

Part B Insider (Multispecialty) Coding Alert

READER QUESTION: Know How to Report Zometa Injections

Question: I heard that the coding for Zometa injections changed in 2014. What should we be reporting now?

Answer: You should report 96365 (Intravenous infusion, for therapy, prophylaxis, or diagnosis [specify substance or drug]; initial, up to 1 hour) for the injection procedure. Then, you'll use J3489 (Injection, zoledronic acid, 1 mg) to report the drug.

You previously reported Zometa with J3487 (Injection, zoledronic acid [zometa], 1 mg), but HCPCS deleted that code for 2014. The year 2013 was a year of transition for zoledronic acid codes. In July 2013, the code Q2051 (Injection, zoledronic acid, not otherwise specified, 1 mg) was introduced for zoledronic acid with coverage status C, meaning "carrier judgment." At that time, Medicare changed the coverage status for J3487 from C (Carrier judgment) to I (Not payable by Medicare). Now both codes (Q2051 and J3487) have been deleted as of Dec. 31.2013.

Tip: Remember that the code descriptor states 1 mg, but the typical dose for Zometa is 4 mg. You should report one unit of J3489 for every one mg dose of zoledronic acid administered. Therefore, place a "4" in 24G units column on your claim for 4 mg administered.

Indications: Zometa is prescribed for cancer-related bone complications and high blood calcium levels. Several companies have received approval for generic versions of Zometa.