

2021 Final Medicare Coding & Payment* for Drug Administration Services under the Physician Fee Schedule

CPT® Codes	Description	2020 Final \$ Rates ¹	2021 Final \$ Rates ²
Hydration			
96360	IV infusion, hydration, 31 minutes to 1 hour	34.65	36.29
96361	IV infusion, hydration; each additional hour	13.71	13.96
Therapeutic, Prophylactic, and Diagnostic Infusions			
96365	IV infusion, for therapy/ prophylactic/ diagnostic, initial, up to 1 hr	71.46	73.62
96366	IV infusion for therapy/prophylaxis/diagnosis; each additional hour	22.01	22.33
96367	Additional sequential infusion of a new drug/substance, up to 1 hr	31.40	32.10
96368	Concurrent infusion	21.29	21.28
96379	Unlisted therapeutic, prophylactic or diagnostic intravenous or intra-arterial injection or infusion	N/A ³	N/A ³
Chemotherapy & complex drug/biologic infusions			
96413	Chemo administration, intravenous infusion; up to 1 hour, single or initial substance or drug	141.47	148.30
96415	Chemo administration, intravenous infusion; each additional hour	30.68	31.40
96417	Chemo iv; each additional sequential infusion (different substance/drug) up to 1 hour	68.57	71.88
96422	Chemotherapy, intra-arterial infusion technique up to 1 hour	172.87	180.05
96423	Chemotherapy, intra-arterial infusion technique; each additional hour	80.12	82.70
96416	Chemo, initiation of prolonged iv infusion (>8 hrs) requiring portable/ implantable pump	141.47	147.25
IV push			
96374	Therapeutic, prophylactic or diagnostic intravenous push; single or initial substance or drug	40.06	41.87
96375	Therapeutic, prophylactic or diagnostic iv push, new substance/drug	16.60	17.10
96373	Therapeutic, prophylactic or diagnostic injection, intra-arterial	18.77	18.49
96409	Chemo administration, intravenous push, single or initial substance/drug	109.35	113.40
96411	IV push, each additional chemo substance/drug	59.19	62.11
96420	Chemotherapy, intra-arterial, push technique	104.66	115.50
Injections			
96372	Therapeutic, prophylactic or diagnostic injection, sc or im	14.44	14.31
96377	Application on-body injector	20.21	20.24
96401	Chemo administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic	79.76	82.35
96402	Chemo administration, subcutaneous or intramuscular; hormonal anti-neoplastic	31.76	33.15
Other chemotherapy administration codes			
96425	Chemo initiation of prolonged ia infusion (>8 hrs) requiring use of a portable/ implantable pump	184.42	192.96
96549	Unlisted chemotherapy procedure	N/A ³	N/A ³
96405	Chemo intralesional, up to and including 7 lesions	84.81	87.58
96406	Chemo intralesional, more than 7 lesions	129.58	136.08

* **NOTE:** All reimbursement is presented as national rates, without application of geographic adjustment factors (GPCI). Actual provider payment rates will vary according to the geographic location of the practice. The rates displayed have not been adjusted for any impact of sequestration.

¹ The "2020 Final Rates" are calculated using: 1) the final 2020 conversion factor (CF) of 36.0896; and 2) final total RVUs, comprised of: work RVU (wRVU), non-facility (NF) Practice Expense RVU (peRVU), and malpractice RVU (mRVU) weights, as published in *CMS-1715-F and IFC. Medicare Program; CY 2020 Revisions to Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment Policies; Final Rule and Interim Final Rule*, 84 Fed. Reg. 62,568 (Nov. 15, 2019) and Addendum B, both available at: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices-Items/CMS-1715-F>
Calculated dollar amounts reflect national rates before geographic adjustment.

² The "2021 Final Rates" are calculated using: 1) the revised 2021 conversion factor (CF) of 34.8931; and 2) revised, 2021 total RVUs, comprised of: work RVU (wRVU), non-facility (NF) Practice Expense RVU (peRVU), and malpractice RVU (mRVU) weights, as per the CMS recalculation for *CMS-1734-F. Medicare Program; CY 2021 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment Policies; Final Rule*, 85 Fed. Reg. 84,472 (Dec. 28, 2020) and Addendum B, both available at: <https://www.cms.gov/medicare/medicare-fee-service-payment/physicianfeeschedpfs-federal-regulation-notices/cms-1734-f>
Calculated dollar amounts reflect national rates before geographic adjustment.

³ Contractor-priced code. Contractors establish RVUs and payment amounts for these services.

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