

## Part B Insider (Multispecialty) Coding Alert

### Oncology: Last, Best Hope For Avoiding Cancer Cuts: Coding Changes

#### ASCO hopes AMA, CMS adopt new codes to save oncologists

Time is running out for oncologists to avoid a staggering cut to their reimbursement for chemotherapy drugs and administration next January.

Oncologists will face serious cuts from more than one direction. Cancer drugs are facing steep cuts across the board in the transition from 85 percent of average wholesale price to average sales price plus 6 percent. Also, a transitional add-on to administrative payments will drop from 32 percent to 3 percent.

The **American Society for Clinical Oncology** still hopes a legislative fix may prevent this nightmare from hitting cancer patients, but the best hope may lie in an administrative fix. If Medicare can implement new codes by January 1 for oncologists' services, these codes could add some reimbursement back into the mix. And new codes could add to oncologists' reimbursement without taking money from elsewhere.

One possibility would be for CMS to introduce a new G-code to pay oncologists appropriately for the work they do. But CMS isn't sure a new G-code would fall under the exemption to budget-neutrality requirements that Congress left open for new administrative codes, says **Deborah Kamin**, ASCO's senior director of cancer policy and clinical affairs.

So the likeliest source of rescue by January could come from new CPT codes. Kamin says that the **American Medical Association's** CPT Editorial Panel is looking at new codes for:

1. complex management of chemotherapy;
2. physician management of complications that arise from chemo drug administration, including the side effects of these very toxic drugs;
3. infusion of multiple drugs during the same encounter, first hour (Congress provided for a new code for injection of multiple drugs, but not infusion);
4. revisions to the codes for port access and management;
5. new codes specific to intravenous infusion of monoclonal antibodies.

Kamin expects the AMA to decide which of these codes to pass on to CMS for its consideration soon, and the AMA may announce the decision on its Web site.

Kamin notes that some other specialists would like to see "complex management" codes for cases where a physician is managing a complex illness or complicated treatment regimen. If the AMA adds a medical management code for oncologists, the decision may open the door for similar codes in other specialties, a potential that has made some people reluctant to approve this code, she explains.