

Outpatient Facility Coding Alert

Reader question: Stick With J Codes for Chemo Pump Day 2 Follow-Up

Question: A patient came to our facility for chemotherapy (day 1). She has a 48-hour pump that she goes home with. When she comes back on day 2 to have the pump de-accessed, how do we bill for that day? An auditor said we should only bill J1642 and J7050 for pump removal because we didn't administer any other drugs that day and that we couldn't bill a port flush since we used the same needle from day 1. Is this correct?

Ohio Subscriber

Answer: Yes, you should only report J1642 (Injection, heparin sodium [heparin lock flush], per 10 units) and J7050 (Infusion, normal saline solution, 250 cc).

According to CPT®, a port flush 96523 (Irrigation of implanted venous access device for drug delivery systems) is not separately billable when a drug infusion or injection is provided on the same day. For Medicare patients, a port flush is only billable when no other Medicare Physician Fee Schedule service is provided.