Update to 'J' Drug Code List for Billing Home Infusion Therapy (HIT) Services

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Related Change Request (CR) Number: 12667
Related CR Release Date: May 24, 2022
Effective Date: July 1, 2022
Related CR Transmittal Number: R11430OTN
Implementation Date: July 5, 2022

Provider Types Affected

This MLN Matters Article is for qualified Home Infusion Therapy (HIT) suppliers who bill Part B Medicare Administrative Contractors (MACs) for professional HIT services they provide to Medicare patients.

Provider Action Needed

Make sure your billing staff knows about these changes:

- Updates due to Section 5012(d) of the 21st Century Cures Act detailing necessary changes to those systems and processes to include a newly assigned HCPCS drug code for payment beginning July 1, 2022.
- Updates the list of home infusion drugs to add J1551 to payment category 2. The corresponding G-codes for category 2 drugs are G0069 or G0089.

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). This added a new Medicare HIT services benefit. The HIT services benefit covers the:

- Professional services, including nursing services, you provide in accordance with the plan of care
- Patient training and education (not otherwise covered under the durable medical equipment benefit)
- Remote monitoring and monitoring services for the provision of HIT services
- Home infusion drugs that qualified HIT supplier provides

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 the home of an individual through a pump that’s an item of durable medical equipment
(as defined in section 1861(n) of the Act). Such term doesn’t include insulin pump systems or self-administered drugs or biologicals on a self-administered drug exclusion list.

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.

CMS assigns home infusion drugs to 3 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, chelation drugs.
- Payment category 2 includes subcutaneous immunotherapy and other certain subcutaneous infusion drugs.
- Payment category 3 includes certain chemotherapy drugs.

We continue to use the G-codes previously established for the professional services provided on an infusion drug administration calendar day for each payment category.

CR 12667 updates the list of home infusion drugs to add J1551 JB (Injection, immune globulin (cutaquig), 100mg) to payment category 2, effective July 1, 2022. The corresponding G-codes for category 2 drugs are G0069 or G0089. **Note:** We require the JB modifier for subcutaneous injection of the drug.

We don’t expect many supplier-claims for HIT services related to a Not-Otherwise Classified (NOC) drug code because all HIT drugs are now assigned unique J-codes. However, we expect the MACs to continue determining payment categories for any other new home infusion drug additions to the Local Coverage Determination (LCD) for External Infusion Pumps (L33794). Suppliers should also continue to identify the name of the new 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.

**More Information**

We issued CR 12667 to your MAC as the official instruction for this change.

Read MLN Matters Articles MM11880 and MM12108 and CR 12324 for more detailed policy and billing information for HIT services.

For more information, [find your MAC’s website](#).
Document History

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<th>Date of Change</th>
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<tr>
<td>May 31, 2022</td>
<td>Initial article released.</td>
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