

§ 414.1700

Subpart R—Home Intravenous Immunoglobulin (IVIG) Items and Services Payment

SOURCE: 88 FR 77877, Nov. 13, 2023, unless otherwise noted.

§ 414.1700 Basis of payment.

(a) *General rule.* For home intravenous immunoglobulin (IVIG) items or services furnished on or after January 1, 2024, Medicare payment is made on the basis of 80 percent of the lesser of the following:

(1) The actual charge for the item or service.

(2) The fee schedule amount for the items and services, as determined in accordance with the provisions of this section.

(b) *Per visit amount.* A single payment amount is made for items and services furnished by a DME supplier per visit.

(c) *Initial establishment of the payment amount.* In establishing the initial per visit IVIG items and services payment amount for CY 2024, CMS used the CY 2023 bundled payment rate under the IVIG Demonstration updated by the home health payment percentage update for CY 2024.

(d) *Annual payment adjustment.* The per visit payment amount represents payment in full for all costs associated with the furnishing of home IVIG items and services and is subject to the following adjustment:

(1) Beginning in 2025, an annual increase in the per-visit payment amount from the prior year by the home health update percentage increase for the current calendar year.

(2) [Reserved]

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