

**CODING AND PAYMENT CHANGES FOR MEDICARE DRUG ADMINISTRATION CODES**

**(Payment amounts reflect national averages for office-based (non-facility) settings)**

**\*See notes below for more information**

<b>2005 Medicare Codes</b>	<b>2005 Code Description</b>	<b>2005 RVUs Work Practice Exp. <u>Malpractice</u> Total</b>	<b>2005 Payment Rate (Includes 3% Add-On)</b>	<b>2004 Medicare (CPT) Codes</b>	<b>2004 Code Description</b>	<b>2004 RVUs Work Practice Exp. <u>Malpractice</u> Total</b>	<b>2004 Payment Rate (Includes 32% Add-On)</b>
<b>HYDRATION</b> <i>(APPLY TO PRE-PACKAGED FLUID AND ELECTROLYTES, E.G., SALINE)</i>							
G0345	Initial hour of IV hydration, initial, up to 1 hour	0.17 1.42 <u>0.07</u> <b>1.66</b>	\$64.80	90780	Initial hour, IV infusion for tx/dx (including saline), up to 1 hour	0.17 2.15 <u>0.07</u> <b>2.39</b>	\$117.79
G0346	each additional hour of hydration, up to 8 hours	0.09 0.40 <u>0.04</u> <b>.53</b>	\$20.69	90781	each additional hour of IV infusion for tx/dx, up to 8 hours	0.17 0.46 <u>0.04</u> <b>0.67</b>	\$33.02
<b>THERAPEUTIC/DIAGNOSTIC DRUG ADMINISTRATION</b> <i>(APPLY TO NON-CHEMOTHERAPY AGENTS)</i>							
G0347	Initial hour of IV infusion, initial tx/dx drug, up to 1 hour	0.21 1.75 <u>0.07</u> <b>2.03</b>	\$79.24	90780	Initial hour, IV infusion for tx/dx (including saline), up to 1 hour	0.17 2.15 <u>0.07</u> <b>2.39</b>	\$117.79
G0348	each additional hour of tx/dx infusion, up to 8 hours	0.18 0.46 <u>0.04</u> <b>0.68</b>	\$26.54	90781	each additional hour of IV infusion for tx/dx, up to 8 hours	0.17 0.46 <u>0.04</u> <b>0.67</b>	\$33.02
G0349	administration of each additional sequentially infused tx/dx drug, up to 1 hour	0.19 0.89 <u>0.04</u> <b>1.12</b>	\$43.72	N/A	N/A	N/A	N/A
G0350	administration of concurrently infused tx/dx drug	0.17 0.44 <u>0.04</u> <b>0.65</b>	\$25.37	N/A	N/A	N/A	N/A
G0351	Injection, single/initial tx/drug, subcutaneous or intramuscular	0.17 0.31 <u>0.01</u> <b>0.49</b>	\$19.13	90782	Injection for tx/dx, subcutaneous or intramuscular	0.17 0.32 <u>0.01</u> <b>0.50</b>	\$24.64

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G0353	IV push, single/initial tx/dx drug	0.18 1.29 <u>0.04</u> <b>1.51</b>	\$58.95	90784	intravenous push for tx/dx	0.17 0.80 <u>0.01</u> <b>1.01</b>	\$49.78
G0354	administration of each additional sequentially pushed tx/dx drug	0.10 0.57 <u>0.04</u> <b>0.71</b>	\$27.72	N/A	N/A	N/A	N/A
<b><i>CHEMOTHERAPY DRUG ADMINISTRATION CODES (APPLY TO NON-RADIONUCLIDE ANTI-NEOPLASTIC AGENTS, MONOCLONAL ANTIBODIES, AND BIOLOGIC RESPONSE MODIFIERS)</i></b>							
G0355	Chemo injection, subcutaneous or intramuscular, non-hormonal agent	0.21 1.14 <u>0.01</u> <b>1.36</b>	\$53.09	96400	Chemo injection, subcutaneous or intramuscular	0.17 1.12 <u>0.01</u> <b>1.30</b>	\$64.07
G0356	Chemo injection, subcutaneous or intramuscular, hormonal agent	0.19 0.74 <u>0.01</u> <b>0.94</b>	\$36.69	96400	Chemo injection, subcutaneous or intramuscular	0.17 1.12 <u>0.01</u> <b>1.30</b>	\$64.07
G0357	Chemo IV push, single/initial drug	0.24 2.92 <u>0.06</u> <b>3.22</b>	\$125.69	96408	Chemo IV push	0.17 2.91 <u>0.06</u> <b>3.14</b>	\$154.76
G0358	administration of each additional sequentially pushed chemo drug	0.20 1.61 <u>0.06</u> <b>1.87</b>	\$73.00	96408	administration of each additional pushed chemo drug	0.17 2.91 <u>0.06</u> <b>3.14</b>	\$154.76
G0359	Chemo IV infusion, single/initial drug, initial hour	0.28 4.19 <u>0.08</u> <b>4.55</b>	\$177.60	96410	Chemo IV infusion, initial hour	0.17 4.16 <u>0.08</u> <b>4.41</b>	\$217.35
G0360	each additional hour of chemo infusion (up to 8 hours)	0.19 0.77 <u>0.07</u> <b>1.03</b>	\$40.20	96412	each additional hour of chemo infusion (up to 8 hours)	0.17 0.74 <u>0.07</u> <b>0.98</b>	\$48.30

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G0361	initiation of prolonged chemo (more than 8 hours)	0.21 4.60 <u>0.08</u> <b>4.89</b>	\$190.88	96414	initiation of prolonged chemo (more than 8 hours)	0.17 5.22 <u>0.08</u> <b>5.47</b>	\$269.59
G0362	administration of each additional sequentially infused chemo drug, up to 1 hour	0.21 1.94 <u>0.07</u> <b>2.22</b>	\$86.65	N/A	N/A	N/A	N/A
96520	Refill/maintenance of portable pump	0.21 3.76 <u>0.06</u> <b>4.03</b>	\$157.31	96520	Refill/maintenance of portable pump	0.17 3.94 <u>0.06</u> <b>4.17</b>	\$205.52
G0363	Irrigation of implanted venous access device (port flush)	0.04 0.69 <u>0.01</u> <b>0.74</b>	\$28.88	N/A	N/A		N/A
96530	Refill/maintenance of implanted pump	.21 2.64 <u>0.06</u> <b>2.91</b>	\$113.59	96530	Refill/maintenance of implanted pump	0.17 2.86 <u>0.06</u> <b>3.09</b>	\$152.29

**Notes:**

1. The “average payment” figures assume a wage index of 1.000 – actual payment rates will be affected by the applicable wage index adjustment.
2. Medicare will cover one “initial” code per day. The “initial” code should be the best code to describe the key service and does not need to follow the order in which the infusions occur. “Initial” codes are G0345 (hydration), G0347 (non-chemo tx/dx infusion), G0353 (non-chemo IV push), G0357 (chemo IV push), and G0359 (chemo infusion)
3. Medicare will now pay separately for non-chemotherapy injections and IV pushes even if another service is billed that day. Therefore, G codes G0351-G0354 will be eligible for separate payment.
4. Reporting of code G0357 (chemo IV push, single/initial drug) or G0359 (chemo infusion, initial hour, single/initial drug) is required for encounters to qualify for the \$130 demonstration payment. The demonstration payment will be made once per day for treatment of a patient with cancer.
5. Certain drug administration codes do not appear in this table because the codes remain the same and the payment does not change significantly. Those codes include 90788 (injection of antibiotic) and codes for intra-lesional, intra-arterial, and intra-cavitary chemotherapy administration.
6. The code descriptions provided in this table are in some cases different than the exact descriptors of the G codes in the Medicare fee schedule. ASCO has deviated from the official descriptions for some codes in an attempt to provide additional clarity.
7. CMS has stated that codes for the infusion of “additional sequential” drugs (G0349 and G0362) crosswalk to the old codes for “each additional hour” of infusion (90781 and 96412, respectively). For the purposes of evaluating payment changes, ASCO agrees that some of the services that were previously coded under the “each additional hour” codes will be captured by the “additional sequential” codes. However, in terms of describing the service provided, the “additional sequential” codes are new.