CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 14029	**Date: October 29, 2026**
	Change Request 14671

NOTE: This Transmittal is no longer sensitive and is being re-communicated November 10, 2026. The Transmittal Number, date of Transmittal and all other information remains the same. This instruction may now be posted to the Internet.

SUBJECT: Calendar Year (CY) 2027 Home Infusion Therapy (HIT) Services Payment Rates and Instructions for Retrieving the January 2027 HIT Services Payment Rates Through the CMS Mainframe Telecommunications System

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to update the CY 2027 national and geographically adjusted HIT services payment rates and to provide the Medicare contractors with instructions for downloading the annually updated HIT services payment rate file. This recurring update notification applies to chapter 32, section 411.

EFFECTIVE DATE: January 1, 2027

**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: January 4, 2027

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)
R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	N/A

III. FUNDING:
For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:
Recurring Update Notification

Attachment - Recurring Update Notification

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II. GENERAL INFORMATION

A. Background: The purpose of this CR is to update the CY 2027 national and geographically adjusted HIT services payment rates and to provide the Medicare contractors with instructions and the file layout for downloading and implementation of the annual HIT services payment rate update. In addition, Medicare contractors will need to be prepared to implement up to three revised January HIT services payment files in the event that technical errors are discovered or any other corrections are required. This recurring update notification applies to chapter 32, section 411 of the Medicare Claims Processing Manual.

B. Policy: Subparagraphs (A) and (B) of section 1834(u)(3) of the Act specify annual adjustments to the single payment amount that are required to be made for HIT services beginning January 1, 2022. In accordance with these sections, the single payment amount will increase by the percent increase in the Consumer Price Index for all Urban Consumers (CPI-U) for the 12-month period ending with June of the preceding year, reduced by the 10-year moving average of changes in annual economy-wide private non-farm business Multifactor Productivity (MFP). Section 1834(u)(1)(B)(i) of the Act requires that the single payment amount be adjusted to reflect a geographic wage index and other costs that may vary by region. 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 individual's home, and requires the Secretary, as appropriate, to establish single payment amounts for different types of infusion therapy, taking into account variation in utilization of nursing services by therapy type. Section 1834(u)(1)(A)(iii) of the Act provides a limitation to the single payment amount, requiring that it shall not exceed the amount determined under the Medicare Physician Fee Schedule (PFS) (under section 1848 of the Act) for infusion therapy services furnished in a calendar day if furnished in a physician office setting.

In the CY 2023 Home Health Prospective Payment System (HH PPS) final rule (87 FR 66876), we stated that in the future, we will no longer include a HIT section in the HH PPS rule if no changes are being proposed to the payment methodology. Instead, the rates will be updated each year in a CR and posted on the website. For more in-depth information regarding the finalized policies associated with the scope of the HIT services benefit and conditions for payment, we refer readers to the CY 2020 HH PPS final rule with comment period (84 FR 60544).

Consumer Price Index for all Urban Consumers Update

The CPI–U for the 12-month period ending in June of 2026 is 3.5 percent and the corresponding productivity adjustment is 1.0 percent based on IHS Global Inc.'s third-quarter 2026 forecast of the CY 2027 productivity adjustment (which reflects the 10-year moving average of changes in annual economy-wide private non-farm business Total Factor Productivity (TFP) for the period ending June 30, 2026). Therefore, the final HIT services payment rate update for CY 2027 is 2.5 percent.

Payment Categories

In the CY 2020 HH PPS final rule with comment period (84 FR 60478), we finalized our proposal to maintain the three payment categories utilized under the temporary transitional payments for HIT services. Payment category 1 comprises certain intravenous infusion drugs for therapy, prophylaxis, or diagnosis, including, but not limited to, antifungals and antivirals; inotropic and pulmonary hypertension drugs; pain management drugs; and chelation drugs. Payment category 2 comprises subcutaneous infusions for therapy or prophylaxis, including, but not limited to, certain subcutaneous immunotherapy infusions. Payment category 3 comprises intravenous chemotherapy infusions, including certain chemotherapy drugs and biologicals.

Initial and Subsequent HIT Service Visits

In the CY 2020 HH PPS final rule with comment period (84 FR 60627), we finalized our policy that the payment amounts for each of the three payment categories for the first HIT visit by the qualified HIT supplier in the patient's home will be increased by the average difference between the PFS amounts for Evaluation/Management (E/M) existing patient visits and new patient visits for a given year, resulting in a small decrease to the payment amounts for the second and subsequent visits, using a budget neutrality factor. In the CY 2022 final rule (86 FR 62355), we finalized a 20 percent increase for the initial HIT service visits and the 1.33 percent decrease calculated for subsequent visits. The Healthcare Common Procedure Coding System (HCPCS) codes that represent initial visits are G0088, G0089 and G0090. The HCPCS codes that represent subsequent visits are G0068, G0069 and G0070.

National HIT Services Payment Rates for Initial and Subsequent Visits

In accordance with section 1834(u)(3) of the Act and 42 CFR 414.1550, our national HIT services payment rates for the initial and subsequent visits in each of the HIT payment categories for CY 2027 are required to be the CY 2026 rate adjusted by the CPI-U update reduced by the productivity adjustment. For CY 2027, this is 2.5 percent.

The national HIT service payment rates for initial and subsequent visits are shown in Tables 1 and 2.

Geographic Adjustment Factors

The national HIT single payment amounts are adjusted for geographic area wage differences using the Geographic Adjustment Factor (GAF). We remind stakeholders that the GAFs are a weighted composite of each PFS localities work, Practice Expense (PE) and Malpractice (MP) expense Geographic Practice Cost Indices (GPCIs).

We also apply a GAF budget neutrality factor to home infusion therapy payments whenever there are changes to the GAFs in order to eliminate the aggregate effect of variations in the GAFs. The GAF standardization factors, which are calculated to ensure that GAF updates are implemented in a budget neutral manner, were also revised to 1.0062.

The CY 2027 geographically adjusted payment file can be downloaded using the instructions below. In addition, the CY 2027 final GAFs and the geographically adjusted HIT service payment rates for initial and subsequent visits will also be posted on the HIT website located

at: https://www.cms.gov/medicare/payment/fee-for-service-providers/home-infusion-therapy/billing-and-rates

III. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
14671.1	Contractors shall be ready to make HIT payments from the HIT payment file and/or data from the cloud service for dates of service on and after January 1, 2027.		X							PCS
14671.2	The CMS shall notify the contractors when the CY 2027 HIT payment file and/or data from the cloud service is available for downloading, along with the file name, through an e-mail notification via the Part B Functional Workgroup as soon as the CY 2027 PFS final rule goes on display (around November 1, 2026). File Name: MU00.@BF12390.HIT2027.VJAN **Note:** In the event of unexpected circumstances or issues, CMS will provide further instructions to the MACs and Data Centers (DCs) via email to load the Mainframe Files.									CMS, PCS
14671.3	Contractors shall retrieve the HIT payment data from the cloud service and load it into their systems prior to January 4, 2027. **Note:** In the event of unexpected circumstances or issues, CMS will provide further instructions to the MACs and Data Centers (DCs) via email to load the Mainframe Files.		X							Hybrid Cloud Data Center (HCDC)

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
14671.4	Contractors shall post a link to the CMS HIT fees on their websites as soon as possible, but no later than 10 business days after receipt of the files.		X							
14671.5	In the event that corrections are required and a replacement CY 2027 HIT payment file and/or data from the cloud service is issued, contractors shall be prepared to retrieve up to three replacement HIT payment files from the CMS mainframe and/or data from the cloud service.		X							Hybrid Cloud Data Center (HCDC)
14671.6	The CMS shall notify the contractors when the replacement file and/or data from the cloud service is available for retrieval, along with the file name, through an e-mail notification via the Part B Functional Workgroup.									CMS
14671.7	Contractors shall be ready to implement any replacement files and/or additional data from the cloud service no later than the January 4, 2027, implementation date of this CR unless otherwise directed by CMS. (**Note:** Replacement files will not be issued under this CR too far into January, when claims are no longer routinely being held for the January Release. Any revisions after then will need a separate instruction.)		X							CMS

IV. PROVIDER EDUCATION

None

Impacted Contractors: None

V. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

VI. CONTACTS

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VII. FUNDING

Section A: For Medicare Administrative Contractors (MACs):
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ATTACHMENTS: 1

Table 1

HCPCS	Description	CY 2026 National Unadjusted Payment Rates	GAF Standardization Factor	CPI-U less MFP	Final 2027 HIT Payment Amount
G0068	Adm iv infusion drug in home	$190.22	X 1.0062	X 1.0250	$196.18
G0069	Adm sq infusion drug in home	$257.04	X 1.0062	X 1.0250	$265.10
G0070	Adm of chemo drug in home	$319.76	X 1.0062	X 1.0250	$329.79
G0088	Adm iv drug 1st home visit	$231.36	X 1.0062	X 1.0250	$238.61
G0089	Adm subq drug 1st home visit	$312.60	X 1.0062	X 1.0250	$322.40
G0090	Adm iv chemo 1st home visit	$388.89	X 1.0062	X 1.0250	$401.08

Table 2

HCPCS	Descriptor	Final CY 2027 HIT National Rate
G0068	Professional services for the administration of anti-infective, pain management, chelation, pulmonary hypertension, and/or inotropic infusion drug(s) for each infusion drug administration calendar day in the individual's home, each 15 minutes	$196.18
G0069	Professional services for the administration of subcutaneous immunotherapy for each infusion drug administration calendar day in the individual's home, each 15 minutes	$265.10
G0070	Professional services for the administration of chemotherapy for each infusion drug administration calendar day in the individual's home, each 15 minutes	$329.79
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	$238.61
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	$322.40
G0090	Professional services, initial visit, for the administration of intravenous chemotherapy or other highly complex infusion drug or biological for each infusion drug administration calendar day in the individual's home, each 15 minutes	$401.08