



Update to 'J' Drug Code List for Billing Home Infusion Therapy (HIT) Services

MLN Matters Number: MM12667

Related Change Request (CR) Number: 12667

Related CR Release Date: May 24, 2022

Effective Date: July 1, 2022

Related CR Transmittal Number: R114300TN

Implementation Date: July 5, 2022

Provider Types Affected

This MLN Matters Article is for qualified Home Infusion Therapy (HIT) suppliers who bill Part B Medicare Administrative Contractors (MACs) for professional HIT services they provide to Medicare patients.

Provider Action Needed

Make sure your billing staff knows about these changes:

- Updates due to [Section 5012\(d\) of the 21st Century Cures Act](#) detailing necessary changes to those systems and processes to include a newly assigned HCPCS drug code for payment beginning July 1, 2022.
- Updates the list of home infusion drugs to add J1551 to payment category 2. The corresponding G-codes for category 2 drugs are G0069 or G0089.

Background

[Section 5012\(d\) of the 21st Century Cures Act](#) (Pub. L 144-255) amended [sections 1861\(s\)\(2\) and 1861\(iii\) of the Social Security Act \(the Act\)](#). This added a new Medicare HIT services benefit. The HIT services benefit covers the:

- Professional services, including nursing services, you provide in accordance with the plan of care
- Patient training and education (not otherwise covered under the durable medical equipment benefit)
- Remote monitoring and monitoring services for the provision of HIT services
- Home infusion drugs that qualified HIT supplier provides

Section [1861\(iii\)\(3\)\(C\) of the Act](#) defines “home infusion drug” as a parenteral drug or biological administered intravenously, or subcutaneously for an administration period of 15 minutes or more, in the home of an individual through a pump that’s an item of durable medical equipment

(as defined in [section 1861\(n\)](#) of the Act). Such term doesn't include insulin pump systems or self-administered drugs or biologicals on a self-administered drug exclusion list.

As described in the 21st Century Cures Act, Medicare will make a separate payment for HIT services under the permanent HIT benefit to qualified home infusion suppliers, effective January 1, 2021.

CMS assigns home infusion drugs to 3 payment categories, as determined by the HCPCS J-code.

- Payment category 1 includes certain intravenous antifungals and antivirals, uninterrupted long-term infusions, pain management, inotropic, chelation drugs.
- Payment category 2 includes subcutaneous immunotherapy and other certain subcutaneous infusion drugs.
- Payment category 3 includes certain chemotherapy drugs.

We continue to use the G-codes previously established for the professional services provided on an infusion drug administration calendar day for each payment category.

CR 12667 updates the list of home infusion drugs to add **J1551 JB (Injection, immune globulin (cutaquist), 100mg)** to payment category 2, effective July 1, 2022. The corresponding G-codes for category 2 drugs are G0069 or G0089. **Note:** We require the JB modifier for **subcutaneous injection of the drug**.

We don't expect many supplier-claims for HIT services related to a Not-Otherwise Classified (NOC) drug code because all HIT drugs are now assigned unique J-codes. However, we expect the MACs to continue determining payment categories for any other new home infusion drug additions to the Local Coverage Determination (LCD) for External Infusion Pumps ([L33794](#)).

Suppliers should also continue to identify the name of the new drug in the comment section (data element 2400/SV101-7 of the 837P or Item 19 of the CMS-1500) of the professional service claim for the corresponding HIT service G-code.

More Information

We issued [CR 12667](#) to your MAC as the official instruction for this change.

Read MLN Matters Articles [MM11880](#) and [MM12108](#) and [CR 12324](#) for more detailed policy and billing information for HIT services.

For more information, [find your MAC's website](#).

Document History

Date of Change	Description
May 31, 2022	Initial article released.

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