

Medicare FAQ

Does Medicare cover home infusion?

Home infusion services and supplies are not, in general, covered under Medicare. There are a few exceptions, however. Parenteral nutrition (TPN) and intravenous and subcutaneous immune globulin are covered provided the beneficiary meets very specific criteria. Also, certain other therapies are covered when administered using durable medical equipment (a mechanical or electronic infusion pump). These include antiviral therapies, some chemotherapies, some inotropic therapies (i.e., dobutamine), and some pain management therapies. Again, very specific patient criteria must be met for coverage of these therapies. More specific information can be obtained by contacting the Medicare durable medical equipment regional carriers (DMERCs) or by visiting their websites at:

Region A: <http://www.medicarenhic.com>

Region B: <http://www.ngsmedicare.com/ngsmedicare/HomePage.aspx>

Region C: <http://www.cignagovernmentservices.com>

Region D: <http://www.noridianmedicare.com>

For other therapies that do not meet any of the criteria mentioned above, patients enrolled in Medicare Part D, may have coverage for the drug component of their home infusion therapy. This is dependent on their specific Part D carrier and the drug prescribed. In these cases, patients will have out of pocket costs associated with drug deductibles/copays, and payment for the supplies needed to administer their infusions.