



Home Infusion Therapy Supplier Frequently Asked Questions

From the NAHC December 10, 2020 webcast

Q 1. If a home health agency (HHA) applies to become a home infusion supplier would we also need to supply the medications and supplies?

A 1. The medications and supplies will continue to be provided by the Medicare DMEPOS supplier and covered under the DMEPOS benefit.

Q 2. What happens when a cardiac patient goes home on an inotrope, is homebound, with additional skilled needs; "outside" of the IV therapy administration and management?

A 2. Beneficiaries may receive services under the HIT supplier benefit concurrently with services under the home health benefit.

Q 3. Is the infusemates - plastomere disposable bulbs considered DME?

A 3. These types of infusion methods are not covered infusion pumps under the DME benefit.

Q 4. Is there any guidance on responsibilities of the HIT in relation to the physician POC and ongoing orders and direct communication with the physician related to a HHA subcontracting to provide the nursing services. (i.e. a HH nurse reporting s/s or receiving orders for the infusion or care). Would the HHA have to go through the HIT supplier as an intermediary between the supplier and the physician or go directly to physician and communicate changes to HIT.

A 4. The responsibilities for the coordination of care and communications with the physician will need to be arranged between the HIT supplier and the HHA when the agency is subcontracting with the HIT supplier.

Q 5. For states that require a home health license to provide hands-on care AND have a strict certification of need (CON) requirement, a pharmacy supplier will not be able to obtain a home health CON. If no CON, the pharmacy supplier cannot obtain a HHA license, therefore, they cannot provide the hands on skilled infusion care. A HHA can't provide the hands on nursing care if they aren't an accredited supplier. How does a Medicare fee-for-service home health patient receive home infusion therapy?

A 5 There is no federal requirement for an HIT supplier to obtain a home health agency license. The pharmacy would need to be licensed in the state where the services are provided in order to enroll as an HIT supplier. Any entity interested in becoming an HIT supplier should check with their state regulatory bodies to ensure compliance with state laws.

Q 6. The HIT supplier benefit covers the professional services in the home for dressing changed and care to the infusion site. Please clarify, HIT suppliers can only bill for skilled nursing services on days in which a skilled nurse is in the home and the infusion drug is administered.

A 6. CMS defines an infusion drug administration calendar day to mean the day on which home infusion therapy services are furnished by skilled professionals in the individual's home on the day of infusion drug administration. Therefore, the professional services covered under the HIT supplier benefit may only be billed when there is a visit in the home the same day that the drug is infused.

Q 7. How does this new benefit affect patients that get Part B infusions at oncology clinics at the hospital? Does the Hospital have to become a HIT supplier? Or does this just apply to Part B drugs in the home and excludes hospitals and clinics?

A 7. The new benefit applies only to infusion therapy provided in the home. Other infusion providers (e.g. clinics, physician offices) continue to provide and bill for infusion services as they always have.

Q 8. How do we bill for our nursing visits when the patient is receiving continuous infusions such as milrinone.

A 8. CMS defines an infusion drug administration calendar day to mean the day on which home infusion therapy services are furnished by skilled professionals in the individual's home on the day of infusion drug administration. Therefore, any day that the nurse visits on the same day that the infusion has been administered is a billable visit.

Q 9. Is this only for specific drugs? Are antibiotics included?

A 9. The HIT supplier benefit applies to Medicare covered Part B infusion drugs. These are specific drugs that require an external pump for infusion. Antibiotics are not Part B infusion drugs.

Q 10. Is it mandatory for the pharmacy to provide the nursing visits OR they are only required to provide the nursing visits if they are trying to bill for the per diem?

A 10. The pharmacy is not required to enroll as an HIT supplier if they do not intend to provide the professional service covered under the HIT supplier benefit.

Q 11. Would there need to be two separate nursing notes, one for wound and one for infusion?

A 11. There is no specific requirement for separate documentation. However, these are separate benefits with separate MACs. Additionally, the time spent providing services under the home health benefit must be reported on the home health claim and the time spent providing services under the HIT supplier benefit must be reported on the supplier claim. Therefore, it is recommended to have the visit notes separate

Q 12. If a patient is currently on an antibiotic therapy that is not covered under Part B benefit, it is my understanding that the patient would not qualify for Part B HIT nursing.

A 12. Correct. The HIT supplier benefit applies only to Medicare covered Part B infusion drugs

Q 13. Can we subcontract with an infusion supplier and also provide home health nursing/therapy benefit at the same time?

A 13. Yes, services under the home health benefit may be provided concurrently with services under the HIT supplier benefit.

Q 14. Do intravenous push (IVP) medications apply if administered under 15 minutes?

A 14. No, IVP medications are not Medicare covered Part B infusion drugs.

Q 15. Is this table found in the final rule documents?

A 15. There is a list of Medicare Part B drugs covered under the HIT supplier benefit in the 2021 home health perspective payment system final rule.

Q 16. Does a current home infusion provider who will subcontract with a certified HHA (CHHA) for nursing visits need to apply for a new National Provider Identifier (NPI) before enrolling under the CMS 855 B application?

A 16. Medicare suppliers and providers are not required to apply for a new NPI in order to enroll as an HIT supplier.

Q 17. What suggestions do you have for how the provider can best comply with the physician notification of infusion therapy requirement that the physician must notify the patient of treatment options available for the furnishing of infusion therapy such as home, physician's office or hospital out-patient department.

A 17. The physician notification is a requirement for the HIT supplier benefit. The medical review contractors will expect to see documentation in the record noting the discussion prior to creating a plan of care. Therefore, HIT supplier should ask the referral source if the physician has annotated the discussion with the patient. In the 2021 home health rate update final rule, CMS stated that they believe it is standard practice for physicians to discuss the options and document such with patients receiving infusion therapy.

A 18. Will the HHA need to issue a Home Health Change of Care Notice (HHCCN) to each patient to explain why the HHA can no longer provide them with Infusion services when they are transitioned to a HIT supplier?

A 18. If the patient is to remain under a home health POC but you are reducing services because there is no longer coverage for the service, the HHA should issue the patient the HHCCN.

A 19. There will be two plans of care if the patient is receiving services under both benefits concurrently. If the HHA is also the HIT supplier, may the orders for the home health services and the HIT supplier services be on one POC that is sent to the physician(s)?

Q 19. If one POC includes orders under the home health benefit and the HIT supplier benefit, CMS expects that the CoPs for both home health and home infusion must be met to include a signature by the HIT ordering physician and a signature by the HHA physician or allowed practitioner. If both sets of

orders are on one POC, the HHAs will need to ensure that HIT orders are signed and easily identified and the home health orders are signed and identifiable.

Q 20. May the HHA continue to provide the professional services associated with part B infusion drugs if they are not a HIT supplier after January 1, 2021?

A 20. NAHC confirmed with CMS that the survey and certification group are not planning to penalizing HHAs that continue to provide the HIT services. However, the discussions were in the context of the transition period where HHAs might have difficulty identifying a supplier. Additionally, HHAs will not be reimbursed for the time spent providing the care related to the infusion, nor can they include the time as a cost . For these reasons NAHC recommends HHAs try to identify a HIT supplier to transfer the professional service associated infusion.