

Part B Insider (Multispecialty) Coding Alert

Reader Question: Are You Up to Speed on How to Bill J7050?

Question: I saw your advice to report J7050 with Remicade in the "Part B Coding Coach" article "Focus on Crohn's Coding: Diagnosis, Management, and Treatment Codes for Review" (Part B Insider, vol. 17, no. 19). My question is whether or not insurers will bundle this into the infusion code?

--Illinois Subscriber

Answer: The insurer will not separately reimburse you for J7050 (Infusion, normal saline solution , 250 cc), and you may face a denial if there is insufficient documentation to support hydration if you are only reporting the fluids used for hydration without the necessary code, in this case, J1745 (Injection infliximab, 10 mg). In a nutshell, if your physician administered the saline to facilitate an infusion or injection, the saline is not separately payable.

"To administer this drug, the Remicade must be diluted with normal saline," explains **Jean Acevedo, LHRM, CPC, CHC, CENTC**, president and senior consultant with Acevedo Consulting Incorporated in Delray Beach, Fla. "Consequently, J7050 is included in the 96413 (Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug) and 96415 (Chemotherapy administration, intravenous infusion technique; each additional hour [List separately in addition to code for primary procedure]) coding.

Refer to the notes. It is always a good idea to go back and check over the documentation to ensure you have all your ducks in a row before you send your claims out.

"Per CPT®, hydration fluid and routine supplies are not separately billable," Acevedo says. "And, if you think about it, there must be a physician's order, and documented medical necessity for each drug billed. Since normal saline is not being given to treat anything in the case as described, neither documentation requirements would be found."