

CHEMOTHERAPY DRUG ADMINISTRATION CODES Con't

(Apply to non-radionuclide anti-neoplastic agents, monoclonal antibodies, and biologic response modifiers)

2005 Medicare Codes	2005 Code Description	2005 Payment Rate (Includes 3% Add-On)	2004 Medicare (CPT) Codes	2004 Code Description	2004 Payment Rate (Includes 32% Add-On)
G0359	Chemo IV infusion, single/initial drug, initial hour	\$177.60	96410	Chemo IV infusion, initial hour	\$217.35
G0360	Each additional hour of chemo infusion (up to 8 hours)	\$40.20	96412	Each additional hour of chemo infusion (up to 8 hours)	\$48.30
G0361	Initiation of prolonged chemo (more than 8 hours)	\$190.88	96414	Initiation of prolonged chemo (more than 8 hours)	\$269.59
G0362	Administration of each additional sequentially infused chemo drug, up to 1 hour	\$86.65	N/A	N/A	N/A
96520	Refill/maintenance of portable pump	\$157.31	96520	Refill/maintenance of portable pump	\$205.52
G0363	Irrigation of implanted venous access device (port flush)	\$28.88	N/A	N/A	N/A
96530	Refill/maintenance of implanted pump	\$113.59	96530	Refill/maintenance of implanted pump	\$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 (see p. 29).
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.

