The 21st Century Cures Act includes a provision that called for the development of new home infusion therapy benefit under Medicare Part B. The benefit would be provided by home infusion therapy suppliers and include professional services for beneficiaries receiving home infusion therapy through a pump that is an item of durable medical equipment (DME). Medicare covers certain infusion drugs under Part B when the drug requires infusion by a pump.

In the 2019 Home Health Payment Rate Update rule, the Centers for Medicare & Medicaid Services (CMS) issued a final rule outlining the coverage and payment policies related to the new home infusion therapy benefit.

**Structure**

**Becomes a permanent benefit in 2021**

- New benefit under Medicare Part B
- New supplier designation – Home Infusion Therapy Supplier
- The new benefit provides coverage for professional services associated with drugs infused in the home on a pump that is an item of DME
- Applies only to Part B infusion drugs. A full list of Part B drugs are listed [here](#)
- A qualified home infusion therapy supplier is defined as a
  - pharmacy,
  - physician,
  - other provider licensed by the state where service are provided (home health and hospice providers may enroll as a home infusion therapy supplier).
- Requirements under the new benefit include:
  - Professional services (e.g. nursing)
  - POC established and reviewed by a physician
• Training and education (not otherwise paid for as durable medical equipment)
• Remote monitoring
• 24/7 availability
• Patient must be under the care physician, NP, or PA

**Payment**

- Enroll in Medicare as Home Infusion Therapy Supplier
- Bill on a professional claim CMS-1500/837P
- Single payment for each day the nurse is in the home and drug is infused

**Oversight**

- Accrediting organizations (AO) will be responsible for the oversight of home infusion therapy suppliers
- Must be accredited as a Home Infusion Therapy Supplier by an AO approved by the Centers for Medicare & Medicaid Services (CMS)
- The AOs must meet specific criteria established by CMS in order to become an AO for home infusion therapy supplies

**Implementation**

- Full implementation in 2021
- Transitional period 2019-2020
  - Only existing DME suppliers enrolled in Medicare as pharmacies may provide and be reimbursed under the new home infusion therapy benefit
  - Home health agencies will be able to continue to provide and be reimbursed for the professional services related to Part B infusion drugs under the home health benefit. However, agencies may need to coordinate services with a home infusion therapy supplier.

**Coordination with Home Health**

When the benefit is fully implemented in 2021:

- Professional service associated with the new home infusion therapy benefit must be provided by a home infusion therapy supplier under Part B. These infusion services will no longer be covered under the home health benefit
• If a beneficiary is receiving home health services by an agency that is also a qualified home infusion therapy supplier, CMS will permit the HHA to bill for the infusion therapy services separately under new Part B home infusion benefit beginning in 2021 when the program becomes permanent.

**Concerns --- Beneficiary Impact**

• Additional costs—20% copay

• Limitation to entitled benefits

• Fragmented care