



The Interpretation of CPT-4 Codes: An Update

Joseph Bailes

To cite this article: Joseph Bailes (1990) The Interpretation of CPT-4 Codes: An Update, *Oncology Issues*, 5:2, 20-20, DOI: [10.1080/10463356.1990.11905003](https://doi.org/10.1080/10463356.1990.11905003)

To link to this article: <https://doi.org/10.1080/10463356.1990.11905003>



Published online: 19 Oct 2017.



Submit your article to this journal [↗](#)



Article views: 1



View related articles [↗](#)

THE INTERPRETATION OF CPT-4 CODES: AN UPDATE

Joseph Bailes, M.D.

Joseph Bailes, M.D., Chairman of the American Society of Clinical Oncology's Clinical Practice Committee, provides an update on the Society's goal of ensuring that the professional component of oncologic care is properly recognized by the AMA CPT Coding Panel, and its concerns about the 1990 CPT-4 Code Book.

Explicit recognition of the professional component of oncology care has been a goal vigorously pursued by the American Society of Clinical Oncology (ASCO) and its Clinical Practice Committee. As most of you are aware, there has been considerable controversy and concern generated by the publication of the 1990 CPT-4 Code Book. The preamble to the 1990 chemotherapy administration codes appears to restrict the coding for chemotherapy administration to the office setting. This effectively prohibits chemotherapy administration codes from being used in non-office settings, including hospitals, outpatient cancer centers, and outpatient areas of hospitals. Such a policy directly impacts the ability to provide state-of-the-art cancer care to pediatric and adult patients.

ASCO has consistently maintained that the professional component of oncology care should be explicitly recognized. In July 1989, the President of ASCO, Dr. Young, wrote to the Chairman of the American Medical Association's CPT Coding Panel, Dr. Felts, requesting that no changes in the CPT-4 codes be adopted for 1990. ASCO sought such a delay in order to present revisions to the Panel that would reflect current oncologic practice.

In July 1989, before Dr. Young received a response to his letter, the AMA Coding Panel adopted the following chemotherapy administration code preamble for 1990:

"Chemotherapy administration is coded when administered by a physician or a qualified assistant under the supervision of a physician, excluding chemotherapy administered by hospital or home health agency personnel."

In August 1989, I wrote to Celeste Kirshner, Senior Staff of the AMA Coding Panel, strongly protesting this preamble. I also expressed ASCO's desire and belief that the professional component of onco-

logic care should be explicitly acknowledged in the preamble, regardless of the location in which the care is delivered.

After this letter to Ms. Kirshner, and a subsequent phone conversation with her, ASCO was under the impression that no changes would occur in the 1990 code book. As a result, a CPT Coding Subcommittee of ASCO's Clinical Practice Committee—representing practicing oncologists from all areas of the country—was convened to develop a revised preamble that would explicitly recognize the professional component of cancer care:

"Chemotherapy administration includes chemotherapy management, which encompasses the planning, evaluation, and supervision of therapy for each treatment encounter, regardless of setting. Chemotherapy injections are administered by a physician or by qualified personnel acting under the supervision of the physician. Use a modifier-26 when reporting these services as a professional component only."

While work on the revised preamble was ongoing, it came to our attention that the 1990 CPT-4 Code Book would indeed contain the preamble adopted by the AMA Coding Panel in July 1989. As a result, in December 1989, ASCO's representatives and its legal counsel met with the AMA's legal counsel and Barry Eisenberg, Staff Director for the AMA Coding Panel. At this meeting, the importance of the preamble in regard to proper coding and reimbursement for oncology services was discussed extensively. As a result of this meeting, Dr. Sammons, Executive Vice President of the AMA, sent a letter to the Health Care Financing Administration, with copies to private insurers, clarifying the preamble in the 1990 CPT-4 Code Book. I quote in part from Dr. Sammons' letter:

"The AMA wishes to clarify its interpretation . . . particularly as it relates to the possible usage of modifiers to the chemotherapy administration codes. In the AMA's view, the preamble does not necessarily preclude the reporting of a professional component of a

chemotherapy administration service in any treatment setting where appropriate . . . the modifier (26-professional component only) added to the usual procedure number or the five digit modifier code 09926 remains available to physicians to report their services as appropriate. Appropriate documentation would, of course, be warranted."

At the December meeting, the AMA also reiterated its position to continue to work with ASCO to develop appropriate coding language that would accurately describe current oncologic care.

In February 1990, Dr. Young and I met with the AMA Coding Panel and presented ASCO's position with regard to the new preamble. In particular, we discussed the need for the modifier to allow for the coding of a professional component in a non-office setting. At the present time, the panel is considering our request. I believe that the AMA Coding Panel wishes to work with us to rapidly resolve this issue.

In the 1990 code book, changes in the actual chemotherapy administration codes also occurred. A number of codes were collapsed into single codes and some new codes were developed. The code changes have caused confusion, both to practicing oncologists and to the carriers. Hopefully, mechanisms will be available to convert the codes in a manner that will continue to represent appropriate services and maintain high-quality care for cancer patients.

In conclusion, ASCO will continue to forcefully present its position that there is a professional component to oncologic care that should be explicitly recognized by the CPT-4 codes. We have the commitment of the AMA Coding Panel to work with us on this issue. We clearly recognize that the codes are an integral part of ensuring that patients continue to receive state-of-the-art, high-quality cancer care. ■