



HIT Monitoring Report

February 2025

Analyses and findings within this report were calculated by Abt Global under the contract "Home Health Prospective Payment System (HH PPS) Hospice, Home Infusion Therapy (HIT), Home Intravenous Immune Globulin (IVIg) Items and Services and Inpatient Rehabilitation Facility Prospective Payment System (IRF PPS): Analysis Support and Monitoring" (GS-00F-252CA), funded by the Centers for Medicare & Medicaid Services, Department of Health and Human Services



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Executive Summary

Under Fee-for-service (FFS) Medicare, home infusion therapy (HIT) involves the intravenous or subcutaneous administration of drugs or biologicals to an individual at home. The components needed to perform home infusion include the drug (for example, antivirals, immune globulin), equipment (for example, a pump), and supplies (for example, tubing and catheters). Likewise, nursing services are necessary to train and educate the patient and caregivers on the safe administration of infusion drugs in the home. Visiting nurses often play a large role in home infusion. Nurses typically train the patient or caregiver to self-administer the drug, educate on side effects and goals of therapy, and visit periodically to assess the infusion site and provide dressing changes. The home infusion process typically requires coordination among multiple entities, including patients, physicians, hospital discharge planners, health plans, home infusion pharmacies, and, if applicable, home health agencies.

This report includes information on the utilization of HIT service visits (Exhibits 1 through 4), characteristics of HIT recipients (Exhibits 5 through 7), characteristics of HIT supplier organizations (Exhibits 8 through 10), and trends in the utilization of drugs that qualify a beneficiary for the HIT benefit by care setting (Exhibits 11 through 13).

Data are presented for the first quarter (Q1) of 2022 through the second quarter (Q2) of 2024.

From Q1 2022 to Q2 2024, the quarterly average of HIT service visits was 7,437 visits. HIT service visits decreased from a high of 8,467 in Q1 2022 to 6,321 in Q2 2024. Over this same time frame, utilization of drugs that qualify a beneficiary for the HIT benefit declined not only in the home setting but also in physician offices and outpatient settings.

The market for HIT service visits is concentrated with seven of the 73 HIT supplier organizations providing 55.4 percent of the HIT service visits in the last 12 months of data (ending June 30, 2024).

Overall Methodology

Data for analyses come from the CMS Chronic Conditions Warehouse Virtual Research Data Center (CCW VRDC), where 100% of HIT-related Medicare Part B claims are extracted quarterly beginning with quarter 1 (Q1) of 2022. For this report, we examine the ten quarters of data that exist from Q1 2022 through Q2 2024. Each quarter of data is extracted seven months after the quarter's end to account for claims processing timelines.¹

Under the HIT benefit, CMS pays HIT suppliers for professional services furnished for each infusion drug administration calendar day.² Medicare covers professional service visits for three categories of HIT drugs:

- **Category 1** for certain intravenous infusion drugs for therapy, prophylaxis, or diagnosis, including antifungals and antivirals; inotropic and pulmonary hypertension drugs; pain management drugs; and chelation drugs,
- **Category 2** for subcutaneous infusions for therapy or prophylaxis, including certain subcutaneous immunotherapy infusions, and
- **Category 3** for chemotherapy drugs or other highly complex infusion drugs or biologicals.

Because utilization patterns and beneficiary characteristics can vary by drug category, many of the tables and figures below present findings by drug category.

We identify HIT service visits by identifying Carrier claim line-items that include one of the following payment category-specific HCPCS codes (G-codes): G0068, G0069, G0070, G0088, G0089, G0090.³ In this report, any beneficiary with a HIT service visit is referred to as a "HIT service visit recipient."

We identify HIT drug fills for use in the home setting by identifying DME claim line-items that include the HCPCS code for one of the 34 drugs covered by the HIT benefit.⁴ In this report, any beneficiary with a HIT drug fill is referred to as a "HIT drug recipient."

Additional information on the HIT drug and service visit codes can be found in Appendix A.

For Exhibits 11 through 13, we examined utilization of drugs that qualify a beneficiary for the HIT benefit by care setting. Specifically, we examined utilization in the home setting by identifying DME claim line-items that included a HCPCS codes for one of the 34 drugs covered by the HIT benefit. We likewise examined prescription fills for these drugs in the Carrier claims (which we label as the "physician office" setting) and in the Outpatient claims. For these three exhibits, the data for calendar years 2022 and 2023 included all claims processed as of December 31, 2024, and the data for calendar year 2021 included all claims processed as of December 31, 2023.

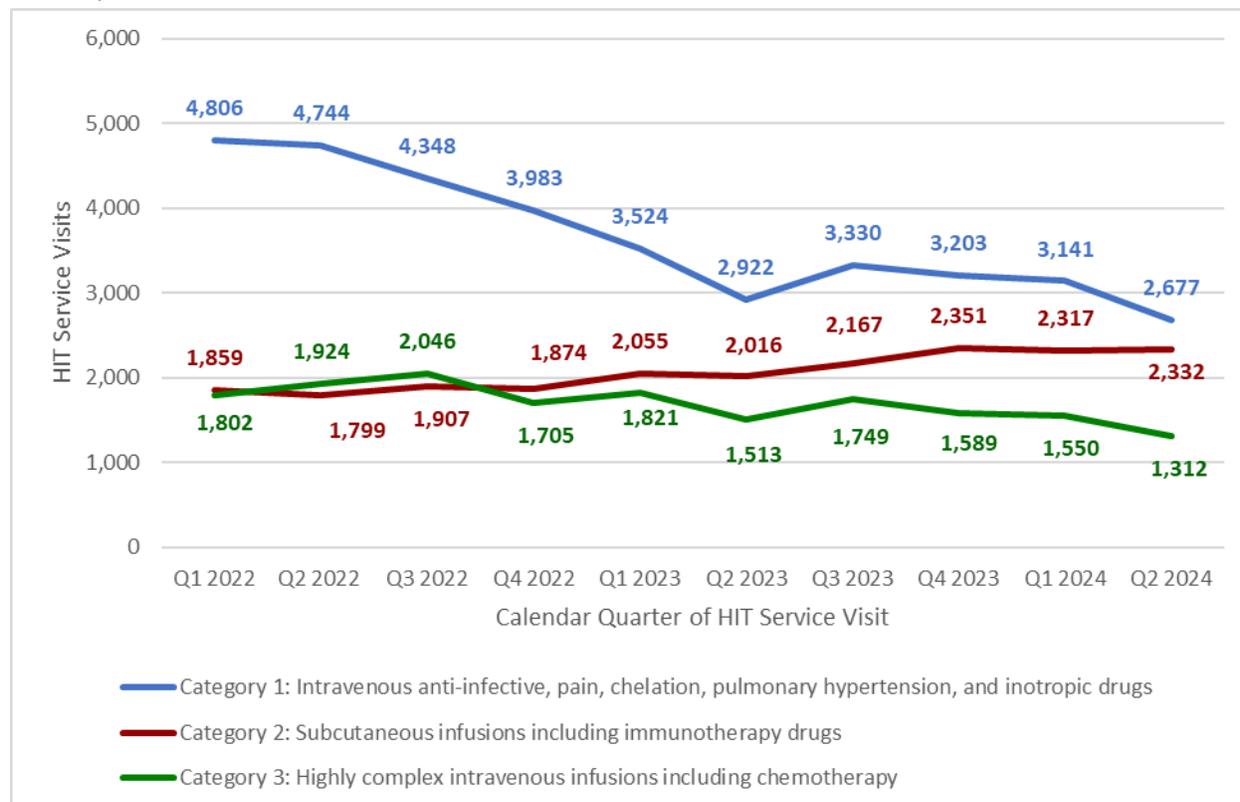
¹ Providers have up to a year from service date to submit claims (<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c01.pdf>). Table 3 of the CCW White Paper: Medicare Claims Maturity indicates that over 95 percent of claims are final after six months (<https://www2.ccwdata.org/documents/10280/19002256/medicare-claims-maturity.pdf>).

² For more details on Medicare reimbursement of HIT service visits, consult Pub 100-04 Medicare Claims Processing Transmittal 10547 (<https://www.cms.gov/files/document/r10547cp.pdf>).

³ <https://www.cms.gov/files/document/mm11880.pdf>

⁴ <https://www.cms.gov/files/document/mm11880.pdf>

Exhibit 1. Number of HIT service visits by drug category (Q1 2022 – Q2 2024)



Source: Analyses of Medicare FFS Part B claims (Accessed from CCW VRDC on January 17, 2025)



KEY TAKEAWAYS:

The total **number of visits were lower in 2023 than in 2022**, and continued to decrease in the first half of 2024.

CATEGORY 1 visits declined each quarter from Q1 2022 through Q2 2023. **Category 1 visits** then increased slightly in the second half of 2023 before falling to a quarterly low of 2,677 visits in Q2 2024.

CATEGORY 2 visits fell from Q1 2022 to Q2 2022, but then increased over the next eight quarters, and **Category 3 visits** had an overall decrease from Q1 2022 through Q2 2024.

In all quarters since Q1 2022, **CATEGORY 1** accounted for the largest share of visits. However, the **share of visits for Category 1 drugs** has declined from **56.8% in Q1 2022 to 42.4% in Q2 2024**.



EXHIBIT 1 METHODOLOGY:

Refer to Overall Methodology for details.

Exhibit 2. Breakdown of HIT service visits by initial/subsequent visit and by drug category (Q3 2023 - Q2 2024)

Type of HIT Service Visit	Category 1		Category 2		Category 3		Total	
	N	%	N	%	N	%	N	%
Initial Visit	205	1.7%	452	4.9%	291	4.7%	948	3.4%
Subsequent Visit	12,146	98.3%	8,715	95.1%	5,909	95.3%	26,770	96.6%
Total	12,351	100.0%	9,167	100.0%	6,200	100.0%	27,718	100.0%

Category 1: Intravenous anti-infective, pain management, chelation, pulmonary hypertension, and inotropic drugs.

Category 2: Subcutaneous infusions including immunotherapy drugs.

Category 3: Highly complex intravenous infusions including chemotherapy drugs.

Source: Analyses of Medicare FFS Part B Carrier claims (Accessed from CCW VRDC on January 17, 2025)



KEY TAKEAWAYS:

CATEGORY 1

the **lowest share** of initial visits
1.7%

CATEGORY 2

the **highest share** of initial visits
4.9%

For all payment categories, there were significantly more subsequent visits than initial visits.



EXHIBIT 2 METHODOLOGY:

Refer to Overall Methodology for details.

Exhibit 3. Utilization of HIT service visits by HIT drug category and linked drug (Q3 2023 - Q2 2024)

Drug Category	Linked Drug	Frequency of HIT Service Visits	Share of Drug Category	Share of All HIT Service Visits
Category 1	Milrinone lactate (J2260)	10,478	84.8%	37.8%
	Dobutamine HCl (J1250)	1,028	8.3%	3.7%
	Treprostinil (J3285)	297	2.4%	1.1%
	Other	555	4.4%	2.0%
	Category 1 Total	12,358	100.0%	44.6%
Category 2	Hizentra (J1559 JB)	3,807	41.5%	13.7%
	Cuvitru (J1555 JB)	2,117	23.1%	7.6%
	Hyaluronidase (Hyqvia) (J1575 JB)	1,253	13.7%	4.5%
	Other	1,994	21.7%	7.2%
	Category 2 Total	9,171	100.0%	33.1%
Category 3	Fluorouracil (J9190)	5,833	94.1%	21.0%
	Blinatumomab (J9039)	308	5.0%	1.1%
	Other	59	1.0%	0.2%
	Category 3 Total	6,200	100.0%	22.4%

Category 1: Intravenous anti-infective, pain management, chelation, pulmonary hypertension, and inotropic drugs.

Category 2: Subcutaneous infusions including immunotherapy drugs.

Category 3: Highly complex intravenous infusions including chemotherapy drugs.

Source: Analyses of Medicare FFS Part B Carrier and DME claims (Accessed from CCW VRDC on January 17, 2025)



KEY TAKEAWAYS:

The most linked drug was **milrinone lactate** CATEGORY 1

followed by **fluorouracil** CATEGORY 3

followed by **Hizentra** CATEGORY 2 

These three drugs linked to 72.6% of all HIT service visits.

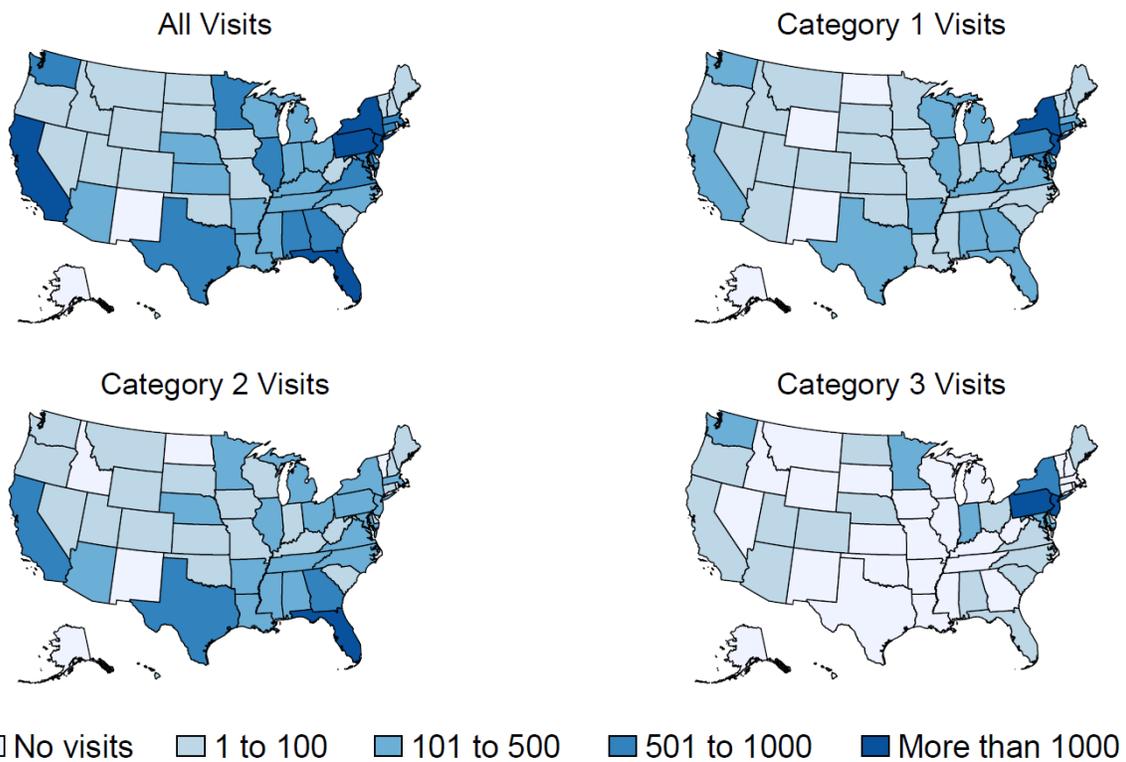
One linked drug dominated the share of each drug category, with **milrinone lactate at 84.8%** of Category 1 visits, **Hizentra at 41.5%** of Category 2 visits and **fluorouracil at 94.1%** of Category 3 visits.



EXHIBIT 3 METHODOLOGY:

HIT service visits were matched to HIT prescription fills by identifying drug-specific HCPCS codes (J-codes) on Part B Medicare FFS DME claim lines with expense dates within 30 days of the visit expense date. One visit can match to multiple J codes, so the total number of visits in this table can be greater than the total number of visits over the same four quarters in Exhibit 2 and Exhibit 8. The top three HIT drugs for each payment category are shown, and the remaining drugs in a category are listed as “Other.”

Exhibit 4. HIT service visits by state and payment category (Q3 2023 - Q2 2024)



Category 1: Intravenous anti-infective, pain management, chelation, pulmonary hypertension, and inotropic drugs.

Category 2: Subcutaneous infusions including immunotherapy drugs.

Category 3: Highly complex intravenous infusions including chemotherapy drugs.

Source: Analyses of Medicare FFS Part B Carrier claims (Accessed from CCW VRDC on January 17, 2025)



KEY TAKEAWAYS:

Without adjusting for Medicare FFS enrollment across states, **HIT service visits were concentrated in the Mid-Atlantic.** California, Florida, and Texas also have a higher concentration of visits.

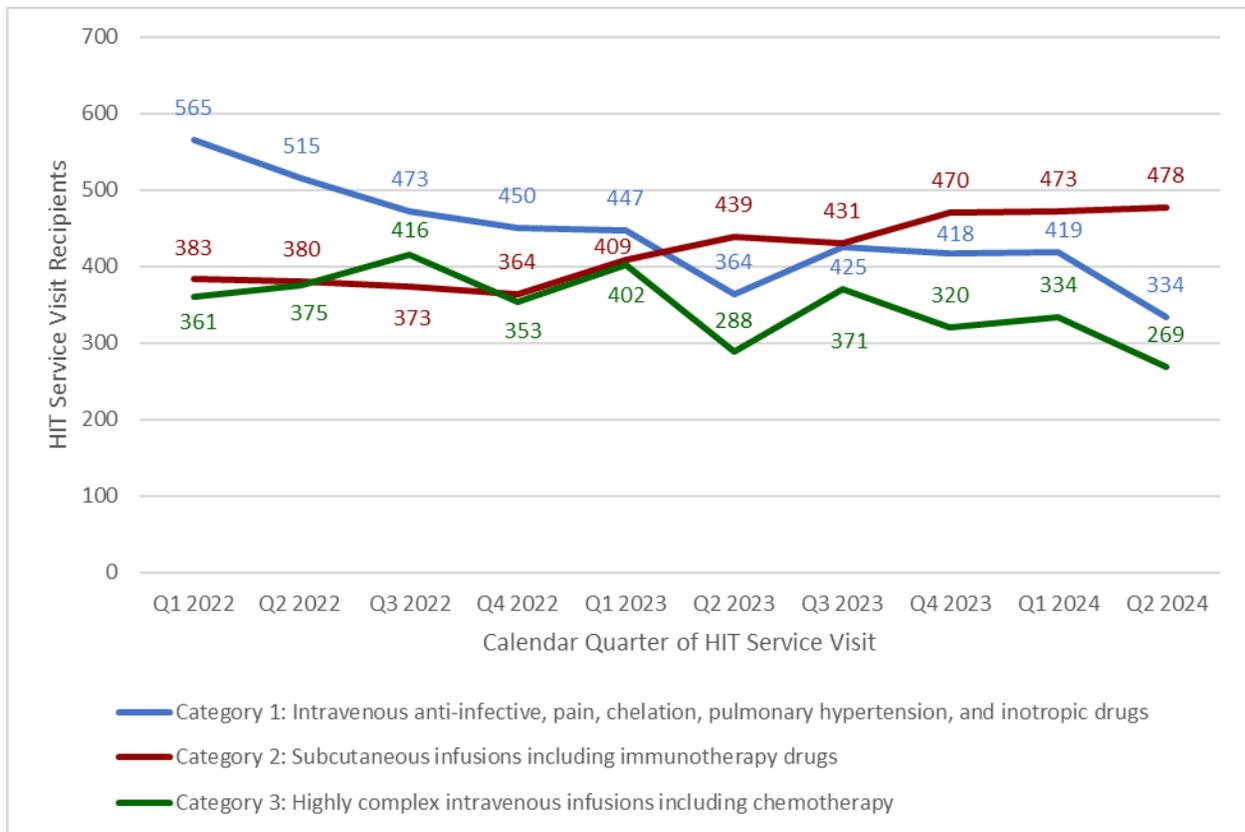
CATEGORY 3 HIT service visits were concentrated in the Mid-Atlantic.



EXHIBIT 4 METHODOLOGY:

We identified the state of the HIT service visits using the beneficiary residence state code located on the HIT claim.

Exhibit 5. Number of HIT service visit recipients by drug category (Q1 2022 – Q2 2024)



Source: Analyses of Medicare FFS Part B Carrier claims (Accessed from CCW VRDC on January 17, 2025)



KEY TAKEAWAYS:

The total number of HIT service visit recipients decreased from:

Q1 2022

1,309

to

Q2 2024

1,081

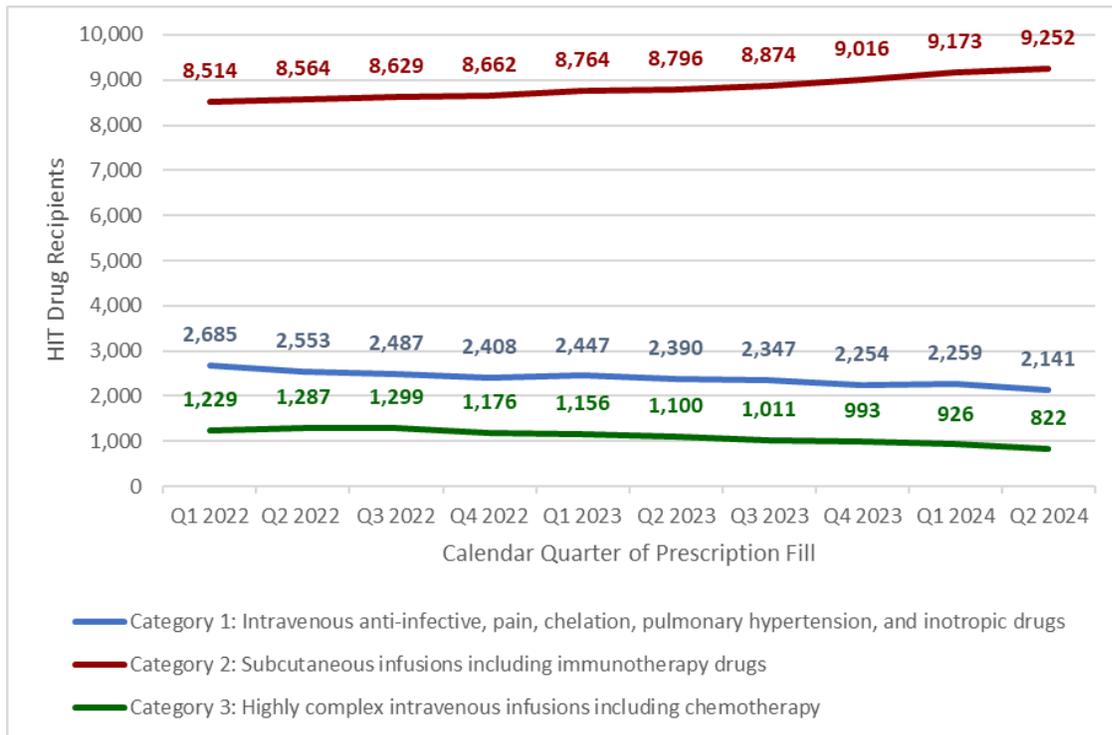
The number of **CATEGORY 1** service visit recipients was **40.9% lower** in Q2 2024 than in Q1 2022, and the number of **CATEGORY 3** recipients was **25.5% lower**. In contrast, the number of **CATEGORY 2** recipients was **24.8% higher** in Q2 2024 than in Q1 2022.



EXHIBIT 5 METHODOLOGY:

Note that beneficiaries who received service visits in multiple quarters were included in the count for each quarter in which a service visit was received. Beneficiaries who received service visits for multiple drug categories within a quarter are included in the count for each category. Refer to Overall Methodology for other details.

Exhibit 6. Number of HIT drug recipients (Q1 2022 – Q2 2024)



Source: Analyses of Medicare FFS Part B DME claims (Accessed from CCW VRDC on January 17, 2025)

KEY TAKEAWAYS:

The number of **CATEGORY 2** HIT drug recipients **increased** **FROM** **Q1 2022** **TO** **Q2 2024** **8,514 recipients** **9,252 recipients**

In contrast, the **quarterly number** of **CATEGORY 1** and **CATEGORY 3** HIT drug recipients **decreased** over time. The number of Category 1 drug recipients **decreased** from **2,685** to **2,141** (a **20.3% decrease**) and the number of **Category 3 drug recipients decreased** from **1,229** to **822** (a **33.1% decrease**).

EXHIBIT 6 METHODOLOGY:

Refer to Overall Methodology for details on definitions for HIT drug recipients and payment categories. Note that recipients who filled HIT prescriptions in multiple quarters were included in the count for each quarter in which a prescription was filled.

Exhibit 7. Number and percent of HIT service visit recipients by demographic characteristics (Q3 2023 - Q2 2024)

Demographic	Category 1		Category 2		Category 3		Total		Medicare FFS 2023*
	N	%	N	%	N	%	N	%	%
Sex									
Female	315	38.1%	711	78.4%	306	41.4%	1,331	53.9%	52.7%
Male	511	61.9%	196	21.6%	434	58.6%	1,139	46.1%	47.3%
Total	826	100%	907	100%	740	100%	2,470	100%	100%
Age									
Age < 65	147	17.8%	108	11.9%	64	8.6%	364	14.5%	10.0%
65 <= Age < 75	313	37.9%	415	45.8%	397	53.6%	1,128	44.9%	51.3%
75 <= Age < 85	291	35.2%	308	34.0%	253	34.2%	828	33.0%	27.8%
85 <= Age	75	9.1%	76	8.4%	26	3.5%	190	7.6%	10.9%
Total	826	100%	907	100%	740	100%	2,470	100%	100%
Eligibility for both Medicare and Medicaid (Dually Eligible)									
Never Dually Eligible	681	82.4%	828	91.3%	658	88.9%	2,164	87.6%	89.0%
Any Dually Eligible	145	17.6%	79	8.7%	82	11.1%	306	12.4%	11.0%
Total	826	100%	907	100%	740	100%	2,470	100%	100%

* Contains all Medicare FFS beneficiaries from the Medicare Beneficiary Summary File (MBSF) with both Part A and Part B enrollment. Source: Analyses of Medicare FFS Part B Carrier claims and the MBSF (Accessed from CCW VRDC on January 17, 2025)

Category 1: Intravenous anti-infective, pain management, chelation, pulmonary hypertension, and inotropic drugs.
Category 2: Subcutaneous infusions including immunotherapy drugs.
Category 3: Highly complex intravenous infusions including chemotherapy drugs.

KEY TAKEAWAYS:

HIT service visit recipients (across all categories) had similar demographic characteristics to the full population of Medicare fee-for-service (FFS) beneficiaries.

Relative to the other payment categories, **CATEGORY 1**
HIT service visit recipients were more likely to be
DUALLY ELIGIBLE for Medicare and Medicaid.

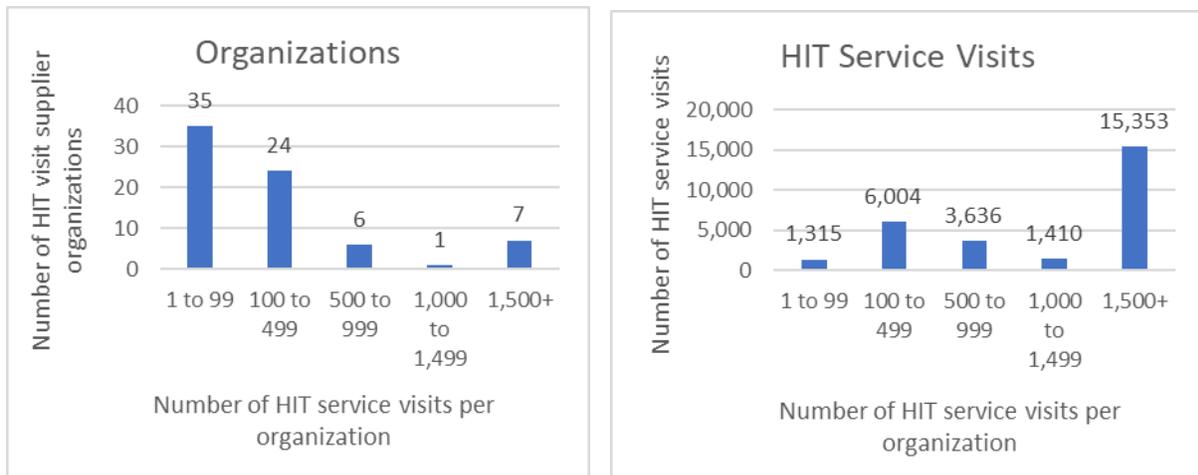
Relative to the other payment categories, **CATEGORY 2**
HIT service visit recipients were more likely to be **FEMALE**



EXHIBIT 7 METHODOLOGY:

We obtained demographic characteristics for HIT service visit recipients from the Medicare Beneficiary Summary File (MBSF). We calculated age as the oldest age that a beneficiary attained during the 12-month period. Dual eligibility status for Medicare and Medicaid, which is assigned monthly in the MBSF, is assigned as never eligible versus any eligibility for the 12 months we examined. Because recipients exist over multiple quarters, the sum of recipients in Exhibit 5 will not equal the totals in this exhibit.

Exhibit 8. Number of HIT visit supplier organizations and total number of visits by size of supplier organization (Q3 2023 - Q2 2024)



Source: Analyses of Medicare FFS Part B Carrier claims (Accessed from CCW VRDC on January 17, 2025)



KEY TAKEAWAYS:

Seven of 73 HIT supplier organizations supply 55.4 percent of HIT service visits.

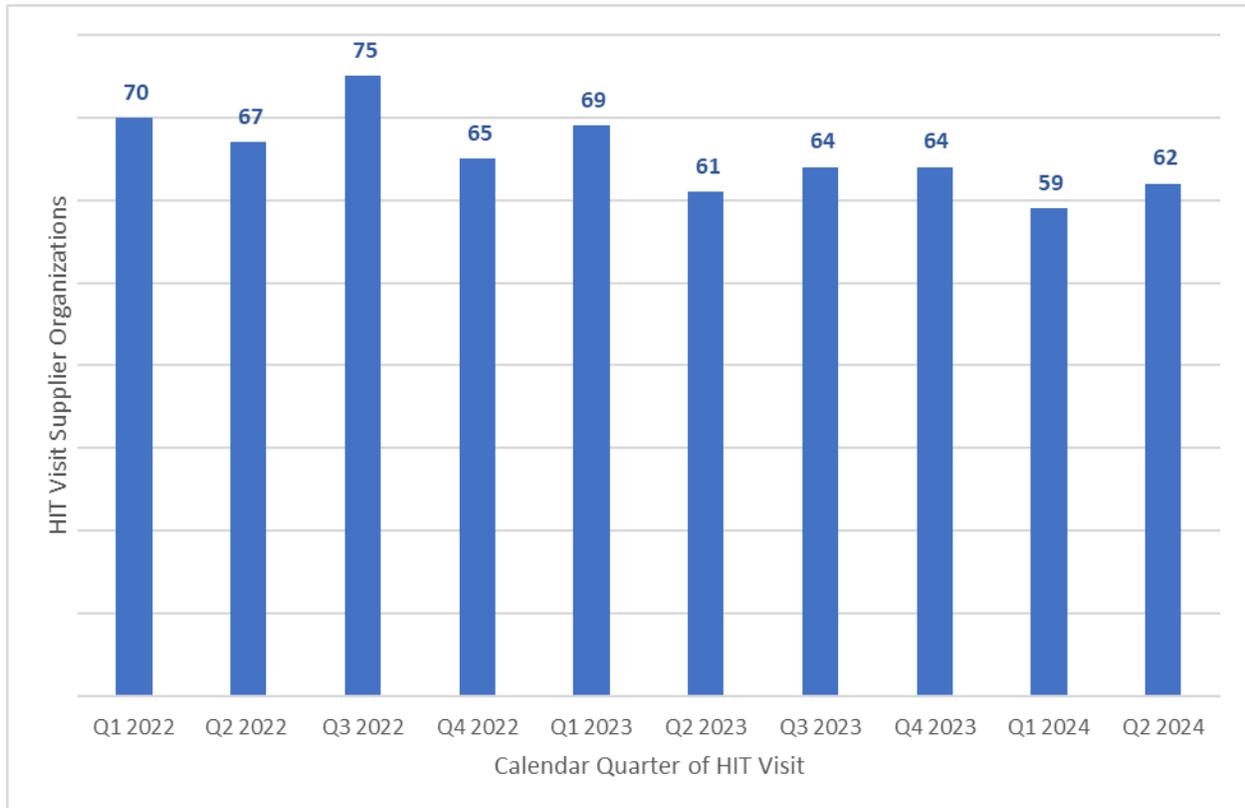
35 organizations provide fewer than 100 HIT service visits.



EXHIBIT 8 METHODOLOGY:

Any supplier (based on its National Provider Identifier (NPI)) that provides at least one or more HIT service visits is considered a HIT supplier. After identification, NPIs are consolidated using the NPI's organization name field in the January 2025 National Plan & Provider Enumeration System (NPPES). NPIs with the same or similar organization names are grouped together as a single organization. We combined 203 NPIs into 73 different HIT supplier organizations in the 12 months ending June 30, 2024

Exhibit 9. Number of HIT supplier organizations providing HIT service visits (Q1 2022 - Q2 2024)



Source: Analyses of Medicare FFS Part B DME claims (Accessed from CCW VRDC on January 17, 2025)



KEY TAKEAWAYS:

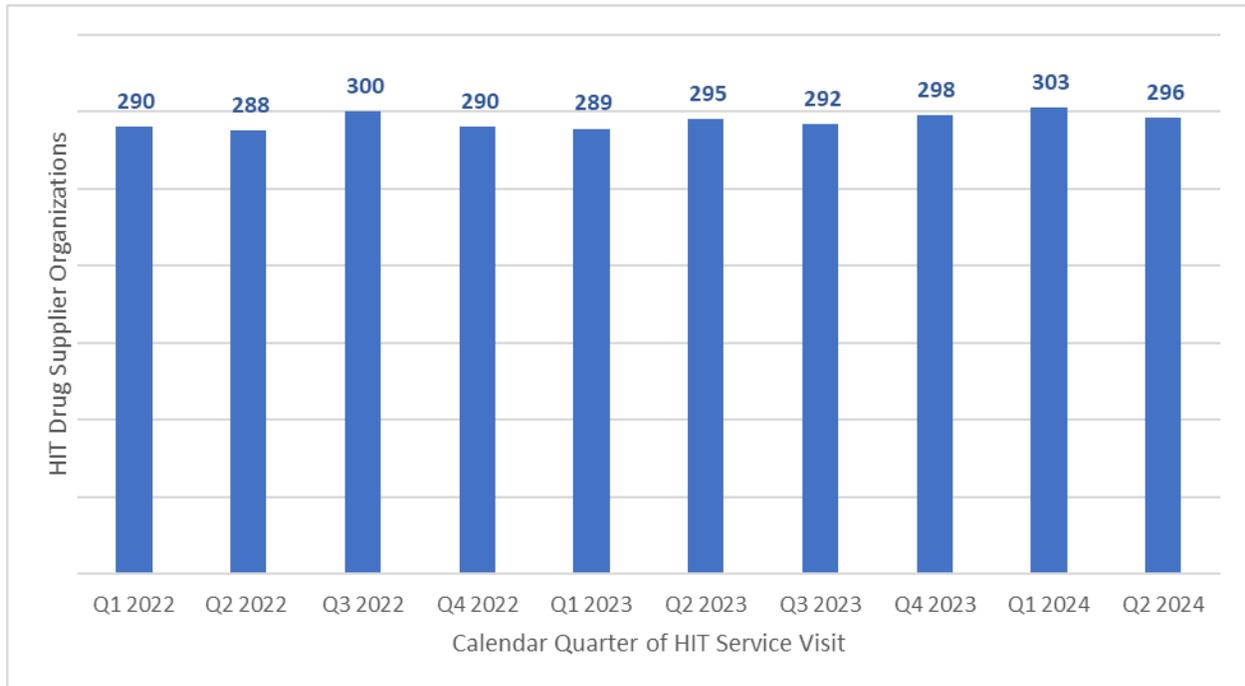
The number of DME/HIT supplier organizations providing HIT service visits was generally lower in 2023 and the first half of 2024 than in 2022.



EXHIBIT 9 METHODOLOGY:

Any supplier (based on its National Provider Identifier (NPI)) that provides at least one or more HIT service visit is considered a HIT supplier. After identification, NPIs are consolidated using the NPI's organization name field in the January 2024 National Plan & Provider Enumeration System (NPPES). NPIs with the same or similar organization names are grouped together as a single organization. We combined 267 NPIs into 97 different HIT supplier organizations over the 30-month reporting period.

Exhibit 10. Number of DME supplier organizations providing HIT prescription fills (Q1 2022 – Q2 2024)



Source: Analyses of Medicare FFS Part B DME claims (Accessed from CCW VRDC on January 17, 2025)



KEY TAKEAWAYS:

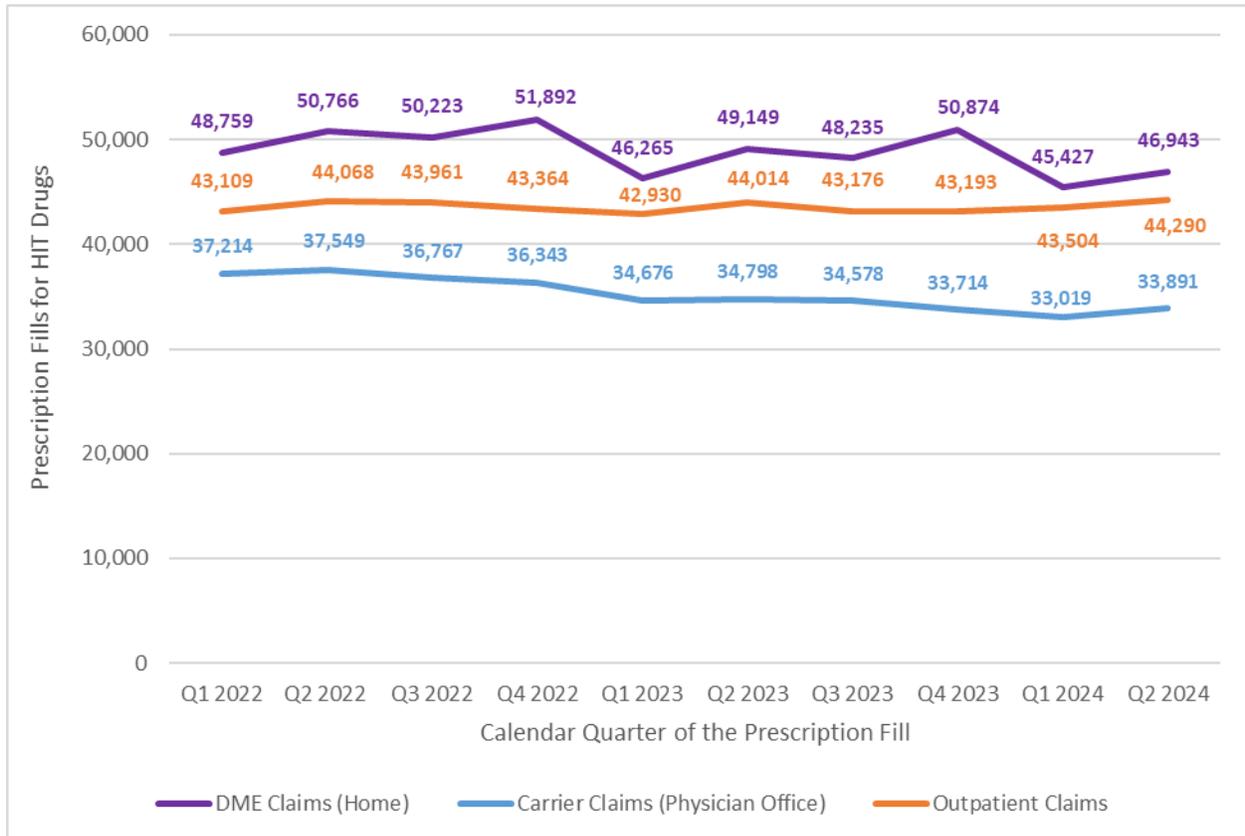
The number of DME supplier organizations providing HIT drugs has been steady, with approximately 300 organizations providing HIT drugs in each quarter from Q1 2022 through Q2 2024.



EXHIBIT 10 METHODOLOGY:

Only DME suppliers can provide HIT prescription fills. Any supplier (based on its National Provider Identifier (NPI)) that provides at least one or more HIT prescription fills is considered a HIT drug supplier. After identification, NPIs are consolidated using the NPI's organization name field in the January 2024 National Plan & Provider Enumeration System (NPPES). NPIs with the same or similar organization names are grouped together as a single organization. We combined 735 NPIs into 390 different DME supplier organizations over the 30-month reporting period.

Exhibit 11. Number of prescription fills for drugs that qualify a beneficiary for the HIT benefit, by care setting (Q1 2022 – Q2 2024)



Source: Analyses of Medicare FFS Part B DME, Carrier, and Outpatient claims (Accessed from CCW VRDC on January 16, 2025)



KEY TAKEAWAYS:

The number of prescriptions for HIT drugs on DME claims was lower in every quarter of 2023 relative to the same quarter in 2022. Declining utilization continued in the first half of 2024.

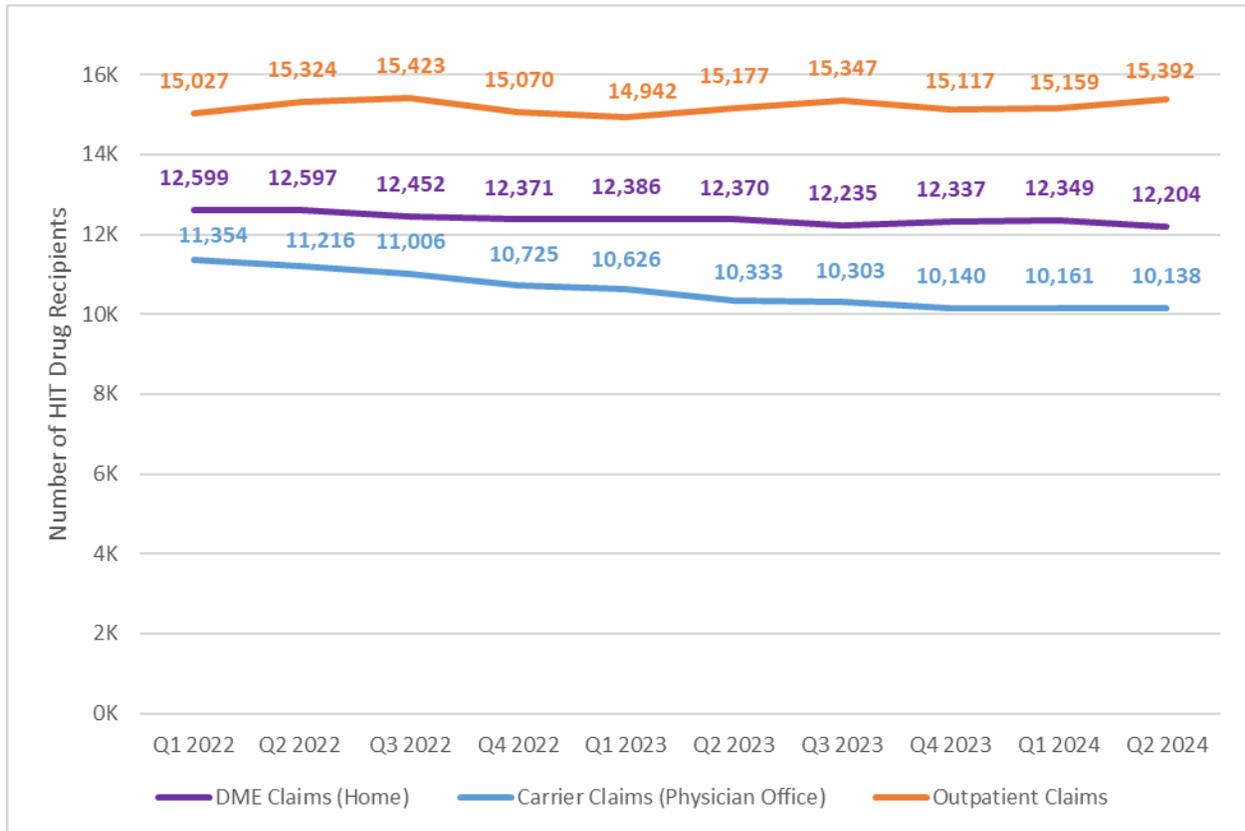
The number of prescriptions for the same drugs on Carrier claims also fell from Q1 2022 through Q2 2024, while prescription fills for these drugs on Outpatient claims were relatively steady.



EXHIBIT 11 METHODOLOGY:

The data include claims processed as of December 31, 2024. Refer to Overall Methodology for other details.

Exhibit 12. Number of infusion users for drugs that qualify a beneficiary for the HIT benefit, by care setting (Q1 2022 – Q2 2024)



Source: Analyses of Medicare FFS Part B DME, Carrier, and Outpatient claims (Accessed from CCW VRDC on January 16, 2025)

KEY TAKEAWAYS:

The number of beneficiaries receiving HIT drugs for use in the home declined from 12,599 in Q1 2022 to 12,204 in Q2 2024 (a decrease of 3.1 percent).

The number of beneficiaries receiving these drugs on Carrier claims declined from 11,354 in Q1 2022 to 10,138 in Q2 2024 (a decrease of 10.7 percent).

EXHIBIT 12 METHODOLOGY:

The data include claims processed as of December 31, 2024. Refer to Overall Methodology for other details.

Exhibit 13. Number of prescription fills and infusion users for drugs that qualify a beneficiary for the HIT benefit, by care setting (CY 2021 – CY 2023)

Year	Outpatient Claims		Carrier Claims (Physician Office)		DME Claims (Home)		Total	
	RX	Infusion	RX	Infusion	RX	Infusion	RX	Infusion
	Fills	Users	Fills	Users	Fills	Users	Fills	Users
2021	177,133	39,110	154,592	25,823	210,118	17,791	541,843	80,593
2022	174,502	37,830	147,873	24,711	201,640	17,042	524,015	77,601
2023	173,313	37,526	137,766	23,393	194,523	16,488	505,602	75,694

Source: Analyses of Medicare FFS Part B DME, Carrier, and Outpatient claims (Accessed from CCW VRDC on January 16, 2025, and on January 22, 2024)



KEY TAKEAWAYS:

Since 2021, utilization of drugs that qualify a patient for the HIT benefit declined not only in the home setting but also in physician offices and outpatient settings.



EXHIBIT 13 METHODOLOGY:

The data for calendar years 2022 and 2023 include claims processed as of December 31, 2024. The data for calendar year 2021 includes claims processed as of December 31, 2023. Refer to Overall Methodology for other details.

Appendix A: HIT HCPCS Codes

Table A1: Home Infusion Drugs Covered by Medicare Part B, by the Categories Specified in the Bipartisan Budget Act of 2018

HCPCS Code	Therapeutic Class	Drug Name (Listed in Corresponding Order with HCPCS Code)
Category 1: Anti-Infectives, Chelation, Pain Management, and Cardiovascular Drugs		
J0133; J0285; J0287; J0288; J0289; J0895; J1455; J1457; J1570	Anti-Infective, Chelation, and Hypercalcemia	Acyclovir; Amphotericin B; Amphotericin B, Lipid; Amphotericin B, Cholesteryl Sulfate; Amphotericin B, Liposome; Deferoxamine Mesylate; Foscarnet Sodium; Gallium Nitrate; Ganciclovir Sodium
J1170; J2175; J2270; J3010	Pain Management	Hydromorphone; Meperidine HCl; Morphine Sulfate; Fentanyl Citrate
J1250; J1265; J1325; J2260; J3285	Cardiovascular	Dobutamine HCl; Dopamine HCl; Epoprostenol; Milrinone Lactate; Treprostinil
Category 2: Subcutaneous Immune Globulin		
J1555 JB; J1558 JB; J1559 JB; J1561 JB; J1562 JB; J1569 JB; J1575 JB; J7799 JB	Immune Globulin	Cuvitru; Xembify; Hizentra; Gamunex-C/Gammaked; Vivaglobin; Gammagard liquid; Hyqvia; Cutaquig
Category 3: Chemotherapy Drugs		
J9000; J9039; J9040; J9065; J9100; J9190; J9360; J9370	Chemotherapy	Doxorubicin; Blinatumomab; Bleomycin Sulfate; Cladribine; Cytarabine; Fluorouracil; Vinblastine Sulfate; Vincristine Sulfate

Table A2: HIT Service Visit Codes

HCPCS Code	Description
G0068	Professional services 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
G0069	Professional services 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
G0070	Professional services for the administration of intravenous chemotherapy or other intravenous highly complex drug or biological infusion for each infusion drug administration calendar day in the individual's home, each 15 minutes
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
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
G0090*	Professional services, initial visit, for the administration of intravenous chemotherapy or other intravenous highly complex drug or biological infusion for each infusion drug administration calendar day in the individual's home, each 15 minutes

* The HCPCS codes G0088, G0089, and G0090 signify an initial HIT service visit only.