



MLN Matters



Information for Medicare Fee-for-Service Health Care Professionals

Related Change Request (CR) #: 3610

MLN Matters Number: MM3610

Related CR Release Date: December 17, 2004

Related CR Transmittal #: 404

Effective Date: January 1, 2005

Implementation Date: January 3, 2005

January 2005 Update of the Hospital Outpatient Prospective Payment System (OPPS): Coding and Payment for Drug Administration

Provider Types Affected

Hospitals and providers paid under the OPSS

Provider Action Needed

Affected providers should note that this article and related CR3610 describe **changes to coding and payment for drug administration** to be implemented by Medicare for services on and after January 1, 2005 as part of the January 2005 OPSS update.

The key change for hospitals paid under the OPSS (bill types 12X and 13X) is that CPT codes must be used in place of HCPCS codes for infusion of drugs other than chemotherapy, infusion of anti-neoplastic (chemotherapy) drugs, and administration of anti-neoplastic drugs by route other than infusion.

Background

For services furnished prior to January 1, 2004:

Hospitals paid under the OPSS used the following Healthcare Common Procedure Coding System (HCPCS) code to report administration of anti-neoplastic drugs by both 1) infusion; and 2) a route other than infusion: **Q0085**, *Administration of chemotherapy by both infusion and another route, per visit*.

For services furnished prior to January 1, 2005:

Drug administration services are reported using the following HCPCS alphanumeric codes:

- **Q0081**, *Infusion therapy other than chemotherapy, per visit;*
- **Q0083**, *Administration of chemotherapy by any route other than infusion, per visit; and*
- **Q0084**, *Administration of chemotherapy by infusion only, per visit.*

Effective for services furnished on or after January 1, 2005:

Hospitals paid under the OPSS should use the appropriate CPT code to report the following:

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- *Infusion of drugs other than chemotherapy;*
- *Infusion of anti-neoplastic (chemotherapy) drugs; and*
- *Administration of anti-neoplastic drugs by routes other than infusion.*

Once again, this change only affects hospitals paid under the OPSS and such hospitals must abide by the 2005 CPT definitions of the codes when reporting them.

Also, effective for services furnished on or after January 1, 2005, hospitals paid under the OPSS (bill types 12X and 13X) should report covered services associated with the administration of drugs as part of a clinical trial using the appropriate CPT code (See Table 1 below).

For services prior to January 1, 2005, covered services associated with the administration of drugs as part of a clinical trial were reported with code **G0292**. However, **G0292** is deleted from the OPSS OCE and discontinued from the HCPCS file effective January 1, 2005.

The following table identifies the applicable CPT codes that should be reported for services furnished on or after January 1, 2005, the corresponding HCPCS alphanumeric codes that should no longer be reported, and the APCs to which the current CPT codes are assigned.

Table 1. Crosswalk from CPT Codes for Drug Administration to Drug Administration APCs

HCPCS Codes used before January 1, 2005	Use CPT Code on or after January 1, 2005	Description	SI	APC	Maximum number of units of the APC OCE will assign without modifier 59	Maximum number of units of the APC OCE will assign with modifier 59
--	96412	Chemo, infuse method add-on	N	--	0	0
--	96423	Chemo, infuse method add-on	N	--	0	0
--	96545	Provide chemotherapy agent	N	--	0	0
--	90781	IV infusion, additional hour	N	--	0	0
Q0081	90780	IV infusion therapy, 1 hour	T	120	1	4
Q0083	96400	Chemotherapy, sc/im	S	116	1	2
Q0083	96405	Intralesional chemo admin	S	116	1	2
Q0083	96406	Intralesional chemo admin	S	116	1	2
Q0083	96408	Chemotherapy, push technique	S	116	1	2
Q0083	96420	Chemotherapy, push technique	S	116	1	2
Q0083	96440	Chemotherapy, intracavitary	S	116	1	2
Q0083	96445	Chemotherapy, intracavitary	S	116	1	2
Q0083	96450	Chemotherapy, into CNS	S	116	1	2
Q0083	96542	Chemotherapy injection	S	116	1	2
Q0083	96549	Chemotherapy, unspecified	S	116	1	2
Q0084	96410	Chemotherapy, infusion method	S	117	1	2
Q0084	96414	Chemo, infuse method add-on	S	117	1	2
Q0084	96422	Chemotherapy, infusion method	S	117	1	2
Q0084	96425	Chemotherapy, infusion method	S	117	1	2

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The following drug administration services have been reported using CPT codes and paid under the OPSS since the implementation of the OPSS. They continue to be reported under the CPT codes and payment for them continues to be made under the APC indicated below.

Table 2. Drug Administration Services Reported Using CPT Codes and Corresponding APCs

HCPCS	SI	APC	Description
90782	X	353	Injection SC/IM
90783	X	359	Injection IA
90784	X	359	Injection IV
90788	X	359	Injection of antibiotic
90799	X	352	Ther/prophylactic/dx inject

All changes identified in this instruction are effective for services furnished on or after January 1, 2005 (unless otherwise noted) and will be reflected in the January 2005 OPSS OCE and OPSS PRICER.

Implementation

The implementation date for this instruction is January 3, 2005.

Additional Information

To see the official instruction issued to your intermediary, including regional home health intermediaries, regarding this change go to <http://www.cms.hhs.gov/transmittals/Downloads/R404CP.pdf> on the CMS website.

If you have any questions, please contact your intermediary at their toll-free number, which may be found at <http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.

Description of CPT and HCPCS Codes

Current Procedural Terminology (CPT codes) - The American Medical Association's (AMA) Physicians' Current Procedural Terminology (CPT) is contained in the CPT user guide. AMA is responsible for maintaining these codes, with consultation from the AMA CPT Editorial Panel, Advisory Committee, and the AMA CPT Health Care Professionals Advisory Committee. Procedure codes in the CPT user guide are reviewed and revised annually. CPT codes are **five-character** with **all numeric** configurations (e.g., 99215).

Healthcare Common Procedure Coding System (HCPCS) - The HCPCS Level II National codes are contained in the HCPCS user's guide and are published in the Federal Register. The Health Care Financing Administration is responsible for maintaining these codes. Procedure codes in the HCPCS user guide are reviewed and revised annually. HCPCS codes are five characters with one alpha and four numeric configurations (e.g., A0042).

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