

Part B Insider (Multispecialty) Coding Alert

INFUSION: Are You Throwing Away Reimbursement For Infusion Add-On Codes?

Understand the difference between chemotherapy and pain management

Oncology practices and others who provide infusion may find themselves providing continuous infusion for both chemotherapy and pain management. And if they don't understand the crucial differences between these two modes of infusion, they could lose out on crucial reimbursement.

According to experts, there are a few major differences between infusion for chemotherapy and pain management that affect how you bill for them:

1. **Prior trial and error.** With a pain pump, you have to show in your documentation that you tried some other method of pain control first before resorting to infusion. But no such requirement applies to chemotherapy, says **Margaret Hickey**, an independent coding consultant based in New Orleans.

For chemotherapy, you use a continuous infusion pump when it's the most appropriate method for the patient's diagnosis. Providers use continuous infusion for 5-fluorouracil, most commonly prescribed for gastrointestinal cancers or in combination with other chemotherapy drugs. The main question you'll answer with chemo infusion is: "Is that an appropriate therapy for the diagnosis?" says Hickey.

2. **Different add-on codes.** In addition to the drugs themselves, you can bill different codes along with infusion for chemotherapy and pain management, notes Hickey.

With pain management infusion pumps, the pump is usually implanted by a surgeon or anesthesiologist, who can bill implantation codes 62350-62362 to cover implantation (with or without laminectomy), removal and preparation of a programmable pump. An oncologist isn't likely to be billing these codes, notes Hickey.

With chemotherapy infusion, you can bill for the insertion, revision or removal of the pump (36260-36262) as long as the infusion lasts longer than eight hours. And you can also bill separately for 96414 (Infusion technique, initiation of prolonged infusion (more than 8 hours), requiring the use of a portable or implantable pump). And if you're providing other medications at the same time as you set up the pump, you can bill for the "push" technique (94608 or 94620). You can no longer bill a 99211 (level one evaluation and management service) on the same day as chemotherapy drugs.

3. **Compounding.** The rules for providing compounded drugs are different for chemotherapy and pain management, notes consultant **Trish Bukauskas-Vollmer** with **TB Consulting** in Myrtle Beach, SC. If you or a related pharmacy compounds pain management drugs for infusion, you must bill using unlisted drug code J3490 along with the invoice from your supplier. The carriers will probably reimburse just the rate on invoice plus a small percentage.

But for compounded chemotherapy drugs, most carriers will let you bill using the appropriate J-codes for the compounded drugs along with modifier -KP (First drug of a multiple drug unit dose formulation). Carriers will pay you 95 percent of the average wholesale prices for each compounded drug, says Bukauskas-Vollmer.

4. **Diagnoses.** With pain management infusion, it's important to list the diagnosis that causes the pain, not the overarching diagnosis, notes Bukauskas-Vollmer. Also, the pump must be a stationary or implantable and not one of the newer models designed for shorter-term use, says **David Davis** with **iHealth Technologies** in Atlanta, GA.

