

2018 Final Medicare Coding & Payment for Drug Administration Services Under the Hospital Outpatient Prospective Payment System

CPT® Codes	Descriptor	2017 National Final OPPS \$ Rates ¹	2018 National Final OPPS \$ Rates ²
Hydration Infusion			
96360	IV infusion, hydration; initial, 31 minutes to 1 hour	179.69	191.08
96361	IV infusion, hydration; each additional hour	34.76	37.03
Therapeutic/prophylactic/diagnostic infusion			
96365	IV infusion for therapy/prophylaxis/diagnosis, initial, up to 1 hour	179.69	191.08
96366	IV infusion for therapy/prophylaxis/diagnosis; each additional hour	34.76	37.03
96367	Additional sequential infusion of a new drug/substance, up to 1 hour	53.15	58.20
96368	Concurrent infusion		<i>Packaged</i>
96369	Subcutaneous infusion; therapy/prophylaxis; initial, up to 1 hour	179.69	191.08
96370	Subcutaneous infusion; therapy/prophylaxis, each additional hour	34.76	37.03
96379	Unlisted therapeutic/prophylactic/diagnostic iv or ia injection or infusion*	34.76	37.03
Chemotherapy & complex biologic infusion			
96413	Chemo administration, iv infusion; up to 1 hr, single/initial substance or drug	279.33	297.54
96415	Chemo administration, intravenous infusion; each additional hour	53.15	58.20
96417	Chemo IV; each additional sequential infusion (different substance/drug) up to 1 hour	53.15	58.20
96422	Chemotherapy, intra-arterial infusion technique up to 1 hour	179.69	191.08
96423	Chemotherapy, intra-arterial infusion technique; each additional hour	34.76	37.03
IV push technique			
96374	Therapeutic/prophylactic/diagnostic iv push; single or initial substance or drug	179.69	191.08
96375	Therapeutic, prophylactic or diagnostic iv push, new substance/drug	34.76	37.03
96376	Therapeutic, prophylactic or diagnostic injection same substance/drug provided in facility		<i>Packaged</i>
96373	Therapeutic prophylactic or diagnostic injection, intra-arterial	179.69	191.08
96409	Chemo administration, intravenous push, single or initial substance/drug	179.69	191.08
96411	IV push, each additional chemo substance/drug	53.15	58.02
96420	Chemotherapy, intra-arterial, push technique	279.33	297.54
Injection			
96372	Therapeutic, prophylactic or diagnostic injection, sc or im*	53.15	58.20
96401	Chemo administration sc or im; non-hormonal anti-neoplastic*	53.15	58.20
96402	Chemo administration, sc or im; hormonal anti-neoplastic*	53.15	58.20
Prolonged infusion and related codes			
C8957	Intravenous infusion for therapy/diagnosis; initiation of prolonged infusion (>8 hrs), requiring use of portable or implantable pump	279.33	297.54
96416	Chemo, initiation of prolonged intravenous infusion (>8 hrs); portable/implantable pump	279.33	297.54
96425	Chemo, initiation of prolonged intra-arterial infusion (>8 hrs); portable/implantable pump	279.33	297.54
96521	Refill & maintenance of portable pump	179.69	191.08
96522	Refill/maintenance of implantable pump/reservoir system (e.g., iv, ia)	179.69	191.08
96523	Irrigation of implanted venous access device for drug delivery systems*	54.53	55.96
Other chemo administration codes			
96405	Chemo intralesional, up to and including 7 lesions*	53.15	58.20
96406	Chemo intralesional, more than 7 lesions	179.69	191.08
96440	Chemo, intracavitary; pleural cavity	279.33	297.54
96446	Chemo, admn peritoneal cavity	279.33	297.54
96450	Chemo, into CNS; e.g., intrathecal	279.33	297.54
96542	Chemo injection subarachnoid or intraventricular via sc reservoir	179.69	191.08
96549	Chemo, unlisted procedure*	34.76	37.03

* STV-Packaged Code: packaged APC payment if billed on the same claim as a HCPCS code assigned status indicator "S", "T", or "V"; listed rates apply when code is separately payable

NOTE: All reimbursement is presented as national rates. Actual provider payment rates will vary according to the geographic location of the facility, requiring application of the appropriate adjustment factor to the rate calculation. The rates have not been adjusted for any impact of sequestration. Further, 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. For CY 2018, such nonexcepted services, when provided by a nonexcepted off-campus provider-based department of a hospital, will be paid at newly established, site-of-service specific MPFS rates based on a 40% reduction to the OPPS rate. [Medicare Program; Revisions to Payment Policies under the Physician Fee Schedule and Other Revisions to Part B for CY 2018; Medicare Shared-Savings Program Requirements; and Medicare Diabetes Prevention Program; Final Rule, at 201 (Nov. 2, 2017)], available at: <https://s3.amazonaws.com/public-inspection.federalregister.gov/2017-23953.pdf> Payment for separately payable Part B Drugs is not impacted by this policy.

¹ CMS-1656-FC and IFC Medicare Program; Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Final rule, 81 Fed. Reg. 79,562 (Nov. 14, 2016), available at: <https://www.gpo.gov/fdsys/pkg/FR-2016-11-14/pdf/2016-26515.pdf>

² CMS-1678-FC Medicare Program; Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Final Rule Unpublished (Nov. 1, 2017), available at: <https://s3.amazonaws.com/public-inspection.federalregister.gov/2017-23932.pdf>

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