

## Internal Medicine Coding Alert

### Remicade Therapy: Chemotherapy Codes Are Your Ticket to Medicare Reimbursement

#### Here's how the term 'biologic response modifier' affects your coding

Although you probably thought you wouldn't have to learn 2005's new chemotherapy codes, you'll need them when your physician administers Remicade to a Medicare patient. Here's why:

#### Learn How to Report the First 2 Hours

This year, Medicare's temporary chemotherapy administration codes (G0355-G0362) change the way you code Remicade infusion because, in addition to anti-neoplastic drugs, they apply to the infusion of "biologic response modifiers," which describes Remicade.

"Per coding guidelines, G0359-G0360 are the correct codes to use when performing Remicade infusions," says **Linda Parks, MA, CPC, CMC, CCP**, a coding specialist at GI Diagnostic Endoscopy Center in Marietta, Ga.

**Coding know-how:** You should use G0359 (Chemotherapy administration, intravenous infusion technique; up to one hour, single or initial substance/drug) for the initial hour of Remicade infusion, and note that it replaces CPT's 90780 (Intravenous infusion for therapy/diagnosis, administered by physician or under direct supervision of physician; up to one hour). Assign G0360 (Each additional hour, one to eight [8] hours [list separately in addition to code for primary procedure]) in addition to G0359 when the physician or nurse provides an additional hour of Remicade infusion. This code replaces +90781 (... each additional hour, up to eight [8] hours [list separately in addition to code for primary procedure]).

**Try this:** If your internist or nurse administers three hours of Remicade to treat a patient's rheumatoid arthritis (714.x, Rheumatoid arthritis and other inflammatory polyarthropathies), you should report G0359 for the first hour and G0360 x 2 for the additional two hours.

**Important:** Medicare intends for you to use the G codes just for this year, says **Mary Brown, CPC**, director of client services at Partners In Practice in Sarasota, Fla. Next year, CPT will unveil new infusion and injection codes, which Medicare plans to accept. Remember that Medicare no longer accepts therapeutic/diagnostic infusion codes 90780-90781.

"Commercial insurance carriers will decide on an individual basis whether or not to accept the G codes in 2005," Brown says.

**Hot tip:** If you're worried about accidentally sending 90780-90781 to Medicare payers instead of the appropriate G codes, Parks has some advice. "When new codes replace existing codes, I make a 'hot list,' which is just a small note in a bright color with the old codes listed and the new codes to use in place of them," she says. "I keep this list until I am familiar with the new codes."

#### Get the Lowdown on Sequential Pushes

When you code Remicade therapy, two codes might not be enough.

**Remember:** For 2005, codes G0359-G0360 represent the infusion of only one drug, Brown says. "CMS has established an additional code, G0362 (Each additional sequential infusion [different substance/drug], up to one hour [use with

G0359]), that will allow physicians to bill for the first hour" of the second drug administered sequentially, she adds.

You should assign G0362 for the first hour of the sequentially administered drug. But for additional hours, you should use G0360, Brown says.

### **You Can Code Hydration Services Too**

Many Remicade patients require hydration during therapy. If the medical documentation supports billing the service, you can report hydration with G0345 (Intravenous infusion, hydration; initial, up to one hour) and G0346 (Each additional hour, up to eight [8] hours [list separately in addition to code for primary procedure]), Brown says.

To report G0345-G0346 in addition to G0359-G0362, be sure you attach modifier -59 (Distinct procedural service) to either G0345 or G0346, Brown says.