

Part B Insider (Multispecialty) Coding Alert

ONCOLOGY: What's In Store For New Venous Access Device Blood Draw Codes

Don't bill 36415 when your physician does a PICC line blood draw

You can look forward to at least one new set of oncology codes next year, judging from reports from the **CPT Editorial Panel** meeting in Las Vegas from June 9-10.

We won't know the panel's final decisions until it publishes the final list of new CPT codes this fall. Participants had to sign non-disclosure agreements before the meeting, but some eyewitnesses did mention details of the panel's deliberations--here's the scoop.

The panel seemed to smile upon a proposal to create new codes for blood draws using PICC lines and other peripheral intravenous lines. A special work group gave this proposal the valuable notation that the "staff agrees," making it more likely to go through, says one participant.

Many people mistakenly bill venipuncture code 36415 when the physician performs a PICC line blood draw, notes **Martin Neltner**, president of **Neltner Billing & Consulting** in Independence, KY. Currently, you should include the PICC blood draw as part of the evaluation & management service, but you can't use this service to raise your E/M levels, complains Neltner, who proposed the change.

There should be at least two new codes, says Neltner: one for a device which goes inside the arm, similar to the PICC line, and one for an external catheter.

Other oncology proposals submitted to the committee include:

- **Revise codes 90761, 90766, 96415 and 96423 to reflect the amount of time nurses spend on them.**

Currently, these codes assume that the first 90 minutes of infusion only requires the nurse to spend 40 minutes with the patient, while the nurse is also looking after other patients. And each additional hour only requires 10 minutes of nurse time.

But the CPT panel was reluctant to meddle with the drug administration codes so soon after creating new codes, says one attendee.

- **Allow nurses to bill 90772 even if a doctor wasn't present.** Currently the descriptor for this code says if a doctor wasn't present you should bill 99211--which also requires a physician presence. But the committee was concerned that 90772 is valued to include physician time, and shouldn't be billed without it, says one witness.

- **Allow you to bill IV push (90775) along with initial hydration code 90760.** The panel seemed to want to send this recommendation back to its special infusion workgroup for more consideration, say attendees.

- **Allow irrigation of venous access device (VAD) (96523) on the same date as a subcutaneous or intramuscular injection.** Neltner proposed this change, and also wanted to be able to bill 96523 on the same date as an E/M service. Physicians may be seeing patients for an E/M visit and then bringing them back the next day for irrigation of their VADs, Neltner worries. This also didn't seem to win favor with the panel, say attendees.

