

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 12406	Date: December 13, 2023
	Change Request 13387

Transmittal 12264 issued November 06, 2023, is being rescinded and replaced by Transmittal 12406, dated December 13, 2023, this correction updates the CR to reflect changes authorized by Section 501 of the Further Continuing Appropriations and Other Extensions Act, 2024 by revising the policy section and the Home Infusion Therapy Rates attachment as well as business requirement 13387.2. All other information remains the same.

SUBJECT: CY 2024 Home Infusion Therapy (HIT) Payment Rates and Instructions for Retrieving the January 2024 Home Infusion Therapy (HIT) Services Payment Rates Through the CMS Mainframe Telecommunications System

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to update the CY 2024 national and geographically adjusted Home Infusion Therapy (HIT) Services payment rates and to provide the Medicare contractors with instructions for downloading the annually updated HIT Services payment rate file. This recurring update notification applies to chapter 32, section 411.

EFFECTIVE DATE: January 1, 2024

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

IMPLEMENTATION DATE: January 2, 2024

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	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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SUBJECT: CY 2024 Home Infusion Therapy (HIT) Payment Rates and Instructions for Retrieving the January 2024 Home Infusion Therapy (HIT) Services Payment Rates Through the CMS Mainframe Telecommunications System

EFFECTIVE DATE: January 1, 2024

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IMPLEMENTATION DATE: January 2, 2024

I. GENERAL INFORMATION

A. Background: The purpose of this Change Request (CR) is to update the CY 2024 national and geographically adjusted Home Infusion Therapy (HIT) Services payment rates and to provide 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.

In the CY 2023 HH PPS final rule (87 FR 66876) we stated that in the future, we will no longer include a home infusion therapy section in the home health prospective payment system (HH PPS) rule if no changes are being proposed to the payment methodology. Instead, the rates will be updated each year in a Change Request and posted on the website. For more in-depth information regarding the finalized policies associated with the scope of the home infusion therapy services benefit and conditions for payment, we refer readers to the CY 2020 HH PPS final rule with comment period (84 FR 60544).

Consumer Price Index for all Urban Consumers Update

The CPI-U for the 12-month period ending in June of 2023 is 3.0 percent and the corresponding productivity adjustment is 0.4 percent based on IHS Global Inc.'s third-quarter 2023 forecast of the CY 2024 productivity adjustment (which reflects the 10-year moving average of changes in annual economy-

wide private nonfarm business TFP for the period ending June 30, 2023). Therefore, the final home infusion therapy payment rate update for CY 2024 is 2.6 percent.

Payment Categories

In the CY 2020 HH PPS final rule with comment period (84 FR 60478), we finalized our proposal to maintain the three payment categories utilized under the temporary transitional payments for home infusion therapy services. Payment category 1 comprises certain intravenous infusion drugs for therapy, prophylaxis, or diagnosis, including, but not limited to, antifungals and antivirals; inotropic and pulmonary hypertension drugs; pain management drugs; and chelation drugs. Payment category 2 comprises subcutaneous infusions for therapy or prophylaxis, including, but not limited to, certain subcutaneous immunotherapy infusions. Payment category 3 comprises intravenous chemotherapy infusions, including certain chemotherapy drugs and biologicals.

Initial and Subsequent HIT Service Visits

In the CY 2020 HH PPS final rule with comment period (84 FR 60627), we finalized our policy that the payment amounts for each of the three payment categories for the first home infusion therapy visit by the qualified home infusion therapy supplier in the patient's home will be increased by the average difference between the PFS amounts for E/M existing patient visits and new patient visits for a given year, resulting in a small decrease to the payment amounts for the second and subsequent visits, using a budget neutrality factor. In the CY 2022 final rule (86 FR 62355) we finalized a 20 percent increase for the initial home infusion therapy service visits and the 1.33 percent decrease calculated for subsequent visits. The HCPCS codes that represent initial visits are G0088, G0089 and G0090. The HCPCS codes that represent subsequent visits are G0068, G0069 and G0070.

National HIT Services Payment Rates for Initial and Subsequent Visits

In accordance with section 1834(u)(3) of the Act and 42 CFR 414.1550, our national home infusion therapy (HIT) services payment rates for the initial and subsequent visits in each of the home infusion therapy payment categories for CY 2024 are required to be the CY 2023 rate adjusted by the CPI-U update reduced by the productivity adjustment. For CY 2024 this is 2.6 percent.

The national HIT service payment rates for initial and subsequent visits are shown in Tables 1 and 2.

Geographic Adjustment Factors

The national HIT single payment amounts are adjusted for geographic area wage differences using the geographic adjustment factor (GAF). We remind stakeholders that the GAFs are a weighted composite of each Physician Fee Schedule (PFS) localities work, practice expense (PE) and malpractice (MP) expense geographic practice cost indices (GPCIs).

We also apply a GAF budget neutrality factor to home infusion therapy payments whenever there are changes to the GAFs in order to eliminate the aggregate effect of variations in the GAFs. The CY 2024 GAFs have been revised to reflect the extension of the work GPCI floor through January 19, 2024, as authorized by Section 501 of the Further Continuing Appropriations and Other Extensions Act, 2024. The GAF standardization factors, which are calculated to ensure that GAF updates are implemented in a budget neutral manner, have also been revised to 1.0026. The CY 2024 national and geographically adjusted HIT payment rates were updated to reflect the changes to the GAF standardization factor.

The CY 2024 geographically adjusted payment file can be downloaded using the instructions below. In addition, the CY 2024 final GAFs and the geographically adjusted HIT service payment rates for initial and subsequent visits will also be posted on the Home Infusion Therapy website located at: <https://www.cms.gov/medicare/payment/fee-for-service-providers/home-infusion-therapy/billing-and-rates>

Number	Requirement	Responsibility								
		A/B MAC			DM E MA C	Shared-System Maintainers				Other
		A	B	HH H		FIS S	MC S	VM S	CW F	
	shall be prepared to retrieve up to three replacement HIT payment files from the CMS mainframe.									
13387.6	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
13387.7	Contractors shall be ready to implement any replacement files no later than the January 2, 2024 implementation date of this CR unless otherwise directed by CMS. (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.)		X							CMS
13387.8	Contractors shall notify CMS of successful receipt of the file described in requirement 2, and requirement 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			DME MAC	CEDI
		A	B	HHH		
	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): Chantelle Caldwell, chantelle.caldwell@cms.hhs.gov

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: 1

Table 1- National HIT Rates

HCPCS	Description	CY 2023 National Unadjusted Payment Rates	GAF Standardization Factor	CPI-U less MFP	2024 HIT Payment Amount
G0068	Adm iv infusion drug in home	\$176.73	X 1.0026	X 1.0260	\$181.80
G0069	Adm sq infusion drug in home	\$238.80	X 1.0026	X 1.0260	\$245.65

G0070	Adm of chemo drug in home	\$297.08	X 1.0026	X 1.0260	\$305.60
G0088	Adm iv drug 1st home visit	\$214.95	X 1.0026	X 1.0260	\$221.11
G0089	Adm subq drug 1st home visit	\$290.42	X 1.0026	X 1.0260	\$298.75
G0090	Adm iv chemo 1st home visit	\$361.30	X 1.0026	X 1.0260	\$371.66

Table 2- HCPCS Code and Descriptor

HCPCS	Descriptor	CY 2024 Rate
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	\$181.80

G0069	Professional services for the administration of subcutaneous immunotherapy for each infusion drug administration calendar day in the individual's home, each 15 minutes	\$245.65
G0070	Professional services for the administration of chemotherapy for each infusion drug administration calendar day in the individual's home, each 15 minutes	\$305.60
G0088	Professional services, initial visit, for the administration of anti-infective, pain management, chelation, pulmonary hypertension, inotropic, or other intravenous infusion drug or biological (excluding chemotherapy or other highly complex drug or biological) for each infusion drug administration calendar day in the individual's home, each 15 minutes	\$221.11
G0089	Professional services, initial visit, for the administration of subcutaneous immunotherapy or other subcutaneous infusion drug or biological for each infusion drug administration calendar day in the individual's home, each 15 minutes	\$298.75
G0090	Professional services, initial visit, for the administration of intravenous chemotherapy or other highly complex infusion drug or biological for each infusion drug administration calendar day in the individual's home, each 15 minutes	\$371.66