

Part B Insider (Multispecialty) Coding Alert

ONCOLOGY: Reader Question--Minutes Make The Difference For Colorectal Cancer Coding

Question: I have documentation for a patient with metastatic colorectal cancer (primary neoplasm of the rectosigmoid junction, secondary neoplasm of the liver) who presents for palliative chemotherapy. I know that the provider administered 350 mg/m² irinotecan intravenously in 500 mL D5W (5 percent dextrose in water) over 90 minutes. How do I code this situation?

Oklahoma Subscriber

Answer: Report [V58.11](#) (Encounter for antineoplastic chemotherapy) as your primary diagnosis code, says **Jean Acevedo, LHRM, CPC, CHC**, senior consultant for **Acevedo Consulting** in Delray Beach, FL.

Then report the primary neoplasm of rectosigmoid junction with 154.0 (Malignant neoplasm of rectum, rectosigmoid junction, and anus; rectosigmoid junction) and the secondary neoplasm of liver with 197.7 (Secondary malignant neoplasm of respiratory and digestive systems; liver, specified as secondary), Acevedo says.

You can also add V66.7 (Encounter for palliative care) as a fourth code--ICD-9 tells you to code the underlying disease first. **Caution:** If you omit chemotherapy encounter code V58.11 and report palliative care code V66.7, some payors won't cover the chemotherapeutic drug. Report V58.11 to make it clear that the patient presented for chemotherapy, Acevedo says.

Next step: Ensure proper procedure coding by paying attention to the time recorded for the irinotecan infusion. Because the patient received the chemotherapy infusion for 90 minutes, report 96413 (Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug). But don't report +96415 (... each additional hour, 1 to 8 hours). You'll need an additional 31 minutes to report this "additional hour" code, according to CPT guidelines for the code.

A 90-minute administration means that you have one hour plus 30 minutes, which falls short of the 96415 requirement by one minute.

Helpful: Remind your providers to record exact times for infusions. Rounding down an infusion from 31 minutes to 30 shortchanges your practice.

Final step: If you code for the drugs you use, report HCPCS code J9206 (Irinotecan, 20 mg). Remember to factor in the 20 mg included in the descriptor when you choose your units.