

2017 Chemotherapy Prolonged Infusion Coding Update

New HCPCS G0498 became effective for physician claims processed on or after October 3, 2016, with dates of service on or after January 1, 2016. Effective January 1, 2017, G0498 will also become valid for hospital facility fee billing under OPPS. This code is reported when a hospital or office provides a drug for a medically reasonable and necessary prolonged drug infusion, begins the drug infusion in the care setting using an external pump, sends the patient home for a portion of the infusion duration, and has the patient return at the end of the infusion period for a follow-up at the conclusion of the infusion.

G0498 - Chemotherapy administration, intravenous infusion technique; initiation of infusion in the office/clinic setting using office/clinic pump/supplies, with continuation of the infusion in the community setting (e.g., home, domiciliary, rest home or assisted living) using a portable pump provided by the office/clinic, includes follow up office/clinic visit at the conclusion of the infusion.

The new HCPCS G0498 will join three established HCPCS/CPT® codes, two for prolonged chemotherapy infusion with a portable or implantable pump (96416 for intravenous, 96425 for intr-arterial), and one HCPCS C8957 for prolonged non-chemotherapy infusion through a portable pump. G0498 differs from the established HCPCS for similar services in that it encompasses three components: the initiation of chemotherapy in the outpatient setting, the continuation of therapy in the home setting, and a follow-up visit at the conclusion of infusion.

Facilities reporting the new HCPCS will need to ensure the included follow-up exam is not separately reported.

HCPCS code G0498 is billed only once per episode of care using the initiation of treatment as the date of service. HCPCS code G0498 include payment for CPT® 96416 (Initiation of prolonged chemotherapy infusion more than 8 hours) when billed on the same day; separate payment will not be allowed for CPT® 96416 on the same DOS.

2016 HCPCS/CPT®	OPPS APC Status	Medicare Physician Fee Schedule	APC	Weight Payment Nat. Copay Min. Copay
96416 - CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; INITIATION OF PROLONGED CHEMOTHERAPY INFUSION (MORE THAN 8 HOURS), REQUIRING USE OF A PORTABLE OR IMPLANTABLE PUMP	S	GB (P-Fac):\$151.91 GB (P-NonFac):\$151.91	5695	3.8015 381.71 0.00 76.35
96425 - CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL ; INFUSION TECHNIQUE, INITIATION OF PROLONGED INFUSION (MORE THAN 8 HOURS), REQUIRING THE USE OF A PORTABLE OR IMPLANTABLE PUMP	S	GB (P-Fac):\$195.98 GB (P-NonFac):\$195.98	5695	3.8015 381.71 0.00 76.35
C8957 - INTRAVENOUS INFUSION FOR THERAPY/DIAGNOSIS ; INITIATION OF PROLONGED INFUSION (MORE THAN 8 HOURS), REQUIRING USE OF PORTABLE OR IMPLANTABLE PUMP	S		5695	3.8015 381.71 0.00 76.35

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A link and an excerpt from the transmittal initially announcing these codes for professional fee reporting is provided below:

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM9749.pdf>



MLN Matters® Number: MM9749 Revised

Related Change Request (CR) #: CR 9749

Related CR Release Date: August 24, 2016

Effective Date: January 1, 2016

Related CR Transmittal #: R3595CP

Implementation Date: October 3, 2016

In the 2017 OPPS Final Rule, CMS has assigned payment indicator S to HCPCS G0498, indicating that it is separately payable unless packaged with a more comprehensive service such as a HCPCS assigned J1 or J2 status.

The national unadjusted payment rate for G0498 is \$279.33, which is the same as the rate set for the established HCPCS describing infusion services using a pump. Following is an excerpt from the 2017 Final Rule, Addendum B:

HCPCS Code	Short Descriptor	CI	SI	APC	Relative Weight	Payment Rate
96416	Chemo prolong infuse w/pump	CH	S	5694	3.7243	\$279.33
96425	Chemotherapy infusion method	CH	S	5694	3.7243	\$279.33
C8957	Prolonged iv inf, req pump	CH	S	5694	3.7243	\$279.33
G0498	Chemo extend iv infus w/pump	NI	S	5694	3.7243	\$279.33