

## Part B Insider (Multispecialty) Coding Alert

### INFUSION: CPT 2006 May Clarify Infusion, Chemotherapy Questions

#### New CPT codes should replace problem-ridden G codes next year

If you're confused about how to bill an infusion of less than 30 minutes, or sequential chemotherapy, help could be on the way.

A mid-February meeting of the **CPT Editorial Panel** was set to address some of your trickiest infusion questions, according to **Centers for Medicare and Medicaid Services** officials. The panel may be clarifying some of these questions in next year's coding descriptors and guidance, CMS officials told the Feb. 15 physician Open Door Forum (ODF). Slated questions to be addressed include:

**"Continuously present" providers during short-term infusion?** According to CMS guidance, when you perform infusion for less than 30 minutes, you should bill for an "IV push" (G0353), which includes infusion of short duration. But the code's descriptor states the provider should be "continuously present" to observe the patient. And some consultants have insisted this means a nurse or other provider must be at the patient's bedside for the entire 30 minutes of infusion, reported Dubuque, IA, physician **Richard Farrelly** at the ODF.

The CPT panel will clarify this issue and make it easier to bill for infusion of short duration, CMS officials responded. But already, some carriers such as **HGS Administrators** are informing physicians that they can bill for infusion of short duration using the "IV push" code - even if the provider isn't continuously present.

**Concurrent chemotherapy billing.** Some providers are confused about how to bill for two chemotherapy sessions concurrently. The current administration codes include a code for "concurrent infusion" for non-chemo-therapy drugs (G0350), but not for chemotherapy drugs, noted consultant **Chris Acevedo** with **Acevedo Consulting** in Delray Beach, FL, who also attended the ODF.

**Bottom line:** If a provider gives a patient hydration, followed by two concurrent administrations of drugs that you'd bill as chemotherapy, many coders are unclear how to bill, Acevedo said. CMS officials responded that the CPT panel should be clarifying these issues soon.