

## Making Sense of New Injection Codes for Medicare

With recent changes, chemotherapy administration codes can be used for IV and IM administration, regardless of the diagnosis.

By Sharon Andrews, RN, CCS-P

The Medicare Modernization Act produced some new rules and some new codes for IV and IM administration of medications. The changes may lead to better reimbursements for dermatologists who administer biologic agents and other therapies. Here's a review of some pertinent codes and what you need to know.

### Replacement Codes

The rules now allow chemotherapy administration codes to be used for conditions other than cancer. The language from Medicare states, "...chemotherapy administration codes apply to parenteral administration of nonradionuclide anti-neoplastic drugs and also to anti-neoplastic agents provided for the treatment of noncancer

diagnoses (e.g., cyclophosphamide for auto-immune conditions) or to substances such as monoclonal anti-body agents and other biologic response modifiers."

Infliximab (Remicade) is included in the category of monoclonal antibodies.

This year G codes have replaced certain CPT codes for drug administration for Medicare patients. The 2006 CPT book will

include new CPT codes and rules of use to be used for all payors.

The following is a list of some of the CPT codes, their descriptions, and the replacement G codes. Not all changes are listed. Note that some CPT codes have been replaced by more than one G code for further specificity of the type of therapy.

**90780:** Intravenous infusion for therapy/diagnosis, (specify substance or drug); up to one hour.

**Replacement Code:** G0347

**90781:** Each additional hour, up to eight hours (List separately in addition to code for primary procedure and report with G0347)

**Replacement Code:** G0348

**90782:** Therapeutic or diagnostic injection (specify substance or drug); subcutaneous or intramuscular.

**Replacement Code:** G0351

**96400:** Chemotherapy administration, subcutaneous or intramuscular:

- Non-hormonal anti-neoplastic

**Replacement Code:** G0355

- Hormonal anti-neoplastic

**Replacement Code:** G0356

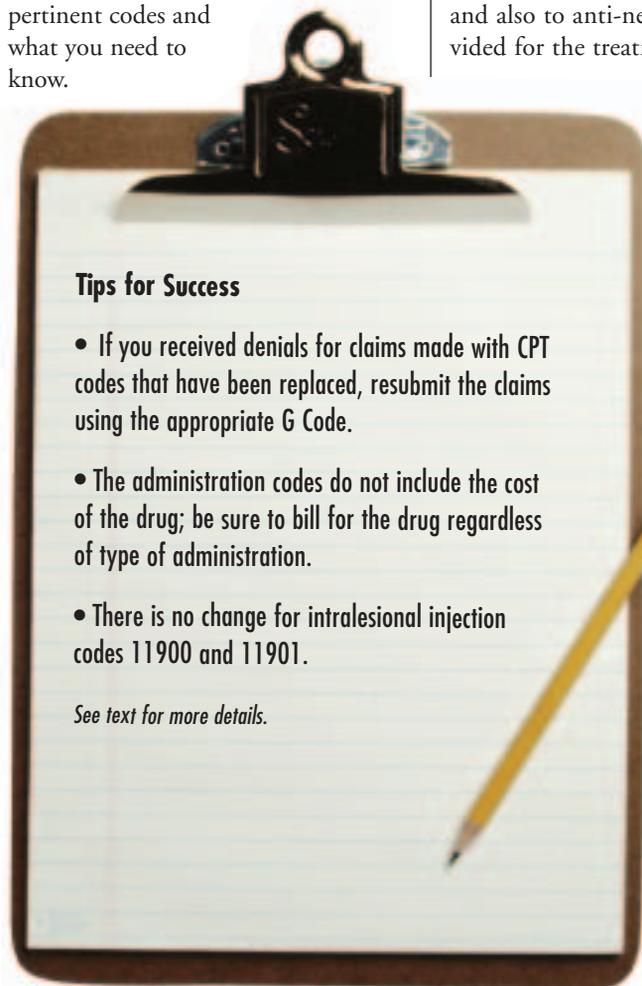
**96410:** Chemotherapy administration, intravenous infusion technique; up to one hour, single or initial substance/drug.

**Replacement Code:** G0359

### Tips for Success

- If you received denials for claims made with CPT codes that have been replaced, resubmit the claims using the appropriate G Code.
- The administration codes do not include the cost of the drug; be sure to bill for the drug regardless of type of administration.
- There is no change for intralesional injection codes 11900 and 11901.

See text for more details.



**96412:** Chemotherapy administration, intravenous infusion technique, each additional hour, one to eight hours. Use in conjunction with G0359.

**Replacement Code:** G0360

### Take Note

Codes 96405 (Chemotherapy administration, intralesional; up to and including seven lesions) and 96406 (more than seven lesions) remain in use. They are now used for intralesional injection of a chemotherapy drug, regardless of the condition being treated.

As a major change in the payment rules for 2005, injection and infusion codes may now be charged along with an E/M code if there is a significant, separately identifiable E/M service provided on the same day.

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## New in Your Practice

**X-citing Coverage.** UnitedHealthcare as well as Oxford Health Plans recently adopted a policy covering medically necessary treatment of mild to moderate psoriasis using PhotoMedex's XTRAC laser system. The policy decision became effective June 21, 2005. The photos at right show a patient before and after treatments with the XTRAC laser.

**Helping Hand.** Long-term treatment with Cloderm (0.1% clocortolone pivalate) Cream in combination with TheraSeal skin protectant may benefit patients with irritant contact dermatitis of the hands, says Coria Laboratories. According to a study led by Zoe Draelos, MD, a 28-day treatment course with Cloderm and TheraSeal followed by a 60-day course of TheraSeal alone appears to be a highly effective regimen.

**New Beginnings.** Although Connetics received a non-approvable letter for its seborrheic dermatitis drug Extina (2% ketoconazole) last year, the company has been working with the FDA to clarify requirements and announced Extina will enter a final Phase III trial to demonstrate superiority to placebo. Connetics expects to submit a NDA by the end of 2006 and may bring Extina to the market by 2007.

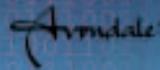


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