

Payment of Home Infusion Therapy for Medicare Beneficiaries

	Part A Home Health	Part B DME Benefit	Part C Medicare Advantage	Part D Prescription Drug Plan	State Medicaid Program	Other Payer Coverage
Requirement	Homebound and in need of part-time or intermittent skilled nursing or therapy services, if such services are reasonable and necessary to the treatment of the illness or injury.	If medically necessary for the drug to be administered through an infusion pump.	Approved in accordance with the plan's utilization management activities	Drugs that are not currently covered under Parts A and B of Medicare, or otherwise excluded under Part D.	Provided that coverage is not available through Parts A, B, C, or D of Medicare, Medicaid home health benefit may cover services, equipment and supplies necessary to administer home infusion drugs.	Varies, but generally like Part C
Professional Fees	Yes	No	Yes	No	Yes – May be billed separately or as part of bundled rate.	Varies, but generally like Part C
Equipment and Supplies	Yes - Home Health Therapy responsible for providing hydration fluid and IV supplies if infusion is provided via gravity feed method	Yes – Supplies are billed separately by a DME vendor to appropriate DME Regional Carrier	Yes – Included in per diem payment (generally bundled)	No – Cost of supplies, equipment, and professional fees must be covered via Medicare Parts A or B, Medicare Advantage Plan, Medicaid, other insurance, or out-of-pocket	Yes – May be billed separately or as part of bundled rate	Varies, but generally like Part C
Drug Ingredient and Dispensing Fee	No – Drugs and biologicals are specifically excluded from the Part A home health benefit except those that are considered supplies for DME and certain osteoporosis drugs (calcitonin, forteo)	Yes – As part of DME benefit	No (must now be covered under Part D)	Yes	No – Unless drugs are included in bundled rate, which does not trigger Medicaid FFP exclusion	Varies, but generally like Part C