

Part B Insider (Multispecialty) Coding Alert

Part B Coding Coach: 6 Shots At Infusion Coding Success in 2006

G codes for chemo are gone--and new CPT chemo administration codes aren't just for chemo anymore

If your practice administers infusions or injections for chemotherapy, hydration or any other reason, you need to know how CPT 2006 has totally rebuilt those code sections--and we'll show you in this two-part series.

This year's CPT groups all drug administration codes into three categories: "(1) hydration; (2) therapeutic, prophylactic, or diagnostic injections and intravenous (IV) infusions (other than hydration); and (3) chemotherapy administration," states CPT Changes 2006-- An Insider's View. You'll often report codes from more than one section on the same claim, so we've designed the following six easy steps to help you understand the basics of all three sections--and how they work together:

STEP 1. Say good-bye to chemo G codes

Just when you'd gotten used to last year's G codes for chemotherapy drug administration, CPT 2006 came along and replaced them all with a Chemotherapy Administration section full of new codes. Take a minute to review the three new code subsections: Injection and Intravenous Infusion Chemotherapy, Intra-Arterial Chemotherapy, and Other Chemotherapy.

Good news: The new codes and descriptors are similar to the G codes you used last year, says **Cindy Parman, CPC, CPC-H, RCC**, co-owner of **Coding Strategies Inc.** in Powder Springs, GA. Even better, new CPT guidelines clarify some confusing concepts, including the following two points:

1. IV push time limit: CPT 2006 states that intravenous or intra-arterial push is defined as: a) an injection in which the health care professional who administers the substance/drug is continuously present to administer the injection and observe the patient, or b) an infusion of 15 minutes or less, Parman says.

2. Hormonal therapy injections: The same directives that accompanied last year's G codes on how to report antineoplastic hormonal agents are now a part of CPT, Parman says. Beneath new injection code 90772 (Therapeutic, prophylactic or diagnostic injection [specify substance or drug]; subcutaneous or intramuscular), CPT notes the following:

- Report 90772 for non-antineoplastic hormonal therapy injections;
- Report 96401 (Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic) for anti-neoplastic nonhormonal injection therapy; and
- Report 96402 (...hormonal anti-neoplastic) for anti-neoplastic hormonal injection therapy.

STEP 2. USE SEPARATE CODES TO REPORT HYDRATION THERAPY

CPT 2006 replaces all seven previous codes for therapeutic, diagnostic or prophylactic injections and infusions with 11 new codes.

Previously, CPT included IV hydration infusion services within two general infusion codes (90780 and 90781) that reported all therapeutic or diagnostic infusions except for chemotherapy, explains CPT Changes.

Now you will be able to specifically identify hydration services using new codes 90760 (Intravenous infusion, hydration;

initial, up to 1 hour) and +90761 (...each additional hour, up to 8 hours [List separately in addition to code for primary procedure]).

The fact that hydration is no longer lumped into diagnostic and therapeutic infusion codes "allows us more freedom to actually bill for the exact services that we provide," says **Penny Henderson**, director of finance at **New Hampshire Oncology-Hematology** in Hooksett, NH.

Note: While hydration services are now separately reportable, CPT states that fluid used to administer the infusion of a drug is "incidental hydration" that you cannot report separately.

STEP 3. Expand your definition of chemo administration codes

Until now, chemo administration codes were appropriate only when the physician used anti-neoplastic drugs for treatment. CMS broadened the applicability of chemo administration codes in 2005, and now CPT 2006 jumps on board by stating you can apply these codes to "anti-neoplastic agents provided for treatment of noncancer diagnoses (e.g., cyclo-phosphamide for auto-immune conditions) or to substances such as monoclonal antibody agents, and other biologic response modifiers."

Opportunity: CPT also stresses that any provider from any specialty can use chemo administration codes if they apply to services rendered, Parman says. If a urologist, for example, administers a biologic response modifier, he can bill for the service using the appropriate chemo administration code, she adds.

STEP 4. Make the change to sequential and concurrent infusion codes.

In the past, you had to report an add-on code when you needed to report extended infusion time, or when the physician administered an additional infusion. "Reporting for additional sequential infusion services was indistinguishable from additional hours of infusion," explains CPT Changes.

New way: Now you have "secondary service" codes to report additional sequential infusions, sequential IV pushes and IV chemotherapy pushes. CPT instructs that you must report all these codes separately in addition to the initial infusion code. The new codes are as follows:

- +90767--Intravenous infusion, for therapy, prophylaxis, or diagnosis [specify substance or drug]; additional sequential infusion, up to 1 hour
- +90775--Therapeutic, prophylactic or diagnostic injection [specify substance or drug]; each additional sequential intravenous push of a new substance/drug
- +96411--Chemotherapy administration; intravenous, push technique, each additional substance/drug
- +96417--Chemotherapy administration, intravenous infusion technique; each additional sequential infusion [different substance/drug], up to 1 hour

Note: Be sure to pay attention to the time component of add-on codes. You can only use these codes for intervals of more than 30 minutes into the next hour, Parman notes.

Don't forget concurrent: In response to provider requests, CPT 2006 also establishes a concurrent infusion code: +90768 (Intravenous infusion, for therapy, prophylaxis, or diagnosis [specify substance or drug]; concurrent infusion [List separately in addition to code for primary procedure]). This code allows providers to bill for a service they weren't able to report separately in the past, Henderson says.

Chemo is different: CPT 2006 does not provide a code for concurrent administration of chemotherapeutic drugs. If your physician mixes chemotherapy agents or gives them concurrently, you should report unlisted chemotherapy administration code 96549 (Unlisted chemotherapy procedure)," says Parman, citing the November 2005 CPT Assistant.



Coming up: Stay tuned for your last two "shots" for success in Part II of this infusion coding how-to. We'll discuss the "initial" service code and how to report separate administration routes.