

Reimbursement Considerations for Home Infusions and Injections

For payers and pharmaceutical manufacturers, the home has increasingly become a desirable site of care (SOC) for infusion and injection services. This option may be lower cost¹ and more convenient for patients, especially those with transportation challenges or with serious health conditions. The COVID-19 pandemic further contributed to the shift to home infusion.² However, challenges to obtaining home infusion care still exist.

While Medicare has several options to cover aspects of home infusion, these options remain fragmented.³ For example, the Part A Home Health (HH) benefit may cover the professional/skilled nursing infusion service when a patient meets certain Medicare criteria such as being "homebound," but the drug and external infusion pump (EIP) may not be covered. Medicare Part D may cover the drug but does not cover the EIP or the nursing service. Under Part B, the DME benefit may cover certain EIPs and infused drugs but not the required nursing service. The Part B Home Infusion Therapy (HIT) benefit may fill some of these gaps to cover nursing services for covered DME-infused drugs, but only qualified providers may bill the HIT and it does not cover the drug or the pump.

A summary of coverage for home infusion services under the various Medicare benefits is shown below³:

Medicare Fee for Service Coverage for Home Infusion Services

Benefit	Drug	EIP	Infusion Service
HH (Part A)	No	No	Yes
Pharmacy (Part D)	Yes	No	No
DME (Part B)	Yes	Yes	No
HIT (Part B)	No	No	Yes

Medicare Advantage, Medicaid, and commercial plans generally recognize home infusion as a cost-effective⁴ SOC and cover drugs and home infusion services. Both the home infusion service, pump, and drug are covered more broadly than under traditional Medicare.

Additionally, for all payers, the codes used to support medical documentation, the claim form that should be used, the entity that is responsible to process the claim, and the payment methodologies for individual services under each benefit are just as complex.

In "Reimbursement Considerations for Home Infusions and Injections," Xcenda explores the reimbursement issues impacting access to home infusion services under traditional Medicare, and provides general information for Medicare Advantage, Medicaid, and commercial plans. Topics covered in the white paper include:

Reimbursement Parameters	Home Infusion Services
<ul style="list-style-type: none"> Coverage and access Coding and billing Payment 	<ul style="list-style-type: none"> Drug/infusate Infusion service External Infusion Pump (EIP)



Request this white paper
to better understand the options for access to home infusion.

1. The Growing Home Infusion Industry. Accessed November 2022. <https://www.homecaremag.com/operations-strategies-home-infusion/november-2016/growing-home-infusion-industry>. 2. Effects of COVID-19 on Home Infusion. Accessed November 2022. <https://www.pharmacytimes.com/view/effects-of-covid-19-on-home-infusion>. 3. MedPAC.gov. Medicare Coverage and Payment for Home Infusion Therapy. Accessed November 2022. https://www.medpac.gov/wp-content/uploads/import_data/scrape_files/docs/default-source/reports/chapter-6-medicare-coverage-of-and-payment-for-home-infusion-therapy-june-2012-report-.pdf. 4. Home infusion: Safe, clinically effective, patient preferred, and cost saving. Accessed November 2022. <https://pubmed.ncbi.nlm.nih.gov/28668202/>