

Part B Insider (Multispecialty) Coding Alert

PHYSICIAN NOTES: Don't Close Off All Off-Label Uses For Oral Chemo Drugs, ASCO Urges

The **Centers for Medicare & Medicaid Services** proposes to limit coverage for oral chemotherapy drugs to uses listed by the **Food & Drug Administration** in a drug coverage demonstration project mandated by the Medicare Modernization Act.

But the **American Society for Clinical Oncology** warns in a recent letter to CMS that the demonstration project will exclude from coverage "at least one significant oral drug that is regarded as an extremely important component of treatment for a deadly blood cancer that strikes many Medicare beneficiaries." ASCO points out that CMS is required to consider off-label uses of cancer drugs as long as those uses are recognized in the standard medical compendia.

But ASCO applauds CMS for considering additional coverage for oral cancer drugs as the FDA approves them in 2005 and early 2006, because the FDA is considering a number of important oral cancer drugs during that period.

Put those needles away. Acupuncture isn't reasonable or necessary for patients with fibromyalgia or osteoarthritis, concluded CMS in a recent coverage determination. CMS reaffirmed its current noncoverage policy for the procedure.

Noting major inconsistencies between different carriers in their billing and coding advice, CMS' **Physician Regulatory Issues Team** says it's had discussions with several carrier medical directors on this issue. The CMDs will talk at their May 18-20 meeting in Baltimore about implementing a database of their coding guidance, which could help eliminate some of these aberrations.

If an ESRD patient dies during the month, you can't bill for a full month of service using the new HCPCS Codes G0320-G0323, warns Part B carrier **Cigna Healthcare**. "When a patient expires, do not span the dates of the service you are billing past the beneficiary's date of death," Cigna instructs. "Also, we have noted an error when providers try to bill for monthly capitation using '30' for the number of service. This should be reported as only '1' number of service."

And if an ESRD patient is hospitalized during the month, you can only bill for daily management (G0324-G0327) for the days the patient is not in the hospital. Don't bill for the monthly management codes. Dates of service shouldn't coincide with hospital dates.

You can't bill for a dressing change (97139) or whirlpool (97022) along with selective debridement of wounds (97601), instructs **Mutual Medicare**. CPT code 97601 "is an all-inclusive charge, which includes whirlpool, dressing change and debridement."