

MLN Matters Number: MM3192

Related Change Request (CR) #: 3192

Related CR Release Date: April 23, 2004

Effective Date: January 1, 2004

Related CR Transmittal #: R147CP

Implementation Date: May 24, 2004

## *MMA – Payment for Chemotherapy Administration Services, Nonchemotherapy Drug Infusion Services, and Drug Injection Services*

**Note:** This article was updated on May 7, 2013, to reflect current Web addresses. All other information remains unchanged.

### Provider Types Affected

Physicians

### Provider Action Needed



#### **STOP – Impact to You**

Physicians should note that this instruction affects payment for chemotherapy administration and nonchemotherapy drug infusion services furnished on or after January 1, 2004.



#### **CAUTION – What You Need to Know**

Understand the revised payment policy for chemotherapy administration and nonchemotherapy drug infusion services.



#### **GO – What You Need to Do**

Be sure that billing staff are aware of these changes and code claims accordingly.

### Background

This instruction incorporates the policy included in Change Request (CR) 3028 (Transmittal 34, dated December 24, 2003) pursuant to the Medicare Modernization Act of 2003 (MMA, Section 303), which affects payment for chemotherapy administration and nonchemotherapy drug infusion services furnished on or after January 1, 2004. In addition, this instruction includes all the

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necessary business requirements for the payment policy on chemotherapy administration and nonchemotherapy drug infusion services not originally included in CR3028.

The Medicare physician fee schedule is used to pay for services that correspond to Current Procedural Terminology (CPT) codes for:

- Chemotherapy administration services;
- Therapeutic or diagnostic infusions (excluding chemotherapy); and
- Drug injection codes.

In addition, these CPT codes have had:

- Practice expense relative value units;
- Malpractice relative value units; but
- Zero physician work relative value units.

For services furnished prior to January 1, 2004, carriers allowed:

- Chemotherapy administration services CPT code 96408 (Chemotherapy administration, intravenous; push technique) to be billed and paid only once per day (even if the physician administered multiple drugs).
- Drug injection codes (90782 to 90788) to be billed and paid separately (only if no other physician fee schedule service was being paid at the same time). For example, if CPT code 99211 was billed with a drug injection code, the carrier paid only for CPT code 99211.

For services furnished on or after January 1, 2004, carriers shall allow:

- Chemotherapy administration services CPT code 96408 (Chemotherapy administration, intravenous; push technique) to be billed and paid more than once per day. Payment shall be allowed for CPT code 96408 for each drug administered.
- Drug injection codes to be billed and paid separately (only if no other physician fee schedule service is being paid at the same time). If CPT code 99211 is billed with a drug injection code, the carrier pays only for CPT code 99211.

For services furnished on or after January 1, 2004, carriers shall not allow:

- CPT code 99211 (with or without modifier 25) to be billed or paid on the same day as a chemotherapy administration service or a nonchemotherapy drug infusion service.

In addition, Medicare carriers have been instructed:

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- To pay for evaluation and management services, other than 99211, provided by the physician on the same day as the chemotherapy administration codes of 96400, 96408 to 96425, 96520 or 96530 if the evaluation and management service meets the requirements of *Chapter 12, Section 30.6.6* of the *Medicare Claims Processing Manual (Pub 100-04)* even though the underlying codes do not have global periods.
- To pay for evaluation and management services, other than 99211, provided by the physician on the same day as the nonchemotherapy drug infusion service (90780 or 90781), if the evaluation and management service meets the requirements of *Chapter 12, Section 30.6.6* even though the underlying codes do not have global periods.
- To use an appropriate adjustment reason code when denying a service that is not separately payable.

Medicare carriers will not adjust claims already processed unless such claims are brought to the attention of the carrier by the physician.

Also, pursuant to Section 303 of the MMA, CMS has established work relative value units for:

- Chemotherapy administration services (CPT codes 96400, 96408 to 96425, 96520 and 96530);
- Nonchemotherapy drug infusion services (CPT codes 90780 to 90781); and
- Drug injection codes (CPT codes 90782 to 90788).

The work relative value for each code is equal to the work relative value unit for a level 1 office medical visit for an established patient (CPT code 99211). CPT code 99211 is a level 1 established patient office visit with physician work relative values of 17.

## Additional Information

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The official instruction issued to your carrier regarding this change may be found by going to <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R147CP.pdf> on the CMS website.

Revised portions of Chapter 12, Sections 20.3, and 30.5 are attached to the instruction at this website.

For other information from Chapter 12 and other portions of the *Medicare Claims Processing Manual*, visit: <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs.html> on the CMS website.

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If you have any questions, please contact your carrier at their toll-free number, which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

In addition, CR3028, Transmittal 34, dated December 24, 2003, can be reviewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R34OTN.pdf> on the CMS website.

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