Practical Tips

Current Procedural Terminology 2009 Coding Changes for Drug Administration

There are some significant changes to the drug administration codes in 2009. *Current Procedural Terminology 2009 (CPT)*, published by the American Medical Association, has reorganized the hydration and therapeutic/diagnostic/prophylactic administration codes so they appear in the same section as the chemotherapy administration codes. This reorganization groups all the drug administration codes together in the Medicine section of *CPT*.

Because of this reorganization, the hydration and therapeutic/diagnostic/prophylactic drug administration services have new *CPT* codes effective January 1, 2009. It is important to

note that only the code numbers have changed. The code descriptions for these services remain the same. Table 1 provides a quick cross-reference between the new 2009 *CPT* codes and the 2008 codes.

CPT 2009 contains other changes because of the restructuring of the hydration and therapeutic administration codes. Specifically, there is now one preamble section for drug administration services, titled "Hydration, Therapeutic, Prophylactic, Diagnostic Injections and Infusions, and Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration."

Table 1. Current Procedural Terminology 2009 Coding Changes

NEW 2009 CPT Code	2009 CPT Code Description	2008 CPT Code	NEW 2009 CPT Code	2009 CPT Code Description	2008 CPT Code
96360	Intravenous infusion, hydration; initial, 31 min to 1 h	90760	96371	Additional pump set-up with establishment of new subcutaneous infusion site(s)	90771
96361	Each additional hour	90761	96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	90772
96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 h	90765	96373	Intra-arterial	90773
96366	Each additional hour	90766	96374	Therapeutic, prophylactic or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug	90774
96367	Additional sequential infusion, up to 1 h	90767	96375	Each additional sequential intravenous push of a new substance/drug	90775
96368	Concurrent infusion	90768	96376	Each additional sequential intravenous push of the same substance/drug provided in a facility	90776
96369	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); initial, up to one hour, including pump set-up and establishment of subcutaneous infusion site(s)	90769	96379	Unlisted therapeutic, prophylactic, or diagnostic intravenous or intra-arterial injection or infusion	90779
96370	Each additional hour	90770			

Where Do Medicare Patients Receive Their Cancer Care?

Recently, ASCO asked The Moran Company a health care research and consulting firm based in Washington, DC, to conduct an analysis to determine where Medicare beneficiaries typically receive chemotherapy treatment. The analysis confirms that Medicare beneficiaries with a diagnosis of cancer continue to receive the vast majority of chemotherapy services in a physician office setting.

A review of 2006 Medicare claims data, taken from hospital claims provided in the 2006 Medicare 5% Standard Analytic Files, found that 76% of Medicare patients with cancer receive chemotherapy solely in a physician's office. Fifteen percent received treatment only in a hospital outpatient department, and 3% received treatment only in an inpatient setting. Five percent of patients received chemotherapy treatment in a combination of physician offices and hospitals.

2009 Medicare Part B Competitive Acquisition Program Postponed

The Centers for Medicare and Medicaid Services announced that it has postponed the Competitive Acquisition Program (CAP) for 2009. The organization accepted bids from vendors for the 2009 to 2011 contractual period; however, its Web site states that "contractual issues with the successful bidders" led to the decision to postpone the program.

CAP drugs will no longer be available through a CAP-approved vendor after December 31, 2008, and there will be no physician election period for 2009. The Centers will provide ongoing updates and information regarding the program on the CAP site at http://www.cms.hhs.gov/CompetitiveAcquisforBios/02_infophys.asp.

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Table 2. Number and Percent of Medicare Patients Receiving Chemotherapy by Site of Service, 2006

Chemotherapy Site of Care	Medicare Patients	
	No.	%
Physician office only	555,460	76
Hospital only	136,660	19
Inpatient	18,520	3
Outpatient	111,440	15
Inpatient and outpatient	6,700	1
Both office and hospital	37,620	5
Outpatient and office	22,480	3
Inpatient and office	12,680	2
Inpatient, outpatient, and office	2,460	0
Total	729,740	100

LETTERS OF INTENT ARE DUE DECEMBER 4th FOR 2009 ADVANCED CLINICAL RESEARCH AWARD (ACRA) IN BREAST CANCER

The ASCO Cancer Foundation is pleased to announce that applications are now open for the 2009 ACRA in Breast Cancer. Breast cancer researchers looking to conduct original research not currently funded are encouraged to apply. Letters of intent must be submitted by December 4, 2008; completed applications are due by January 8, 2009. To apply, visit www.ascofoundation.org/acrabreast.