

Part B Insider (Multispecialty) Coding Alert

Chemotherapy: Don't Bill Level 1 Office Visits With Chemo

But you can bill higher level visits for unrelated conditions

If a patient comes in just for chemotherapy, you'll receive a higher RVU for administration -- but you may not be able to bill separately for evaluation and management.

According to the new Medicare physician fee schedule, Medicare won't pay a level one visit ([CPT 99211](#)) on the same day as chemotherapy administration or non-chemotherapy infusion any more -- even if the E/M service is "unrelated to the drug administration."

"They added to the RVUs for the physician work for the [chemotherapy] drug administration codes. That's why you no longer bill the 99211," says coder **Ris Marie Cleland** with **Oplinc Oncology** in Lawton OK.

You'll actually receive more money billing 96408 (Chemotherapy administration, intravenous; push technique), instead of 99211, says **Arlee Session**, corporate clinical executive of **Forum Health's CancerCare** in Youngstown, Ohio. You can bill 96408 multiple times if the physician uses multiple drugs, but you can submit 99211 only once per visit.

But if you provide a higher level and separately identifiable E/M service on the same day as chemotherapy, Medicare should reimburse it even without special explanation, the **American Society for Clinical Oncology** says in a FAQ on its Web site. Just make sure the documentation justifies the level of service being provided. If you provide a higher level E/M visit along with non-chemotherapy infusion codes 90780-70781, then you should use the -25 modifier, ASCO says.

But even if the physician correctly documents all the aspects of a higher level E/M visit, it still won't get paid unless it's medically necessary, notes Cleland. "Let's say they're having chemotherapy, and the doctor every single time comes in and sees the patient and performs a level four E/M visit." The documentation could be picture-perfect, but Medicare may still decide the visits weren't necessary.

The key thing is to read the description of the -25 modifier ("significant, separately identifiable E/M service...") and make sure it really applies in this circumstance, Cleland adds. Even if the patient needs additional assessment before chemotherapy, Medicare will consider that part of the chemotherapy administration.