Part B Insider (Multispecialty) Coding Alert

Medication Billing: Ditch 90782, Reach For G0355 For Injections

If your practice provides in-office injections of Avonex for multiple sclerosis patients, you should be claiming G0355 -- rather than 90782 -- for the injection, as of last January.

Although some payers still treat Avonex as a "self-injectable" drug, you may charge Medicare carriers for injections provided in the office, as outlined by Medicare transmittal AB-02-072.

Avonex is a biologic, not a chemotherapy drug, but G0355 still applies because Avonex administration has similar complexity and resource use as chemotherapy infusions.

Tip: Although several carriers have begun to accept G0355 for Avonex injections, to date only **Empire Medicare Services** has released a local coverage decision outlining the change. Contact your carrier prior to submitting claims to be sure the carrier has made the switch.

If the neurologist supplies Avonex from his or her own stores, you may charge extra for the cost of the drug supplies using interferon beta-1A code **Q3025** , notes **Lori Eck**, CEO of **Seabreeze Medical Billing and Collection**, in Port St. Lucie, FL.

According to Empire Medicare's coverage decision, "CPT code J1825 [Injection, interferon beta-1a, 33 mcg] and HCPCS code Q3026 [Injection, interferon beta-1a, 11 mcg for subcutaneous use] are not valid for Medicare use."

Under Medicare guidelines, the neurologist must administer the Avonex personally or incident to her services and under her direct supervision, which means the neurologist must be in the office area and immediately available to offer guidance and direction if needed during the injection. The neurologist need not, however, be present in the room when the patient receives the injection.