

## Part B Insider (Multispecialty) Coding Alert

### DRUG ADMINISTRATION: Can You Bill Concurrent Infusion For Two Drugs In One Bag?

#### The answer is hiding in carrier local coverage decisions

The **Centers for Medicare and Medicaid Services** is passing the buck on so many drug administration coding issues that getting familiar with your local carrier's policy is necessary.

In a new set of Frequently Asked Questions on drug administration codes, CMS says it's up to the Part B carriers to decide such tricky questions as:

1. Can you bill for a concurrent infusion (G0350) if you provide two drugs in the same bag to a patient? CMS says it's reviewing this issue, but in the meantime the carriers can come up with their own definition if they want.
2. Which non-chemotherapy drugs can you bill using the chemotherapy administration codes? Besides parenteral administration of nonradionuclide anti-neoplastic drugs and anti-neoplastic agents treating non-cancer diagnoses, CMS has specified five monoclonal antibodies that you can bill using the chemotherapy codes. But CMS now says that list isn't intended to be complete. CMS "will continue to defer to the local carriers to decide which drugs may be billed under the chemotherapy administration codes."
3. If you provide multiple injections of the same drug by the same method on the same day, can you bill separately? And if you provide multiple injections using code G0351, should you use modifier -76 (Repeat procedure by same physician) or multiple numbers in the "units" field of the claim form? CMS says you should be able to bill for multiple injections, but it's up to the carrier whether you should use multiple units or the -76 modifier.
4. If you provide the same drug twice, by different methods of administration such as a push followed later by an infusion, can you bill more than one administration code? CMS says this is up to the carrier.

The CMS decision to leave so much up to the carriers is a good one because it allows providers to petition their carriers directly for changes to policy, says consultant **Chris Acevedo** with **Acevedo Consulting** in Delray Beach, FL. He expects to see more local coverage determinations on drug administration soon.

"I just hope it doesn't result in a multitude of rules, so if you're dealing with carriers in different states you're going to have different rules to deal with," says coding expert **Melanie Witt** in Fredricksburg, VA.

Not paying for concurrent infusion with multiple drugs in one bag may make sense because "you're not sticking in the IV twice," notes Witt.

But Acevedo insists Medicare should cover concurrent drug administrations even for a single bag. The intent of the concurrent infusions code was "to pay you for that preparation and extra complexity of providing more than one drug," he notes. Even with one bag, preparing two drugs takes longer - and meanwhile the payments for the drugs themselves have dropped.

In the FAQ, CMS also clarifies that you can't bill for the chemotherapy demonstration project if you provide non-covered drugs or refill maintenance. You must provide chemotherapy with a cancer diagnosis, CMS insists.