



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

Date of Change	Description
March 15, 2021	Initial article released.

Disclaimer: Paid for by the Department of Health & Human Services. This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2020 American Medical Association. All rights reserved.

Copyright © 2013-2021, the American Hospital Association, Chicago, Illinois. Reproduced by CMS with permission. No portion of the AHA copyrighted materials contained within this publication may be copied without the express written consent of the AHA. AHA copyrighted materials including the UB-04 codes and descriptions may not be removed, copied, or utilized within any software, product, service, solution or derivative work without the written consent of the AHA. If an entity wishes to utilize any AHA materials, please contact the AHA at 312-893-6816. Making copies or utilizing the content of the UB-04 Manual, including the codes and/or descriptions, for internal purposes, resale and/or to be used in any product or publication; creating any modified or derivative work of the UB-04 Manual and/or codes and descriptions; and/or making any commercial use of UB-04 Manual or any portion thereof, including the codes and/or descriptions, is only authorized with an express license from the American Hospital Association. To license the electronic data file of UB-04 Data Specifications, contact Tim Carlson at (312) 893-6816. You may also contact us at ub04@healthforum.com

The American Hospital Association (the "AHA") has not reviewed, and is not responsible for, the completeness or accuracy of any information contained in this material, nor was the AHA or any of its affiliates, involved in the preparation of this material, or the analysis of information provided in the material. The views and/or positions presented in the material do not necessarily represent the views of the AHA. CMS and its products and services are not endorsed by the AHA or any of its affiliates.