

December 2, 2021

<Provider Name>  
<Provider Address 1>  
<Provider Address 2>  
<City> <State> zipcode5-zipcode4

Dear Provider:

RE: Medicaid Response to the Medicare Part B Home Infusion Therapy Benefit

The Michigan Department of Health and Human Services (MDHHS) is issuing this letter to address provider questions regarding how the new Medicare Part B Home Infusion Therapy (HIT) benefit that began on January 1, 2021, impacts Medicaid. The Centers for Medicare & Medicaid Services (CMS) implemented a new Medicare Part B HIT benefit as mandated by Section 5012 (d) of the 21st Century Cures Act of 2016.

Key provisions of the Medicare Part B HIT benefit include:

- The establishment of a qualified HIT supplier provider type (Examples of providers that may enroll are pharmacies, physicians, home health agencies, hospitals, etc.). The provider must have appropriate State-licensure to provide home infusion services and be accredited through one of the Medicare-approved HIT-accrediting organizations.
- Claims must be submitted to the A/B Medicare Administrative Contractor (MAC).
- Created new and revised Healthcare Common Procedure Coding System (HCPCS) Level II home infusion codes (G0068, G0069, G0070, G0088, G0089, G0090).
- Removal of HIT services from the home health benefit.
- Infusion drugs, pumps and supplies remain covered under the Medicare Part B durable medical equipment (DME) benefit and are billed to the Medicare Part B DME MAC.

Further information regarding the new Medicare Part B HIT benefit, provider enrollment, billing and reimbursement is available on the CMS website:

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/Home-Infusion-Therapy/Overview>.

#### Medicaid Coordination with Medicare

MDHHS will not be changing the Medicaid HIT policy or developing a new HIT provider type. Medicaid reimburses providers for coinsurances and deductibles (up to Medicaid reimbursement limits) following Medicare payment even if Medicaid does not normally cover the service (e.g., Medicaid does not cover the G codes indicated above).

### Medicaid Coordination with Other Insurance

Other insurers vary in coverage, billing, and coding rules for HIT. Providers must follow the primary insurance rules. When billing Medicaid for coinsurances and deductibles following primary insurance, providers must report the other insurer's adjudication response (including claim adjustment reason codes [CARCs]) and paid amounts on the claim. If the primary insurer covers HIT under different HCPCS codes than Medicaid, providers must report the appropriate HCPCS codes indicated in Medicaid policy and fee screens on the claim and report the primary insurer's adjudication response/paid amounts.

Refer to the MDHHS Medicaid Provider Manual at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >> Policy, Letters and Forms for Medicaid home infusion policy, provider enrollment, prior authorization, coordination of benefits, billing, and coding rules. Contact Provider Support for further assistance by telephone: 1-800-292-2550 or by email: [providersupport@michigan.gov](mailto:providersupport@michigan.gov).

An electronic version of this document is available at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >> Policy, Letters & Forms.

Sincerely,

A handwritten signature in black ink, appearing to read 'K. Massey', followed by a horizontal line.

Kate Massey, Director  
Medical Services Administration