

# Final 2020 Medicare Coding & Payment\* for Drug Administration Services under the Physician Fee Schedule

CPT® Codes	Description	2019 Final \$ Rates <sup>1</sup>	2020 Final \$ Rates <sup>2</sup>
<b>Hydration</b>			
96360	IV infusion, hydration, 31 minutes to 1 hour	38.56	34.65
96361	IV infusion, hydration; each additional hour	13.69	13.71
<b>Therapeutic, Prophylactic, and Diagnostic Infusions</b>			
96365	IV infusion, for therapy/ prophylactic/ diagnostic, initial, up to 1 hr	72.80	72.18
96366	IV infusion for therapy/prophylaxis/diagnosis; each additional hour	21.98	22.01
96367	Additional sequential infusion of a new drug/substance, up to 1 hr	31.71	31.40
96368	Concurrent infusion	21.26	21.29
96379	Unlisted therapeutic, prophylactic or diagnostic intravenous or intra-arterial injection or infusion	N/A <sup>3</sup>	N/A <sup>3</sup>
<b>Chemotherapy &amp; complex drug/biologic infusions</b>			
96413	Chemo administration, intravenous infusion; up to 1 hour, single or initial substance or drug	143.08	142.55
96415	Chemo administration, intravenous infusion; each additional hour	30.99	30.68
96417	Chemo iv; each additional sequential infusion (different substance/drug) up to 1 hour	69.20	69.29
96422	Chemotherapy, intra-arterial infusion technique up to 1 hour	174.79	173.59
96423	Chemotherapy, intra-arterial infusion technique; each additional hour	80.73	80.48
96416	Chemo, initiation of prolonged iv infusion (>8 hrs) requiring portable/ implantable pump	143.44	142.55
<b>IV push</b>			
96374	Therapeutic, prophylactic or diagnostic intravenous push; single or initial substance or drug	39.64	40.06
96375	Therapeutic, prophylactic or diagnostic iv push, new substance/drug	16.94	16.60
96373	Therapeutic, prophylactic or diagnostic injection, intra-arterial	19.10	18.77
96409	Chemo administration, intravenous push, single or initial substance/drug	109.92	110.07
96411	IV push, each additional chemo substance/drug	59.46	59.91
96420	Chemotherapy, intra-arterial, push technique	106.32	105.74
<b>Injections</b>			
96372	Therapeutic, prophylactic or diagnostic injection, sc or im	16.94	14.44
96377	Application on-body injector	20.54	20.21
96401	Chemo administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic	80.73	80.12
96402	Chemo administration, subcutaneous or intramuscular; hormonal anti-neoplastic	31.35	32.12
<b>Other chemotherapy administration codes</b>			
96425	Chemo initiation of prolonged ia infusion (>8 hrs) requiring use of a portable/ implantable pump	185.24	184.06
96549	Unlisted chemotherapy procedure	N/A <sup>3</sup>	N/A <sup>3</sup>
96405	Chemo intralesional, up to and including 7 lesions	83.25	84.81
96406	Chemo intralesional, more than 7 lesions	124.70	130.28

CPT copyright 2019 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

\* **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.

<sup>1</sup> The "2019 Final Rates" are calculated using: 1) the Final CY 2019 conversion factor (CF) of 36.0391; 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-1693-F Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2019; Final Rule*, 83 Fed. Reg. 59,452 (Nov. 23, 2019) and Addendum B, both available at: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices-Items/CMS-1693-F.html?DLPage=1&DLEntries=10&DLSort=2&DLSortDir=descending>  
Calculated dollar amounts reflect national rates before geographic adjustment.

<sup>2</sup> 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.

<sup>3</sup> Contractor-priced code. Contractors establish RVUs and payment amounts for these services.

This document is presented for informational purposes only and is not intended to provide reimbursement or legal advice. Laws, regulations, and policies concerning reimbursement are complex and are updated frequently. While we have made effort to be current, the information may not be as current or comprehensive when you view it. In addition, this information does not represent any statement, promise, or guarantee by Johnson & Johnson Health Care Systems Inc. or its affiliates about coverage, levels of reimbursement, payment, or charge. Please consult with your payer organization(s) for local or actual coverage and reimbursement policies and determination processes. Please consult with your counsel or reimbursement specialist for any reimbursement or billing questions specific to your institution.