

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 11617	Date: September 29, 2022
	Change Request 12898

SUBJECT: Instructions for Retrieving the January 2023 Home Infusion Therapy (HIT) Services Payment Rates Through the CMS Mainframe Telecommunications System

I. SUMMARY OF CHANGES: This Change Request (CR) provides the Medicare contractors with instructions for downloading the annually updated Home Infusion Therapy (HIT) Services payment rates. This recurring update notification applies to chapter 32, section 411.

EFFECTIVE DATE: January 1, 2023

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: January 3, 2023

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	

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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EFFECTIVE DATE: January 1, 2023

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: January 3, 2023

I. GENERAL INFORMATION

A. Background: This Change Request (CR) provides the Medicare contractors with instructions and the file layout for downloading and implementation of the annual Home Infusion Therapy (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 nonfarm 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.

Section 1834(u)(1)(C) of the Act allows the Secretary discretion to adjust the single payment amount to reflect outlier situations and other factors as the Secretary determines appropriate, in a budget neutral manner.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC			D M E M A C	Shared- System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
12898.1	Contractors shall be ready to make HIT payments from the HIT payment file for dates of service on and after January 1, 2023.		X							
12898.2	Contractors shall make the necessary system changes to retrieve the HIT payment file from the CMS mainframe and load it into their systems prior to January 3, 2023.		X						VDC	
12898.3	The CMS shall notify the contractors when the 2023 HIT payment file is available for downloading, along with the file name, through an e-mail notification via the Part B Functional Workgroup as soon as the 2023 PFS final rule goes on display (around November 1, 2022). File Name: MU00.@BF12390.HIT2023.V010123								CMS	
12898.4	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							
12898.5	In the event that corrections are required and a replacement 2023 Home Infusion Therapy (HIT) payment file is issued, contractors shall be prepared to retrieve up to three replacement HIT payment files from the CMS mainframe.		X							
12898.6	The CMS shall notify the contractors when the replacement file is available for retrieval, along with the file name, through an e-mail notification via the Part B Functional Workgroup.								CMS	
12898.7	Contractors shall be ready to implement any replacement files no later than the January 3, 2023 implementation date of this CR unless otherwise directed by CMS.		X						CMS	

Number	Requirement	Responsibility								
		A/B MAC			D M E M A C	Shared- System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
	(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.)									
12898.8	Contractors shall notify CMS of successful receipt of the file described in requirement 12898.2, and requirement 12898.3 when a replacement file is issued, via e-mail to price_file_receipt@cms.hhs.gov , stating the name of the file received (e.g., Clinical Laboratory Fee Schedule (CLAB), Average Sales Price (ASP), etc.), and the entity for which it was received (i.e., include states, workload numbers, quarter, and if Part A, Part B, or both).		X							

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	C E D I
		A	B	H H H		
	None					

IV. SUPPORTING INFORMATION

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

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
	Change Requests 11880, 12108, 12324, 12467, and 12508

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

V. CONTACTS

Pre-Implementation Contact(s): Cheryl Gilbreath, cheryl.gilbreath@cms.hhs.gov (Payment Policy Contact) , Chantelle Caldwell, chantelle.caldwell@cms.hhs.gov (Payment Policy Contact)

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

VI. FUNDING

Section A: 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.

ATTACHMENTS: 0