

## Coding For Hospitals

by Barbara Constable, MBA, RN

Effective Jan. 1, 2006, new coding guidelines for hospital outpatient services were implemented under the final Hospital Outpatient Prospective Payment System (HOPPS) rule issued by the Centers for Medicare & Medicaid Services (CMS).

**Q.** *What are the new coding changes for chemotherapy and infusion therapy in the outpatient setting?*

**A.** While 33 drug administration codes were proposed, CMS decided not to implement all 33 codes at once. This decision was made in an effort to “minimize the administrative burden” on hospitals. For calendar year (CY) 2006, CMS adopted 20 of the 33 codes. An additional 6 codes received temporary C-codes. Table 2 is a complete list of the new CPT codes, including the 6 temporary C-codes.

Looking ahead to CY2007, CMS is likely to adopt the remaining 7 unrecognized codes and convert the 6 temporary C-codes to permanent codes.

Please note that in the 2006 Physician Fee Schedule, CMS adopted all 33 codes, so physician practices are now paid for each code used. In contrast, hospital-based outpatient cancer centers are only reimbursed for the first hour—although at a higher rate

than physician offices. CMS continues to collect data from hospitals on the second hour of services to establish reimbursement rates in the future.

**Q.** *Are the payments for all drugs costing \$50 or less still bundled with their associated administration payments? How is this determined?*

**A.** For cancer centers, it is important to note that CMS is continuing its policy to exempt seven oral and injectable 5HT3 antiemetic products from the packaging (bundling) rule (see Table 1). CMS determines the packaging status of drugs, biologicals, and radiopharmaceuticals by calculating the per day cost using the most recent quarterly ASP data along with CY2004 hospital claims data. For drugs that do not have ASP data, CMS used the mean unit cost from CY2004 hospital claims data.

**Q.** *With regards to radiation oncology, what new codes and changes were made in the 2006 HOPPS?*

**A.** Three new codes were implemented effective Jan. 1, 2006:

- **77421** (stereoscopic X-ray guidance for localization of target volume for the delivery of radiation therapy). This code should not be used in conjunction with 77432 and/or 0083T.

- **77422** (high energy neutron radiation treatment delivery; single treatment area using a single port or parallel-opposed ports with no blocks or simple blocks).

- **77423** (high energy neutron radiation treatment delivery; 1 or more isocenters with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensators).

Under the 2006 HOPPS, four radiation oncology codes were revised with increased relative weight values:

- **77412** (radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, special particle electron beam (e.g., electron or neutrons); up to 5 MeV)

- **77413** (radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, special particle electron beam (e.g., electron or neutrons); up to 6-10MeV)

- **77414** (radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, special particle electron beam (e.g., electron or neutrons); 11-18 MeV)

- **77416** (radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, special particle electron beam (e.g., electron or neutrons); 20 MeV or greater).

No radiation oncology codes were deleted. ☐

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**Table 1: Antiemetics Exempt from \$50 Packaging Requirement**

HCPCS Code	Short Description
J1260	Dolasetron mesylate
J1626	Granisetron HCl injection
J2405	Ondansetron HCl injection
J2469	Palonosetron HCl
Q0166	Granisetron HCl 1 mg oral
Q0179	Ondansetron HCl 8 mg oral
Q0180	Dolasetron mesylate oral

**Table 2: 2006 Drug Administration Codes**

Old HOPPS Code	New HOPPS Code	Old Physician Fee Code	New Physician Fee Code	Description
90780	N/A	G0345	90760	Intravenous infusion, hydration: initial, up to 1 hour
90781	N/A	G0346	90761	(Add on code) each additional hour, up to 8 hours
90780	C8950	G0347	90765	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour
90781	C8951	G0348	90766	(Add on code) each additional hour, up to 8 hours
90781	N/A	G0349	90767	(Add on code) additional sequential infusion, up to 1 hour
N/A	N/A	G0350	90768	(Add on code) concurrent infusion
90782	90772	G0351	90772	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular
90783	90773	G0352	90773	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intra-arterial
90784	C8952	G0353	90774	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); IV push
N/A	N/A	G0354	90775	(Add on code) therapeutic, prophylactic, or diagnostic injection (specify substance or drug)
N/A	90779	N/A	90779	Unlisted therapeutic, prophylactic, or diagnostic intravenous or intra-arterial injection or infusion
96400	96401	G0355	96401	Chemotherapy non-hormonal anti-neoplastic, subcutaneous, or intramuscular
96400	96402	G0356	96402	Chemotherapy hormonal anti-neoplastic, subcutaneous, or intramuscular
96405	96405	96405	96405	Chemotherapy administration; intralesional, up to and including 7 lesions
96406	96406	96406	96406	Chemotherapy administration; intralesional, more than 7 lesions
96408	C8953	G0357	96409	Chemotherapy administration; intravenous push technique, single or initial substance/drug
N/A	N/A	G0358	96411	(Add on code) chemo IV push, additional drug
96410	C8954	G0359	96413	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug
96412	C8955	G0360	96415	(Add on code) chemo infusion, each additional hour
N/A	96416	G0361	96416	Chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump
96412	N/A	G0362	96417	(Add on code) chemo infusion, each additional sequential infusion, (different substance/drug)
96420	96420	96420	96420	Chemotherapy administration, intra-arterial; push technique
96422	96422	96422	96422	Chemotherapy administration, intra-arterial; infusion technique, up to one hour
96423	96423	N/A	96423	(Add on code) chemotherapy administration, intra-arterial; infusion technique, each additional hour up to 8 hours (list separately in addition to code for primary procedure)
96425	96425	96425	96425	Chemotherapy administration, intra-arterial; infusion technique, initiation of prolonged infusion (more than 8 hours), requiring the use of a portable or implantable pump
96440	96440	96440	96440	Chemotherapy administration into pleural cavity, requiring and including thoracentesis
96445	96445	96445	96445	Chemotherapy administration into peritoneal cavity, requiring and including peritoneocentesis
96450	96450	96450	96450	Chemotherapy administration into CNS (e.g., intrathecal), requiring and including spinal puncture
96520	96521	96520	96521	Refilling and maintenance of portable pump
96530	96522	96530	96522	Refilling and maintenance of implantable pump or reservoir for drug delivery, systemic (e.g., intravenous, intra-arterial)
N/A	96523	G0363	96523	Irrigation of implanted venous access device for drug delivery systems
N/A	96542	96542	96542	Chemotherapy injection, subarachnoid or intraventricular via subcutaneous reservoir, single, or multiple agents
N/A	96549	96549	96549	Unlisted chemotherapy procedure