Codify
BY AAPC

Part B Insider (Multispecialty) Coding Alert

Part B Coding Coach: Add Accuracy To Your Intra-Arterial Chemotherapy Coding

Tip: Keep focus on push, pump, and infusion.

When reporting treatment of primary liver cancer or secondary metastasis to liver, you'll forfeit pay if you don't correctly report the intra-arterial (IA) chemotherapy. The technique involves direct administration of the drug in to the artery. You have four simple codes to choose from and here are four tips to further simplify your coding.

1. Get Precise For Push With 96420

You will come across the term 'push' in both IA and intravenous (IV) injection administration. Make sure you are certain when to report an injection as a 'push.'

According to CPT®, you report push when the injection when either of the following criteria are met:

a) "an injection in which the healthcare 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."

When your provider documents IA chemotherapy and you confirm the administration by push technique, you should report 96420 (Chemotherapy administration, intra-arterial; push technique).

Example: You may read that the nurse administered an intra-arterial infusion of chemotherapy slowly over five minutes. In this case, you shouldn't be confused by the mention of the term "infusion" in the clinical record. You will report this as push technique and code 96420 for this.

Watch the Time for Infusions

When you report IA chemotherapy infusion, the most important guiding factor is the time of the infusion. When your provider administers an IA chemotherapy infusion lasting more than 15 minutes, you should report 96422 (Chemotherapy administration, intra-arterial; infusion technique, up to 1 hour) for the first hour.

Remember: You keep a cutoff limit of 16 minutes for 96422, for the initial hour. In other words, you count an hour for infusion when the infusion lasts 16 minutes or more. To report each additional infusion interval when the infusion extends more than 30 minutes beyond a one-hour increment (beginning at 1 hour and 31 minutes), you would report code +96423 (Chemotherapy administration, intra-arterial; infusion technique, each additional hour [List separately in addition to code for primary procedure]).

When you read that the nurse administered a 45-minute IA chemotherapy infusion, you should report 96422. If you read that the total IA infusion time documented in the clinical record is one hour and 30 minutes, you again report only 96422. You should not report +96423 along with 96422 in this case because the total time is only 30 minutes not "more than

30 minutes" □ beyond a one-hour increment.

Example: The nurse administered a three hour, 20 minute IA chemotherapy infusion. In this case, you report one unit of 96422 for the first hour and two units of +96423 for hours two and three. You should not report the remaining 20 minutes separately because they do not meet the "more than 30 minutes" requirement for reporting an additional +96423 unit.

Tip: 31 minutes is your key to the right codes for IA additional hour chemotherapy infusion codes. These timing rules for IA infusion codes 96422 and 96423 are the same as those for the IV infusion codes you use more commonly, such as 96413 (Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug) and +96415 (...each additional hour...).

2. Pick Up Pump Payment

When your provider administers prolonged infusions longer than eight hours that require portable or implantable pump use, you report code 96425 (Chemotherapy administration, intra-arterial; infusion technique, initiation of prolonged infusion [more than 8 hours], requiring the use of a portable or implantable pump). Note that his code is for infusion initiation and you can bill this code regardless of whether you own the pump or not.

When your provider offers refilling or maintenance of an IA portable pump or implantable infusion pump or reservoir, you should choose the appropriate code from 96521 (Refilling and maintenance of portable pump), 96522 (Refilling and maintenance of implantable pump or reservoir for drug delivery, systemic (e.g., intravenous, intra-arterial), or 96523 (Irrigation of implanted venous access device for drug delivery systems), depending upon the service provided.

Watch the bundle: Codes 96521, 96522, and 96523 are bundled in code 96425. You cannot report the codes together if the maintenance or irrigation was provided on the same day of the infusion. You should only report 96523 if the irrigation was the only service provided on that day.

3. Disregard Initial or Sequential Therapies

CPT® offers no codes for 'initial' or 'sequential' IA chemotherapy. This implies that you can report the IA chemotherapy code 96422 with 96365 (Intravenous infusion, for therapy, prophylaxis, or diagnosis [specify substance or drug]; initial, up to 1 hour) on the same day for the same patient. These codes are not bundled together.

Example: You may read that in a patient who reported for the IA chemotherapy treatment, your provider administered a therapeutic, non-chemotherapy IV infusion or injection, such as, antibiotics, steroidal agent, antiemetics, narcotics, or others, before initiating the IA chemotherapy. Note that though the main reason for the patient encounter was the IA chemotherapy, you can also report the IV infusion, regardless of which one was administered first. The order in which the provider administers IV infusions or injections during a patient encounter does not dictate which service you report as initial, says **Sarah L. Goodman, MBA, CPC-H, CCP,** president and CEO of SLG Inc. in Raleigh, N.C.