

Part B Insider (Multispecialty) Coding Alert

Chemotherapy: Drug Administration Codes Hit With Thousands Of Edits

Prepare to justify using E/M codes with hydration or chemotherapy

The new drug administration codes that Medicare introduced for 2005 may help physicians obtain a fair payment for their work in administering chemotherapy and other tough medications to patients. But good luck billing them alongside other procedures unless you can justify using a modifier.

For example, G0345 (Hydration therapy, first hour) and G0347 (Therapeutic/non-chemotherapy, first drug, first hour) will each become components of a shocking 5,687 codes. You'll be able to override all those edits with a modifier, except for ones bundling the two "G" codes with stereotactic lesion treatment code 77432 and lesion destruction code 67221. And 15 other codes, including Evaluation/Management codes 99201-99215, will be components of G0345 and G0347. Of those, only 99211 will be immune to modifiers.

Also, G0351 (Intramuscular/subcutaneous injection) will become a component of 560 codes, including 161 surgery codes, 101 radiology codes and 33 medicine codes. 90788 (Intramuscular injection of an antibiotic) will become a component of G0351. Likewise, G0353 (IV push technique, non-chemotherapy) will become a component of a startling 705 codes, including many from the surgery, radiology and medicine areas. You'll be able to use a modifier to override these edits.

The new codes for chemotherapy administration (G0355-G0357) will become the comprehensive codes for 14 component codes each, including a number of E/M codes ([CPT 99201 - 99215](#)) and pump refilling/maintenance codes 96520-96530. A similar roster of codes will become components of chemotherapy infusion codes G0359 and G0361. You'll be able to use a modifier to override those edits as well.

Also, catheter maintenance (port flush) code G0363 will become a component of 10 codes, including most of the other new "G" codes, plus chemotherapy administration codes 96405-96406 and 96420-96425. You won't be able to use a modifier to override the edits involving G0363.

It makes sense that you can't override edits governing 99211, because the **Centers for Medicare & Medicaid Services** will only pay for "significant, separately identifiable" physician visits with chemotherapy or infusion, says **Cindy Parman** with **Coding Strategies** in Atlanta. Bundling the injection/infusion codes with surgery and radiology codes also makes sense because the administration of contrast or other agents isn't separately payable, Parman notes.