

Part B Insider (Multispecialty) Coding Alert

INFUSION: CMS Eliminates Confusion About Short-Term Infusion

You can only use G0350 once per session

Providers who have been trying to squeeze their short-term infusions into the G-code for an intravenous push have good news.

The **Centers for Medicare and Medicaid Services** clarified in Transmittal 148 and Medlearn Matters article 3818 that you should only use the IV push code G0353 for a push or infusion of less than 15 minutes. Previously, CMS had said you must use G0353 for all infusions up to 30 minutes - and the code's descriptor calls for a provider's constant supervision.

In addition to the question of whether a professional must be present and supervising the infusion all the time, the medical community raised concerns "that an infusion is not a push and should not be coded as such," CMS notes. The CPT Editorial Panel decided to change the definition of IV push for the 2006 CPT Update, and CMS adopted the new definition as of March 15.

This change means that any infusion that lasts 16 minutes or more counts as the first hour of infusion, notes consultant **Chris Acevedo** with **Acevedo Consulting** in Delray Beach, FL.

The panel also decided to clarify that you can only bill the concurrent infusion code once per day. This code is G0350 right now, but will become a CPT code next year. You can only use this code twice with modifier -59 (Distinct procedural service) if you provide the service during a second encounter with the same patient on the same day - and you must include supporting documentation.

These changes are "front page news," says **Cindy Parman** with **Coding Strategies** in Powder Springs, GA. "We know of practices that were billing G0350 for each concurrent drug."

Don't Miss These CMS Transmittal Highlights:

In addition to the main changes discussed above, the CPT panel also did the following:

Clarified that if the patient must come back for a second session on the same day, or has two IV lines per protocol, you should use modifier -59 instead of modifier -76 (Repeat procedure by same physician).

Reiterated that the "initial code" in drug administration should always be the one that best describes the "key or primary reason for the encounter," regardless of the order in which you provide the services. "This was already stated, but it's something that can't be heard too often," says Parman.

Corrected a mistake in the original guidelines by clarifying that G0346 covers hydration **not** furnished concurrently with G0359.