

Internal Medicine Coding Alert

4 Examples Show You How to Report HCPCS Codes G0345-G0350 With Confidence

Plus: Why more infusion-coding changes are coming your way in 2006

To make sure Medicare pays your internist for infusions in 2005, you should be reporting new codes G0345-G0350 based on whether the physician administered hydration, therapeutic, sequential and/or concurrent infusions.

As of Jan. 1, Medicare's G0345-G0350 replaced CPT's infusion codes 90780-90781, according to the Nov. 15, 2004, Federal Register. The new codes are only for Medicare. Check with your private payer to see if it will accept the G codes. CPT has created new codes for both infusions and injections but will not reveal them until 2006.

"So physician offices should expect to replace the G codes with new CPT codes in 2006," says **Laura Siniscalchi, RHIA, CCS, CCS-P, CPC**, manager of Deloitte & Touche's Healthcare & Life Sciences Regulatory in Boston.

New Codes Describe More, Pay Less

The difference between 90780-90781 and the new codes is that the G codes distinctly describe concurrent and/or sequential nonchemotherapy infusions that involve a different drug, Siniscalchi says.

Prior to Jan. 1, 2005, when the G codes took effect, the CPT codes did not represent these services, she says. (For more on how Medicare's new G codes compare to CPT's codes, see the chart later in this issue.)

Reimbursement update: You can also expect a difference in payment. Based on national averages, you should receive about \$65 in reimbursement for G0345 and \$21 for G0346, which is a drop compared to 2004's rates for 90780-90781. Code G0347 brings in \$80 rather than the \$120 associated with 90780.

Reason: The codes pay less because the Medicare Modernization Act requires 2005's transitional payment adjustment for drug administration codes to be 3 percent. Last year the adjustment was 32 percent, according to the Register.

How to Code Hydration and Sequential Therapies

Although learning how to report the new G codes may seem daunting, you can become a pro in no time if you use these examples to ensure you report the new codes with accuracy.

Example 1: An established patient presents to your office for an hour of hydration therapy.

Correct coding: You should report hydration infusion code G0345 (Intravenous infusion, hydration; initial, up to one hour). If the internist administers the therapy for an additional hour, you would report G0346 (...each additional hour, up to eight [8] hours).

Remember: You should use G0346 for each additional hour of infusion, says **Kathy Pride, CPC, CCS-P**, a coding training manager for QuadraMed's Government Programs Division in Port St. Lucie, Fla. That means you can report G0346 with multiple units based on the number of additional hours of infusion, she says.

Another note: Code G0345 replaces 90780 (Intravenous infusion for therapy/diagnosis, administered by physician or under direct supervision of physician; up to one hour), and G0346 replaces +90781 (... each additional hour, up to eight [8] hours [list separately in addition to code for primary procedure]). For any hydration services the physician provided

before Jan. 1, you should still report 90780 and 90781.

Example 2: Your internist treats a patient using an hour of infusion therapy.

Correct coding: You should assign G0347 (...for therapeutic/diagnostic...; initial, up to one hour), which represents therapeutic infusions. Although you should also use G0347 in place of 90780, be sure you don't confuse G0347 with G0345. The latter code represents only hydration services. You should also report the drug code.

Likewise, if the internist provided more than one hour of therapy, you would report G0348 (... each addition hour, up to eight [8] hours), not the other hydration code G0346.

Example 3: During the hour-long infusion therapy, your internist administers a second drug sequentially.

Correct coding: You should use G0349 (...additional sequential infusion, up to one hour) for the sequential infusion along with G0347 for the initial infusion. Previously, you would have used 90781 when the physician provided a second drug sequentially, even though this code described only the additional hour of infusion. That means 90780 was not accurately describing the physician's service.

Example 4: The internist administers two drugs concurrently, meaning he provides them to the patient at the same time.

Correct coding: You should report G0350 (Concurrent infusion), which describes a service - concurrent infusion - that neither 90780 nor 90781 represented.

You should assign G0350 as an add-on code. For instance, you could bill G0350 in addition to G0347, according to the Register.

Tip: Because you didn't have distinct codes that represented concurrent or sequential infusions until now, your documentation will need to support these more specific codes, Siniscalchi says.

For example, if you assigned G0349 for sequential infusion, your documentation should show that the physician or nurse provided a second or other subsequent drug.