Updated Billing Requirements for Home Infusion Therapy (HIT) Services on or After January 1, 2021

MLN Matters Number: MM12108  Related Change Request (CR) Number: 12108
Related CR Release Date: March 15, 2021  Effective Date: January 1, 2021
Related CR Transmittal Number: R10621CP  Implementation Date: July 6, 2021

PROVIDER TYPES AFFECTED

This MLN Matters Article is for physicians, providers, and suppliers submitting claims to Medicare Administrative Contractors (MACs) for Home Infusion Therapy (HIT) services provided to Medicare patients.

PROVIDER ACTION NEEDED

This article informs you of new changes to Medicare claims processing for HIT services on or after January 1, 2021. Make sure your billing staffs are aware of this change.

BACKGROUND

Section 5012(d) of the 21st Century Cures Act (Pub. L. 144-255) amended Sections 1861(s)(2) and 1861(iii) of the Social Security Act (the Act), requiring the Secretary of HHS to establish a new Medicare HIT services benefit. The Medicare HIT services benefit covers the professional services, including nursing services, furnished in accordance with the plan of care, including:

- Patient training and education (not otherwise covered under the Durable Medical Equipment (DME) benefit)
- Remote monitoring
- Monitoring services for the provision of HIT services
- Home infusion drugs rendered by a qualified HIT supplier

Section 1861(iii)(3)(C) of the Act defines “home infusion drug,” as a parenteral drug or biological administered intravenously, or subcutaneously, for an administration period of 15 minutes or more, in an individual’s home through a pump that is a DME item (as defined in Section 1861(n) of the Act). Such term does not include insulin pump systems or self-administered drugs or biologicals on a self-administered drug exclusion list.
Section 1834(u)(1)(A)(ii) of the Act states that a unit of single payment under this payment system is for each infusion drug administration calendar day in the patient’s home. When appropriate, it requires the Secretary to establish single-payment amounts for different types of infusion therapy, while taking into account variation in use of nursing services by therapy type.

As described in the 21st Century Cures Act, Medicare will make a separate payment for HIT services under the permanent HIT benefit to qualified home infusion suppliers, effective January 1, 2021. Home infusion drugs are assigned to three payment categories, as determined by the HCPCS J-code:

- **Payment Category 1**: Includes certain intravenous antifungals and antivirals, uninterrupted long-term infusions, pain management, inotropic, and chelation drugs
- **Payment Category 2**: Includes subcutaneous immunotherapy and other certain subcutaneous infusion drugs
- **Payment Category 3**: Includes certain chemotherapy drugs.

MLN Matters article [MM11880](#) lists the home infusion therapy service G-codes and corresponding home infusion therapy drug J-codes.

CMS has established a single payment amount for each of the three categories for professional services you furnish for each infusion drug administration calendar day. In the event that you administer multiple drugs, which are not all assigned to the same payment category, on the same infusion drug administration calendar day, Medicare will make a single payment that is equal to the highest payment category.

Because the HIT services are contingent upon a home infusion drug J-code being billed, the supplier must bill the appropriate drug associated with the visit no more than 30 days prior to the visit.

Effective for services on or after January 1, 2021, your MAC may determine the payment category for any new home infusion drug additions to the Local Coverage Determination (LCD) for External Infusion Pumps as identified by the following Not-Otherwise-Classified (NOC) codes:

- J7799 - Not otherwise classified drugs, other than inhalation drugs, administered through DME
- J7999 - Compounded drug, not otherwise classified.

When either one of these NOC codes is used for a home infusion drug, the home infusion therapy supplier must identify the name of the drug in the comment section (data element 2400/SV101-7 of the 837P or Item 19 of the CMS-1500) of the professional service claim for the corresponding HIT service G-code.
ADDITIONAL INFORMATION

The official instruction, CR 12108, issued to your MAC regarding this change is available at https://www.cms.gov/files/document/r10621cp.pdf.

MACs won’t search for or adjust claims they processed prior to the implementation of CR 12108 unless you bring such claims to their attention.

MLN Matters article MM11880 has more details on HIT service.

If you have questions, your MACs may have more information. Find their website at http://go.cms.gov/MAC-website-list.

DOCUMENT HISTORY

<table>
<thead>
<tr>
<th>Date of Change</th>
<th>Description</th>
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<tr>
<td>March 15, 2021</td>
<td>Initial article released.</td>
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