American Medical Association
CPT Editorial Panel, August 2004 Meeting

Changes to Drug Administration Codes

Background

The CPT Editorial Panel met on August 12th through 14th to consider numerous additions, revisions and deletions to the CPT code set. Among the issues considered by the Panel were multiple changes to physician drug administration codes. The recommendations that were reviewed by the Panel were developed by a drug administration workgroup that was formed in response to the Medicare Prescription Drug, Improvement and Modernization Act's call for a re-examination of the drug administration codes.

The Workgroup included representatives of the specialties that are primary users of the drug administration codes . The group developed its recommendations through an exhaustive and inclusive process that included multiple meetings and conference calls, as well as a public meeting and solicitation of comments on coding options.

The Workgroup's recommendations fell into four categories and called for:

- expanding the types of drugs that qualify for use of complex drug administration codes,
- establishing a new code to describe physician work for oncology clinical treatment planning,
- instituting a new code for the management of severe drug reactions,
- and creating a separate code for the preparation of pharmaceuticals for administration.

CPT Editorial Panel Actions

Over a two day period that included additional meetings of the Drug Administration Workgroup with facilitation provided by Panel Members, the CPT Editorial Panel acted on all recommended changes. The Panel:

1. **accepted** new and revised codes for drug infusion/administration. The new codes establish a hierarchy of less complex infusion codes for hydration, more complex administration codes for therapeutic drugs, and redefines what is intended by chemotherapy in CPT to expand the definition beyond anti-neoplastic drug therapy to include complex drugs that are provided for treatment of non-cancer diagnoses (eg, cyclophosphamide for auto-immune conditions) or to substances such as monoclonal antibody agents provided by any physician.

2. **rejected** new codes for severe reaction management. These new codes would have described the services provided by physicians and their staff to care for patients in cases of severe adverse reactions to drug therapies which may cause life-endangering reactions. The Panel's decision was based on the availability of high level Evaluation and Management (E&M) codes to describe physician work under such circumstances.

In addition, the Panel noted that 99215 (office or other outpatient visit for the evaluation and management of an established patient) contains 63 minutes of RN nurse staff time that is currently built into the practice expense portion of the Medicare Physician Fee Schedule.

3. **rejected** a new code to describe clinical treatment planning for anti-neoplastic (oncology chemotherapy) drug administrations. This service would have described the physician work involved in clinical treatment planning services for the development and revision of a treatment plan for an oncology patient undergoing anti-neoplastic therapy. The Panel expressed concern that the service may overlap with other physician work included in the post service work of E&M codes. In addition, the Panel believed that the issue of treatment planning was larger than oncology and drug administration services, involving other physician specialties and disease processes. As a result, the Panel appointed a Workgroup to examine and make coding recommendations for all relevant disease and case management services.

4. **rejected** new codes to describe physician supervision of preparation by a pharmacist or nurse of anti-neoplastic pharmaceutical supplies. Panel members observed that this recommendation would break pharmaceutical preparation out of the administration codes where practice expenses for this service currently reside. They concluded that since pharmaceutical preparation was necessary for administration, the services and expenses should be included in a single code rather than adding complexity through the development of additional codes.

Next Steps

The CPT Editorial Panel and the RVS Update Committee (RUC) will expedite several steps in their normal process to allow the involved specialty societies to conduct surveys on the physician work and practice expenses involved in the new and revised CPT codes. The RUC will meet on September 30 – October 3 to review the survey data as well as the specialties' relative value recommendations. The final RUC recommendations and the new CPT codes will then be presented to the Centers for Medicare and Medicaid Services in time for the agency to accept, reject or revise them and to develop appropriate temporary HCPCS "G codes" and relative values for drug administration in the 2005 Medicare Physician Fee Schedule.