

# 2017 Final Medicare Coding & Payment for Drug Administration Services Under the Hospital Outpatient Prospective Payment System \*

CPT® Codes	Descriptor	2016 National Final OPPS \$ Rates <sup>1</sup>	2017 National Final OPPS \$ Rates <sup>2</sup>
<b>Hydration Infusion</b>			
96360	IV infusion, hydration; initial, 31 minutes to 1 hour	92.40	179.69
96361	IV infusion, hydration; each additional hour	30.87	34.76
<b>Therapeutic/prophylactic/diagnostic infusion</b>			
96365	IV infusion for therapy/prophylaxis/diagnosis, initial, up to 1 hour	173.18	179.69
96366	IV infusion for therapy/prophylaxis/diagnosis; each additional hour	30.87	34.76
96367	Additional sequential infusion of a new drug/substance, up to 1 hour	42.31	53.15
96368	Concurrent infusion		<i>Packaged</i>
96369	Subcutaneous infusion; therapy/prophylaxis; initial, up to 1 hour	173.18	179.69
96370	Subcutaneous infusion; therapy/prophylaxis, each additional hour	30.87	34.76
96379	Unlisted therapeutic/prophylactic/diagnostic iv or ia injection or infusion	30.87	34.76
<b>Chemotherapy &amp; complex biologic infusion</b>			
96413	Chemo administration, iv infusion; up to 1 hr, single/initial substance or drug	280.27	279.33
96415	Chemo administration, intravenous infusion; each additional hour	42.31	53.15
96417	Chemo IV; each additional sequential infusion (different substance/drug) up to 1 hour	42.31	53.15
96422	Chemotherapy, intra-arterial infusion technique up to 1 hour	280.27	179.69
96423	Chemotherapy, intra-arterial infusion technique; each additional hour	42.31	34.76
<b>IV push technique</b>			
96374	Therapeutic/prophylactic/diagnostic iv push; single or initial substance or drug	92.40	179.69
96375	Therapeutic, prophylactic or diagnostic iv push, new substance/drug	42.31	34.76
96376	Therapeutic, prophylactic or diagnostic injection same substance/drug provided in facility		<i>Packaged</i>
96373	Therapeutic prophylactic or diagnostic injection, intra-arterial	92.40	179.69
96409	Chemo administration, intravenous push, single or initial substance/drug	173.18	179.69
96411	IV push, each additional chemo substance/drug	92.40	53.15
96420	Chemotherapy, intra-arterial, push technique	280.27	279.33
<b>Injection</b>			
96372	Therapeutic, prophylactic or diagnostic injection, sc or im	42.31	53.15
96401	Chemo administration sc or im; non-hormonal anti-neoplastic;	92.40	53.15
96402	Chemo administration, sc or im; hormonal anti-neoplastic;	42.31	53.15
<b>Prolonged infusion and related codes</b>			
C8957	Intravenous infusion for therapy/diagnosis; initiation of prolonged infusion (>8 hrs), requiring use of portable or implantable pump	280.27	279.33
96416	Chemo, initiation of prolonged intravenous infusion (>8 hrs) requiring use of a portable/implantable pump	280.27	279.33
96425	Chemo initiation of prolonged intra-arterial infusion (>8 hrs) requiring use of a portable/implantable pump	280.27	279.33
96521	Refill & maintenance of portable pump	173.18	179.69
96522	Refill/maintenance of implantable pump/reservoir system (e.g., iv, ia)	173.18	179.69
96523	Irrigation of implanted venous access device for drug delivery systems	55.94	54.53
<b>Other chemo administration codes</b>			
96405	Chemo intralesional, up to and including 7 lesions	42.31	53.15
96406	Chemo intralesional, more than 7 lesions	173.18	179.69
96440	Chemo, intracavitary; pleural cavity	280.27	279.33
96446	Chemo, admn peritoneal cavity	280.27	279.33
96450	Chemo, into CNS; e.g., intrathecal	280.27	279.33
96542	Chemo injection subarachnoid or intraventricular via sc reservoir	173.18	179.69
96549	Chemo, unlisted procedure	30.87	34.76

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\*NOTE: All reimbursement is presented as national, unadjusted rates. Actual provider payment rates will vary according to the geographic location of the facility. The rates have not been adjusted for any impact of sequestration. Furthermore, these rates do not apply to drug administration services furnished at off-campus outpatient departments that are subject to the site neutrality provision in Section 603 of the Bipartisan Budget Act of 2015. In CY 2017, such non-excepted services, when provided in an off-campus provider-based department, will be paid at newly established, site-of-service specific MPPS rates based on a 50-percent reduction to the OPPS rate. Payment for separately payable Part B Drugs is not impacted by this policy.

<sup>1</sup> CMS-1633-FC Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Program; Final Rule with comment period, 80 Fed. Reg. 70,298 (Nov. 13, 2015) and Addendum B available at: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Hospital-Outpatient-Regulations-and-Notices-Items/CMS-1633-FC.html?DLPage=1&DLEntries=10&DLSort=2&DLSortDir=descending>

<sup>2</sup> CMS-1656-FC and IFC Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Final Rule with comment period and interim final rule with comment period, and Addendum B, displayed Nov. 1, 2016, at: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Hospital-Outpatient-Regulations-and-Notices-Items/CMS-1656-FC.html?DLPage=1&DLEntries=10&DLSort=2&DLSortDir=descending>

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