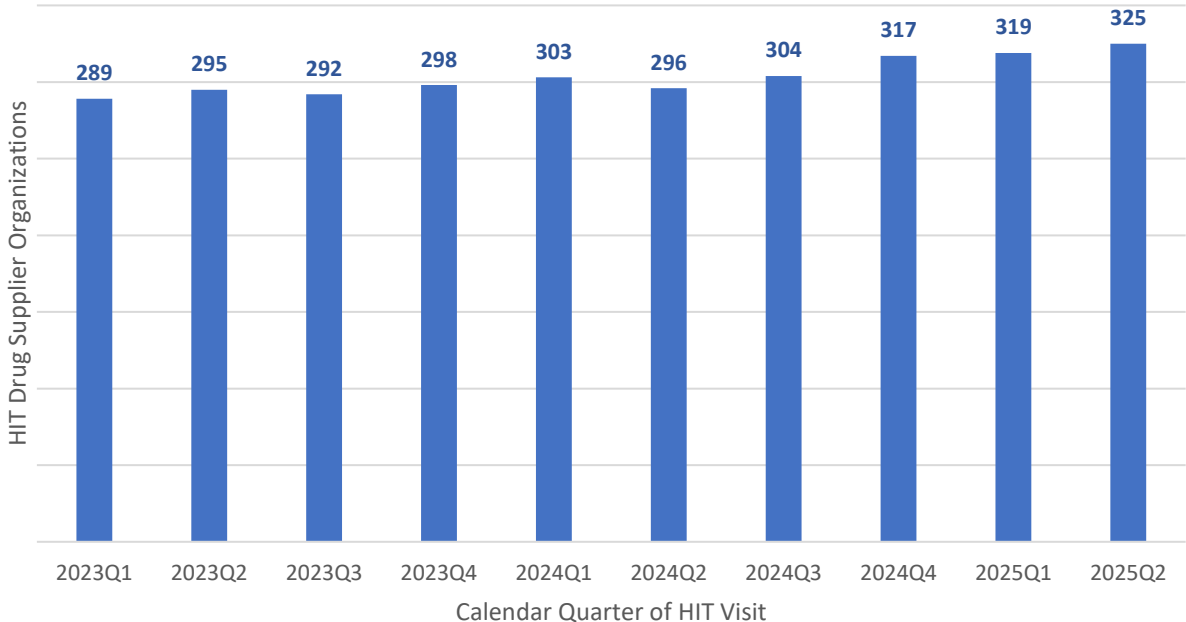
The number of DME/HIT supplier organizations providing HIT service visits was generally lower after the start of 2023.



### EXHIBIT 9 METHODOLOGY:

Any supplier (based on its National Provider Identifier (NPI)) that provides at least one or more HIT service visit is considered a HIT supplier. After identification, NPIs are consolidated using the NPI's organization name field in the January 2026 National Plan & Provider Enumeration System (NPPES). NPIs with the same or similar organization names are grouped together as a single organization. We combined 246 NPIs into 95 different HIT supplier organizations over the 30-month reporting period.

Exhibit 10. Number of DME supplier organizations providing HIT prescription fills (Q1 2023 – Q2 2025)



Source: Analyses of Medicare FFS Part B DME claims (Accessed from CCW VRDC on January 15, 2026)



**KEY TAKEAWAYS:**

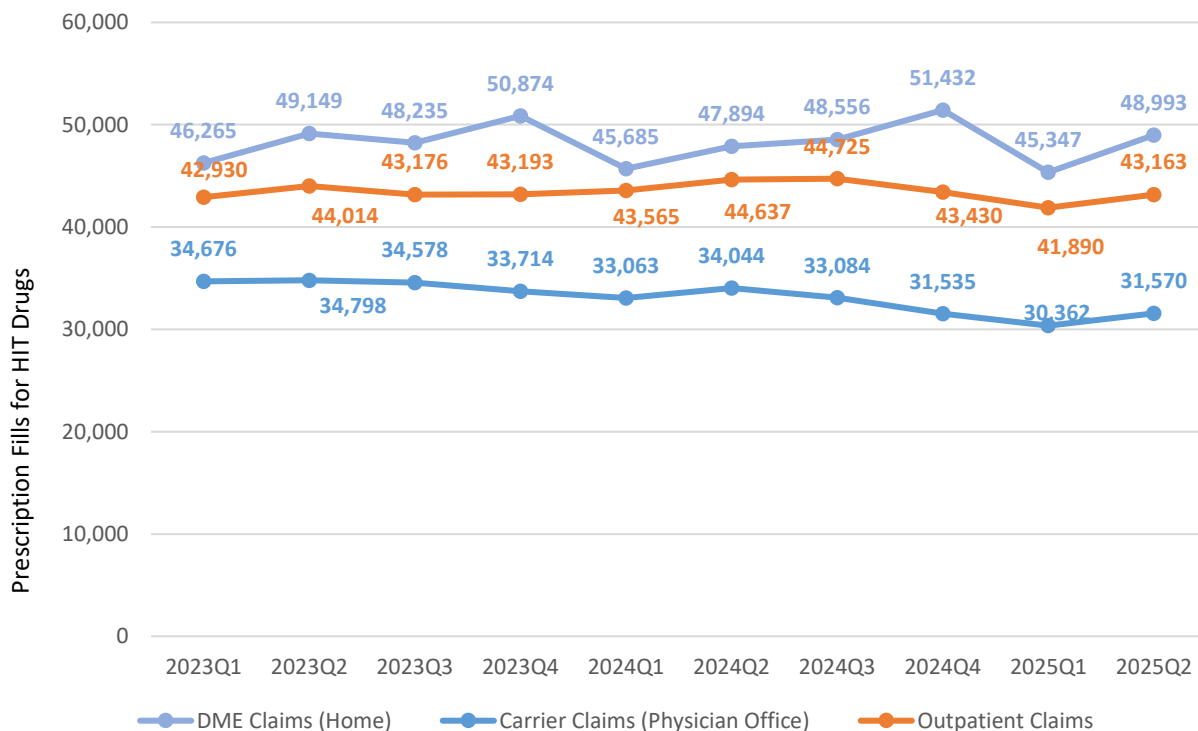
The number of DME supplier organizations providing HIT drugs has slowly increased since the start of 2023, going from 289 to 325 through Q2 2025, an increase of 12.5%.



**EXHIBIT 10 METHODOLOGY:**

Only DME suppliers can provide HIT prescription fills. Any supplier (based on its National Provider Identifier (NPI)) that provides at least one or more HIT prescription fills is considered a HIT drug supplier. After identification, NPIs are consolidated using the NPI's organization name field in the January 2026 National Plan & Provider Enumeration System (NPPES). NPIs with the same or similar organization names are grouped together as a single organization. We combined 707 NPIs into 409 different DME supplier organizations over the 30-month reporting period.

Exhibit 11. Number of prescription fills for drugs that qualify a beneficiary for the HIT benefit, by care setting (Q1 2023 – Q2 2025)



Source: Analyses of Medicare FFS Part B DME, Carrier, and Outpatient claims (Accessed from CCW VRDC on January 16, 2025)

**KEY TAKEAWAYS:**

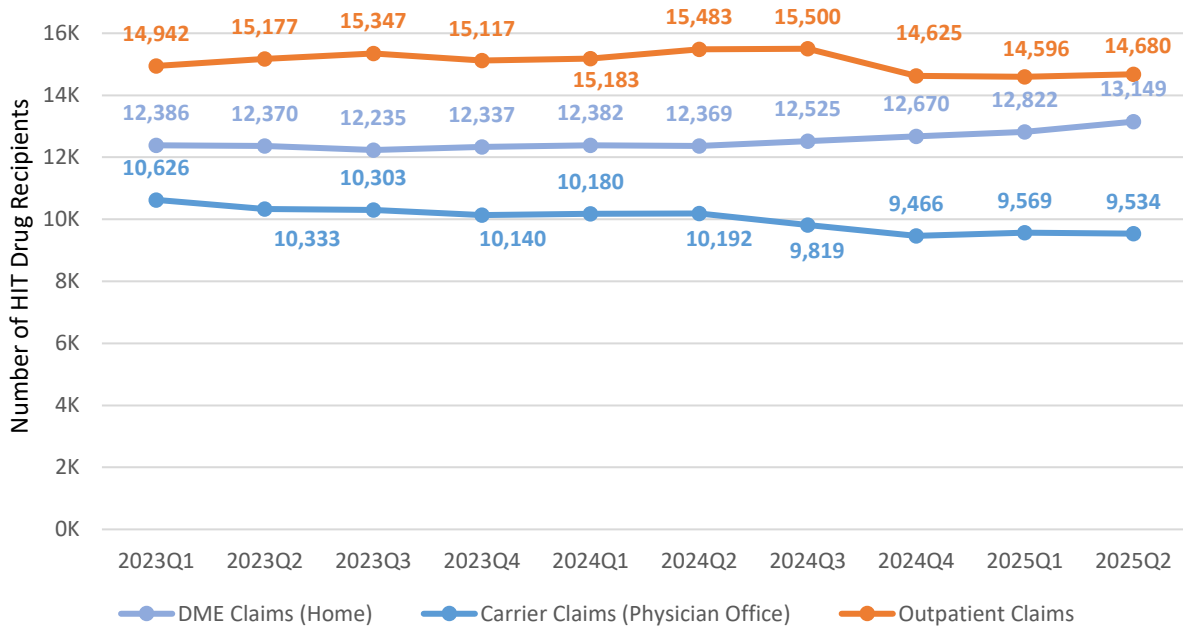
- The number of prescriptions for HIT drugs on DME claims fluctuated between Q1 2023 (n = 46,265) through Q2 2025 (n = 48,993), an overall increase of 5.9%.
- The number of prescriptions for HIT drugs on Carrier claims fell from Q1 2023 (n = 34,676) through Q2 2025 (n = 31,570), a decrease of 9.0%.
- Prescriptions fills for HIT drugs on Outpatient claims were relatively, steady increasing by only 0.5% over the time period examined.



### EXHIBIT 11 METHODOLOGY:

The data include claims processed as of December 31, 2025. Refer to Overall Methodology for other details.

Exhibit 12. Number of infusion users for drugs that qualify a beneficiary for the HIT benefit, by care setting (Q1 2023 – Q2 2025)



Source: Analyses of Medicare FFS Part B DME, Carrier, and Outpatient claims (Accessed from CCW VRDC on January 16, 2025)



### KEY TAKEAWAYS:

The number of beneficiaries receiving HIT drugs on Carrier claims declined from 10,626 in Q1 2023 to 9,534 in Q2 2025 (a decrease of 10.3 percent).

The number of beneficiaries receiving HIT drugs for use in the home increased from 12,386 in Q1 2023 to 13,149 in Q2 2025 (an increase of 6.2 percent).

The number of beneficiaries receiving HIT drugs on outpatient claims decreased from 14,942 in Q1 2023 to 14,680 in Q2 2025 (a decrease of 1.8 percent).



**EXHIBIT 12 METHODOLOGY:**

The data include claims processed as of December 31, 2025. Refer to Overall Methodology for other details.

Exhibit 13. Number of prescription fills and infusion users for drugs that qualify a beneficiary for the HIT benefit, by care setting (CY 2023 – CY 2025)

Year	Outpatient Claims		Carrier Claims (Physician Office)		DME Claims (Home)		Total	
	RX Fills	Infusion Users	RX Fills	Infusion Users	RX Fills	Infusion Users	RX Fills	Infusion Users
2023	173,313	37,526	137,766	23,393	194,523	16,488	505,602	75,694
2024	176,357	37,280	131,726	22,098	193,567	16,507	501,650	74,279
2025	162,776	34,181	114,130	19,712	175,590	16,434	452,496	69,045

Source: Analyses of Medicare FFS Part B DME, Carrier, and Outpatient claims (Accessed from CCW VRDC on January 15, 2026, and on January 16, 2025)



**KEY TAKEAWAYS:**

Since 2024, utilization of drugs that qualify a patient for the HIT benefit declined not only in the home setting but also in physician offices and outpatient settings.



**EXHIBIT 13 METHODOLOGY:**

The data for calendar years 2024 and 2025 include claims processed as of December 31, 2025. The data for calendar year 2023 includes claims processed as of December 31, 2024. Refer to Overall Methodology for other details.

## Appendix A: HIT HCPCS Codes

Table A1: Home Infusion Drugs Covered by Medicare Part B, by the Categories Specified in the Bipartisan Budget Act of 2018

HCPCS Code	Therapeutic Class	Drug Name (Listed in Corresponding Order with HCPCS Code)
<b>Category 1: Anti-Infectives, Chelation, Pain Management, and Cardiovascular Drugs</b>		
J0133; J0285; J0287; J0288; J0289; J0895; J1455; J1457; J1570	Anti-Infective, Chelation, and Hypercalcemia	Acyclovir; Amphotericin B; Amphotericin B, Lipid; Amphotericin B, Cholesteryl Sulfate; Amphotericin B, Liposome; Deferoxamine Mesylate; Foscarnet Sodium; Gallium Nitrate; Ganciclovir Sodium
J1170; J2175; J2270; J3010	Pain Management	Hydromorphone; Meperidine HCl; Morphine Sulfate; Fentanyl Citrate
J1250; J1265; J1325; J2260; J3285	Cardiovascular	Dobutamine HCl; Dopamine HCl; Epoprostenol; Milrinone Lactate; Treprostinil
<b>Category 2: Subcutaneous Immune Globulin</b>		
J1555 JB; J1558 JB; J1559 JB; J1561 JB; J1562 JB; J1569 JB; J1575 JB; J7799 JB	Immune Globulin	Cuvitru; Xembify; Hizentra; Gamunex-C/Gammaked; Vivaglobin; Gammagard liquid; Hyqvia; Cutaquig
<b>Category 3: Chemotherapy Drugs</b>		
J9000; J9039; J9040; J9065; J9100; J9190; J9360; J9370	Chemotherapy	Doxorubicin; Blinatumomab; Bleomycin Sulfate; Cladribine; Cytarabine; Fluorouracil; Vinblastine Sulfate; Vincristine Sulfate

Table A2: HIT Service Visit Codes

HCPCS Code	Description
G0068	Professional services for the administration of anti-infective, pain management, chelation, pulmonary hypertension, inotropic, or other intravenous infusion drug or biological (excluding chemotherapy or other highly complex drug or biological) for each infusion drug administration calendar day in the individual's home, each 15 minutes
G0069	Professional services for the administration of subcutaneous immunotherapy or other subcutaneous infusion drug or biological for each infusion drug administration calendar day in the individual's home, each 15 minutes
G0070	Professional services for the administration of intravenous chemotherapy or other intravenous highly complex drug or biological infusion for each infusion drug administration calendar day in the individual's home, each 15 minutes
G0088*	Professional services, initial visit, for the administration of anti-infective, pain management, chelation, pulmonary hypertension, inotropic, or other intravenous infusion drug or biological (excluding chemotherapy or other highly complex drug or biological) for each infusion drug administration calendar day in the individual's home, each 15 minutes
G0089*	Professional services, initial visit, for the administration of subcutaneous immunotherapy or other subcutaneous infusion drug or biological for each infusion drug administration calendar day in the individual's home, each 15 minutes
G0090*	Professional services, initial visit, for the administration of intravenous chemotherapy or other intravenous highly complex drug or biological infusion for each infusion drug administration calendar day in the individual's home, each 15 minutes

\* The HCPCS codes G0088, G0089, and G0090 signify an initial HIT service visit only.