



HOME INFUSION THERAPY BILLING TIP SHEET

Agencies providing infusion nursing services to Medicare-eligible patients are now able to bill Medicare Part B for the visits if they are accredited for home infusion therapy services.

The benefit covers professional services, including nursing services, furnished in accordance with the plan of care, patient training, education (not otherwise covered under the durable medical equipment benefit), remote monitoring, and other monitoring services for the provision of home infusion drugs furnished by an accredited home infusion therapy supplier.

- Home infusion is a separate payment for professional services rendered.
- Payment is made for each infusion drug administration calendar day.
- Bundled payment for home infusion therapy services is made only when a skilled professional is in the home on the day of the drug administration.

Billing is based on three home infusion payment categories, with the associated J-codes that describe the drugs covered under the benefit.

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

Payment is calculated using the 2020 Medicare Physician Fee Schedule and is based on five-hour visits:

Table 32: 5-hour Payment Amounts Reflecting Payment Rates for First and Subsequent Visits

CPT Code	Description	2020 Proposed PFS Amounts	5-hour Payment – First Visit	5-hour Payment – Subsequent Visits
96365	Ther/proph/diag IV inf 1 hr	\$71.45	\$255.25	\$153.54
96366	Ther/proph/diag IV inf add hr	\$22.02		
96369	Sub Q Ther inf up to 1 hr	\$161.32	\$357.44	\$215.00
96370	Sub Q Ther inf add hr	\$15.52		
96413	Chemo IV inf 1 hr	\$141.47	\$422.70	\$254.26
96415	Chemo IV inf add hr	\$30.68		





Tables 3.1, 3.2, and 3.3: Payment Categories for Home Infusion Drugs (J-Codes)

J-Code	Drug
Category 1	
J0133	Injection, acyclovir, 5 mg
J0285	Injection, amphotericin b, 50 mg
J0287	Injection, amphotericin b lipid complex, 10 mg
J0288	Injection, amphotericin b cholesteryl sulfate complex, 10 mg
J0289	Injection, amphotericin b liposome, 10 mg
J0895	Injection, deferoxamine mesylate, 500 mg
J1170	Injection, hydromorphone, up to 4 mg
J1250	Injection, dobutamine hydrochloride, per 250 mg
J1265	Injection, dopamine hcl, 40 mg
J1325	Injection, epoprostenol, 0.5 mg
J1455	Injection, foscarnet sodium, per 1000 mg
J1457	Injection, gallium nitrate, 1 mg
J1570	Injection, ganciclovir sodium, 500 mg
J2175	Injection, meperidine hydrochloride, per 100 mg
J2260	Injection, milrinone lactate, 5 mg
J2270	Injection, morphine sulfate, up to 10 mg
J2274	Injection, morphine sulfate, preservative-free for epidural or intrathecal use, 10 mg
J3010	Injection, fentanyl citrate, 0.1 mg
J3285	Injection, treprostinil, 1 mg
Category 2	
J1555 JB	Injection, immune globulin (cuvitru), 100 mg
J1558 JB	Injection, immune globulin (xembify), 100 mg
J1559 JB	Injection, immune globulin (hizentra), 100mg
J1561 JB	Injection, immune globulin (gamunex-c/gammaked), non-lyophilized (for example, liquid), 500 mg
J1562 JB	Injection, immune globulin (vivaglobin), 100 mg
J1569 JB	Injection, immune globulin (gammagard liquid), non-lyophilized (for example, liquid), 500 mg
J1575 JB	Injection, immune globulin/hyaluronidase (hyqvia), 100 mg immune globulin
J7799 JB	This NOC (not-otherwise-classified) code may be used to identify the subcutaneous immune globulin (cutaqui)
Category 3	
J9000	Injection, doxorubicin hydrochloride, 10 mg
J9039	Injection, blinatumomab, 1 microgram
J9040	Injection, bleomycin sulfate, 15 units
J9065	Injection, cladribine, per 1 mg
J9100	Injection, cytarabine, 100 mg
J9190	Injection, fluorouracil, 500 mg
J9360	Injection, vinblastine sulfate, 1 mg
J9370	Injection, vincristine sulfate, 1 mg





G-Codes to be Billed on Claims for Home Infusion Therapy:

- **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 (short descriptor: Adm of infusion drug in home)
- **G0069:** Professional services for the administration of subcutaneous immunotherapy for each infusion drug administration calendar day in the individual's home, each 15 minutes (short descriptor: Adm of immune drug in home)
- **G0070:** Professional services for the administration of chemotherapy for each infusion drug administration calendar day in the individual's home, each 15 minutes (short descriptor: Adm of chemo drug in home)

HCPCS – New Initial	Short Descriptor
G0088	Adm IV drug 1st home visit
G0089	Adm SubQ drug 1st home visit
G0090	Adm IV chemo 1st home visit
HCPCS – Subsequent	Short Descriptor
G0068	Adm IV infusion drug in home
G0069	Adm SQ infusion drug in home
G0070	Adm of IV chemo drug in home

Billing Process for Qualified Home Infusion Therapy Suppliers:

- Billing process includes Home Health Agencies (HHAs).
- Home infusion therapy (HIT) claims are submitted on the 837p/CMS-1500 professional form to A/B Medicare Administrative Contractors (MACs).
- DME suppliers, also enrolled as qualified HIT suppliers, must submit separate claims for the DME, supplies, and drugs administered on the 837p/CMS-1500 professional form to the DME MAC and a separate 837p/CMS-1500 professional form for the home infusion therapy professional services to the A/B MAC.
- The Centers for Medicare & Medicaid Services (CMS) says it is considering adding a "home infusion therapy supplier" type on the 855B enrollment form. In the meantime, providers can enroll using the "other" option on the 855B form.

ACHC HOME INFUSION THERAPY ACCREDITATION

- CMS has recognized ACHC as a national accrediting organization for home infusion therapy suppliers. The decision gives ACHC deeming authority to conduct surveys that meet or exceed Medicare requirements.
- Agencies must have served three home infusion therapy patients prior to survey, but do not need to have an active patient during the survey.

LEARN MORE

If you have any questions or need further information on billing requirements, please email Lynn Labarta at Imark Billing at labarta@imarkbilling.com.

For more information on ACHC Home Infusion Therapy Accreditation, please email customerservice@achc.org or call (855) 937-2242.

