



Prepare for Reimbursement Challenges of the Next 12 Months

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December 2018

Dallas ACCC Regional Meeting



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Disclaimer

This presentation was prepared as a tool to assist attendees in learning about documentation, charge capture, and billing processes. It is not intended to affect clinical treatment patterns. While reasonable efforts have been made to assure the accuracy of the information within these pages, the responsibility for correct documentation and correct submission of claims and response to remittance advice lies with the provider of the services. The material provided is for informational purposes only.

Efforts have been made to ensure the information within this document was accurate on the date of presentation. Reimbursement policies vary from insurer to insurer and the policies of the same payer may vary within different U.S. regions. All policies should be verified to ensure compliance.

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G-Codes

- Treatment delivery and image guidance codes will continue to be reported with G-codes
- Bipartisan legislative package passed December 18, 2015
 - Freezes definitions, inputs, & payment rates for 2017 and 2018 at the 2016 definitions, inputs, & payment rates
 - Applies to G-codes utilized for treatment delivery and image guidance
- G6011 will decrease in value due to claims data used for 2016, which showed utilization of it by dermatology 51% compared to rad onc 43%
 - When reviewing values for 2017, rad onc 85%, and derm ~6% = decrease in PE RVUs = decrease in value for 2017



Cloned and Overdocumented

Source: Office of Inspector General

Copy-Pasting. Copy-pasting, also known as cloning, enables users to select information from one source and replicate it in another location.⁷ When doctors, nurses, or other clinicians copy-paste information but fail to update it or ensure accuracy, inaccurate information may enter the patient's medical record and inappropriate charges may be billed to patients and third-party health care payers. Furthermore, inappropriate copy-pasting could facilitate attempts to inflate claims and duplicate or create fraudulent claims.

Overdocumentation. Overdocumentation is the practice of inserting false or irrelevant documentation to create the appearance of support for billing higher level services. Some EHR technologies auto-populate fields when using templates built into the system. Other systems generate extensive documentation on the basis of a single click of a checkbox, which if not appropriately edited by the provider may be inaccurate. Such features can produce information suggesting the practitioner performed more comprehensive services than were actually rendered.⁸



MPFS Payment Impact Table

TABLE 40: CY 2018 PFS Estimated Impact on Total Allowed Charges by Specialty*

(A) Specialty	(B) Allowed Charges (mil)	(C) Impact of Work RVU Changes	(D) Impact of PE RVU Changes	(E) Impact of MP RVU Changes	(F) Combined Impact**
Radiation Oncology and Radiation Therapy Centers	\$1,745	0%	1%	0%	1%

** Column F may not equal the sum of columns C, D, and E due to rounding.



Nonexcepted Off-Campus PBDs

- Nonexcepted provider-based departments (PBDs) are outside 250 yards of main building of hospital and started billing services on or after 11/2/15
- CY 2017 paid under MPFS 50% of HOPPS rate for services performed
- CY 2018 will be paid at 40% of HOPPS rate, decrease from CY 2017
- CY 2019 will have rates set using first set of claims data using "PN" modifier, rates could be very different, but CMS feels more in line with services
- Packaging and bundling of services (C-APCs and MPPR) incorporated into PFS Relativity Adjuster
- Outlier payments, the rural sole community hospital (SCH) adjustment, and the cancer hospital adjustments not applied – only for hospitals



Supervision of Therapeutic Services

- Since CY 2009, CMS has clarified that direct supervision is required for hospital outpatient therapeutic services covered and paid by Medicare in a hospital or provider-based department
- Stakeholders in critical access hospitals (CAHs) and rural hospitals with 100 or fewer beds have consistently requested nonenforcement of direct supervision due to insufficient staffing and inability to recruit physicians and nonphysician practitioners to practice in rural areas



Supervision Changes Finalized

- Stakeholders called out radiation oncology specifically in finding someone to supervise who is not from emergency dept. or nonphysician practitioner
- CMS for CY 2018 and 2019 reinstated nonenforcement of direct supervision for outpatient therapeutic services for CAHs and small rural hospitals having 100 or fewer beds
- CMS believes this will provide these specific locations more time to comply with the supervision requirements of therapeutic services
- All parties will have time to submit specific services to be evaluated for the recommended change in supervision level to the advisory panel on the hospital outpatient payment



PTP Edits

- CPT[®] codes listed in either column 1 or column 2
- Indication:
 - 0 – Rule “zero chance of getting paid” = Modifier not allowed
 - 1 – Rule “one chance of getting paid” = Modifier allowed
 - 9 – Rule no longer applicable “typically in place originally in error”

Column 1	Column 2	Effective Date	Deletion Date	Indication
77290	77336	20031001		1
77306	77300	20150101		0
77295	77300	20160101	20160101	9
77301	77290	20020101		0

HCPCS/ CPT Code	Outpatient Hospital Services MUE Values	MUE Adjudication Indicator	MUE Rationale
77263	1	3 Date of Service Edit: Clinical	Nature of Service/Procedure
77280	2	3 Date of Service Edit: Clinical	Nature of Service/Procedure
77285	1	3 Date of Service Edit: Clinical	Nature of Service/Procedure
77290	1	3 Date of Service Edit: Clinical	Nature of Service/Procedure
77293	1	3 Date of Service Edit: Clinical	Nature of Service/Procedure
77295	1	3 Date of Service Edit: Clinical	Nature of Service/Procedure
77300	10	3 Date of Service Edit: Clinical	Clinical: Data
77301	1	3 Date of Service Edit: Clinical	Nature of Service/Procedure
77306	1	3 Date of Service Edit: Clinical	Nature of Service/Procedure
77307	1	3 Date of Service Edit: Clinical	Nature of Service/Procedure
77316	1	3 Date of Service Edit: Clinical	Nature of Service/Procedure
77317	1	3 Date of Service Edit: Clinical	Nature of Service/Procedure
77318	1	3 Date of Service Edit: Clinical	Nature of Service/Procedure
77321	1	2 Date of Service Edit: Policy	Code Descriptor / CPT Instruction
77331	3	3 Date of Service Edit: Clinical	Clinical: Data
77332	4	3 Date of Service Edit: Clinical	Clinical: Data
77333	2	3 Date of Service Edit: Clinical	Clinical: Data
77334	10	3 Date of Service Edit: Clinical	Clinical: Data
77336	1	2 Date of Service Edit: Policy	Code Descriptor / CPT Instruction
77338	1	3 Date of Service Edit: Clinical	Nature of Service/Procedure
77370	1	3 Date of Service Edit: Clinical	Nature of Service/Procedure
77371	1	2 Date of Service Edit: Policy	Code Descriptor / CPT Instruction
77372	1	2 Date of Service Edit: Policy	Code Descriptor / CPT Instruction
77373	1	3 Date of Service Edit: Clinical	Clinical: Data
77385	2	3 Date of Service Edit: Clinical	Nature of Service/Procedure
77386	2	3 Date of Service Edit: Clinical	Nature of Service/Procedure
77387	2	3 Date of Service Edit: Clinical	Nature of Service/Procedure
77412	2	3 Date of Service Edit: Clinical	Nature of Service/Procedure
77417	1	2 Date of Service Edit: Policy	Code Descriptor / CPT Instruction
77768	2	3 Date of Service Edit: Clinical	Clinical: CMS Workgroup
77770	2	3 Date of Service Edit: Clinical	Clinical: CMS Workgroup
77771	2	3 Date of Service Edit: Clinical	Clinical: CMS Workgroup

OIG IMRT Still @ Risk



Intensity-Modulated Radiation Therapy

Intensity-modulated radiation therapy (IMRT) is an advanced mode of high-precision radiotherapy that uses computer-controlled linear accelerators to deliver precise radiation doses to a malignant tumor or specific areas within the tumor. IMRT is provided in two treatment phases: planning and delivery. Certain services should not be billed when they are performed as part of developing an IMRT plan. Prior OIG reviews identified hospitals that incorrectly billed for IMRT services. We will review Medicare outpatient payments for IMRT to determine whether the payments were made in accordance with Federal requirements.

OAS: W 00 16 35733; W-00-16-35740; various reviews • Expected Issue Date: FY 2017



Continued risk in 2018

oig.hhs.gov/reports-and-publications/archives/workplan/2017/HHS%20OIG%20Work%20Plan%202017.pdf



Commercial Payer Updates - UHC

- UnitedHealthcare updated Intensity Modulated Radiation Therapy Policy 2017R0130D on **11/20/17**, specifically Q&A answer to #5 changed

5	<p>Q: When will UnitedHealthcare consider image guidance (CPT 77014) for separate reimbursement after an IMRT plan (77301) has been executed?</p> <p>A: In alignment with ASTRO, image guidance may be separately reimbursed even after IMRT planning when done in conjunction with image-guided radiation therapy (IGRT), either G6015-G6016 or 77385-77386.</p>
	<p>In the freestanding office setting, the physician reports the correct IMRT code, either G6015-G6016 or 77385-77386. If reporting 77385 or 77386, the physician reports only the PC of IGRT by attaching the -26 modifier to one of the following codes: G6001, G6002, 77014, or 77387 depending on the modality used to perform the IGRT services. If reporting G6015 or G6016, then the physician reports the appropriate IGRT code as a global charge.</p> <p>In the hospital setting, the hospital reports the correct IMRT code, and the physician reports the PC of IGRT. The physician may attach the -26 modifier to one of the following codes: G6001, G6002, 77014 or 77387 depending on the modality used to perform the IGRT services.</p>



UHC 2018 Update Code 77014

"On June 1, 2017, the UnitedHealthcare commercial Intensity Modulated Radiation Therapy (IMRT) policy was revised to no longer allow separate reimbursement for seven radiation therapy services (codes 77014, 77295, 77306, 77307, 77321, 77331, and 77370) when billed 30 days before or after IMRT plan code 77301. The seven additional codes are considered included in the reimbursement for code 77301.

However, it later was determined that image guidance code 77014 may be separately reimbursed even after IMRT planning when done in conjunction with image-guided radiation therapy (IGRT), either codes G6015-G6016 or 77385-77386.

Specifically, code 77014 may be separately reimbursed when reported on a CMS-1500 claim form or its electronic equivalent on the same date of service as:

- Codes G6015 or G6016 in a non-facility place of service.*
- Codes 77385 or 77386, when reported with modifier 26, in a non-facility place of service.*

In addition, code 77014 is separately reimbursable on a CMS-1500 claim form or its electronic equivalent when reported with modifier 26 in a facility place of service, when the hospital reports the correct IMRT code and the physician reports the professional component of IGRT.

UnitedHealthcare made revisions to the IMRT policy to stop denials of 77014 on Oct. 8, 2017. A national claim adjustment project is being conducted to overturn applicable denials for claims processed from June 1, 2017, to Oct. 8, 2017. Code 77014 may still be subject to other reimbursement policy edits, coverage and/or benefit determinations. "

<https://www.unitedhealthcareonline.com/ccmcontent/ProviderII/UHC/en-US/Assets/ProviderStaticFiles/ProviderStaticFilesPdf/News/January-Interactive-Network-Bulletin-2018.pdf>

Commercial Payer Updates - Aetna

- Posted on ASTRO website February 7, 2018

Update on Image Guidance Billing for Aetna

February 7, 2018

ASTRO has held ongoing discussions with private payer Aetna regarding proper billing of CT Image Guidance with IMRT Treatment Delivery. Aetna maintains that it is more appropriate to bill 77387-26 instead of 77014. CPT Code 77387 Guidance for localization of target volume for delivery of radiation treatment delivery, includes intrafraction tracking, when performed was created in 2015 and is a carrier priced code. Aetna appreciates that practices may be concerned about the reimbursement of this code and recommends that practices contact them regarding a rate review. ASTRO has [steps practices may take to perform a rate review](#), if appropriate. ASTRO continues to urge Aetna to recognize 77014, G6001, G6002 and G6017. If you have any questions, please contact [ASTRO's Health Policy Department](#).

- <https://www.astro.org/News-and-Publications/What-Is-Happening-In-Washington/2018/Update-on-Image-Guidance-Billing-for-Aetna/>

Clinical Tx Plan Documentation

- Treatment area
- Orders
- Intent for treatment
- Goals & dose constraints
- Medical necessity
- CPT 77261-263

The Bedrock Cancer Institute

Patient Name: Sam Slagheap	Procedure Date: January 3, 2016
MR #: 123456	Attending Physician: Dr. Tex Hardrock
DOB: 5/8/1942	

Physician Clinical Treatment Planning Note

Sam Slagheap has agreed to proceed with Radiation Therapy. Tests and supporting medical records were interpreted to define the tumor location and extent of disease. Further imaging will be necessary to contour and delineate the volume to which the radiation treatments will be provided.

Clinical Evaluation:
 Treatment Site: Prostate Cancer Intent: Curative
 Modality: External Beam Requested Technique: IMRT

The final prescription reflecting the treatment parameters, i.e. fractionation, energy, beam arrangement and total dose will be provided on the electronic prescription within MOSAIQ upon completion and my evaluation of the requested dosimetry.

This proposed plan is medically necessary in order to treat this disease while sparing healthy bladder and rectal tissue. Specifically, Intensity modulated radiation therapy (IMRT) has several advantages over 3D conformal radiation therapy. IMRT allows for higher doses to be given to the prostate with reduced doses to the bladder and rectum. This improves the chance for cure and reduces the risk of complications. There is extensive literature published supporting IMRT as the preferred modality for the treatment of prostate cancer. As a result of these findings, IMRT is medically necessary to achieve optimal results.

Additional planning directives: Boost tumor bed delineated by fiducial markers

Physician Orders/Requests

In order to accomplish this plan, I am ordering/prescribing the following:

CT Guidance for placement of XRT fields

Scan Area: Pelvis Scan Direction: In Contrast: No Slice Thickness: 0.5cm

Simulation(s) will be performed to accomplish a reproducible treatment position, to determine optimal treatment portals/beam arrangements, to design beam modifying devices, verify treatment portals on patient and/or to verify brachytherapy source placement prior to the commencement of Radiation Therapy.

Devices; for immobilization and beam shaping Weekly port films Daily imaging for set up assistance

Image Guided Radiation Therapy: Frequency: Daily, utilizing CBCT to ensure correct isocenter placement and protect critical structures.

Special dosimetry requested for: weekly physics check

Special Physics Consult requested for the following reason: Other requests:

Special treatment procedure is not applicable.

Electronically Authenticated By:
 Tex Hardrock, M.D. 1/3/2016 10:26am

Confidentiality of this medical record shall be maintained except when use or disclosure is required or permitted by law, regulation or written authorization by the patient.

Page 1 of 1



Special Treatment Procedure

Professional and Technical

77470 Special treatment procedure (e.g., total body irradiation, hemibody radiation, per oral, or endocavitary irradiation)

Utilization Guidelines:

- Reported for extra work required by the physician & staff for special procedures
- Allowed once per course of therapy
- Requires documentation to support the additional time and/or effort



IMRT Simulation

- Simulation and CT guidance bundled with IMRT planning code, CPT® 77301
- Continue to document simulation and CT guidance procedure
- Treatment devices are considered separately billable

Medicare Claims Processing Manual

“200.3.1 - Billing Instructions for IMRT Planning

(Rev. 3685, Issued: 12-22-16, Effective: 01-01-17, Implementation: 01-03-17)

Payment for the services identified by CPT codes 77014, 77280, 77285, 77290, 77295, 77306 through 77321, 77331, and 77370 are included in the APC payment for CPT code 77301 (IMRT planning). These codes should not be reported in addition to CPT code 77301 when provided prior to or as part of the development of the IMRT plan. In addition, CPT codes 77280-77290 (simulation-aided field settings) should not be reported for verification of the treatment field during a course of IMRT.”



Isodose Planning Codes

77306 Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), **includes basic dosimetry calculation(s)**

77307 Teletherapy isodose plan; complex (multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), **includes basic dosimetry calculations(s)**

77321* Special teletherapy port plan, particles, hemibody, total body i.e., protons, neutrons, and electrons

***Do not bill 77300 in conjunction with 77321 per AMA**

3D Conformal

3D Plan

- 77295

Beam Modifiers

- 77332-77334

Basic Dosimetry Calculations

- 77300

Respiratory Management

- 77293 (if applicable)

Computer-aided process that includes:

- Delineation of volumes
- Placement of isocenter & beams
- Development of isodose plan & DVH

IMRT Planning

IMRT Plan

- 77301

IMRT Device

- 77338

Secondary Calculations

- 77300

Respiratory Management

- 77293 (if applicable)

Planning process that includes:

- Simulation
- Isodose planning
- Target delineation
- Beam verification and QA

IGRT

Hospital & Excepted Provider-Based Departments

- **77387** Guidance for localization of target volume for delivery of radiation treatment delivery, includes intrafraction tracking when performed

Physicians, Freestanding, & Nonexcepted Provider-Based Dept.

- **G6001** Ultrasonic guidance for placement of radiation therapy fields
- **G6002** Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy
- **G6017** Intrafraction localization and tracking of target or patient motion during delivery of radiation therapy (e.g., 3D positional tracking, gating, 3D surface tracking), each fraction of treatment
- **77014** Computed tomography guidance for placement of radiation fields



Hydrogel 2018 for HOPPS

- Category III code for gel spacer placement 0438T, deleted effective 12/31/17
- Category I code 55874 (Transperineal placement of biodegradable material, periprostatic, single, or multiple injection(s), including image guidance when performed) effective 1/1/18
 - Assigned to APC 5375 (same as code 55875) SI is "T" rather than "J1" – not a C-APC
 - Imaging bundled into placement
 - Gel packaged, reported on CMS claim form as A4649
- Reimbursement set at \$3,706.03



Hydrogel 2018 for MPFS

- CY 2018 – 55874 Periprostatic implantation of biodegradable material
- CPT Panel deleted category III code 0438T eff. 12/31/17
- 55874 = 30-minute decrease in time from current value
 - Nat. Avg. = \$3,373.94 nonfacility and \$173.16 for facility
- Direct Practice Expense (PE) values are as follows:
 - Endocavity balloon priced at \$39.90/balloon
 - Biodegradable material kit – periprostatic priced at \$2,850
 - Data also received for endocavitary US probe priced at \$16,146
- Due to value of gel and kit into Direct PE Supply, the gel is not separately billable. CY 2018 Direct PE Supply File screen shot below

hcpcs	source	category	cms_code	description	unit	price	nf_quantity	f_quantity	global_pe	reference	ruc_meet	ruc_tab
55874	RUC	Kit, Pack, Tray	SA126	Biodegradable Material Kit - PeriProstatic	item	2850	1	0	000	55876	January 2017	January 10



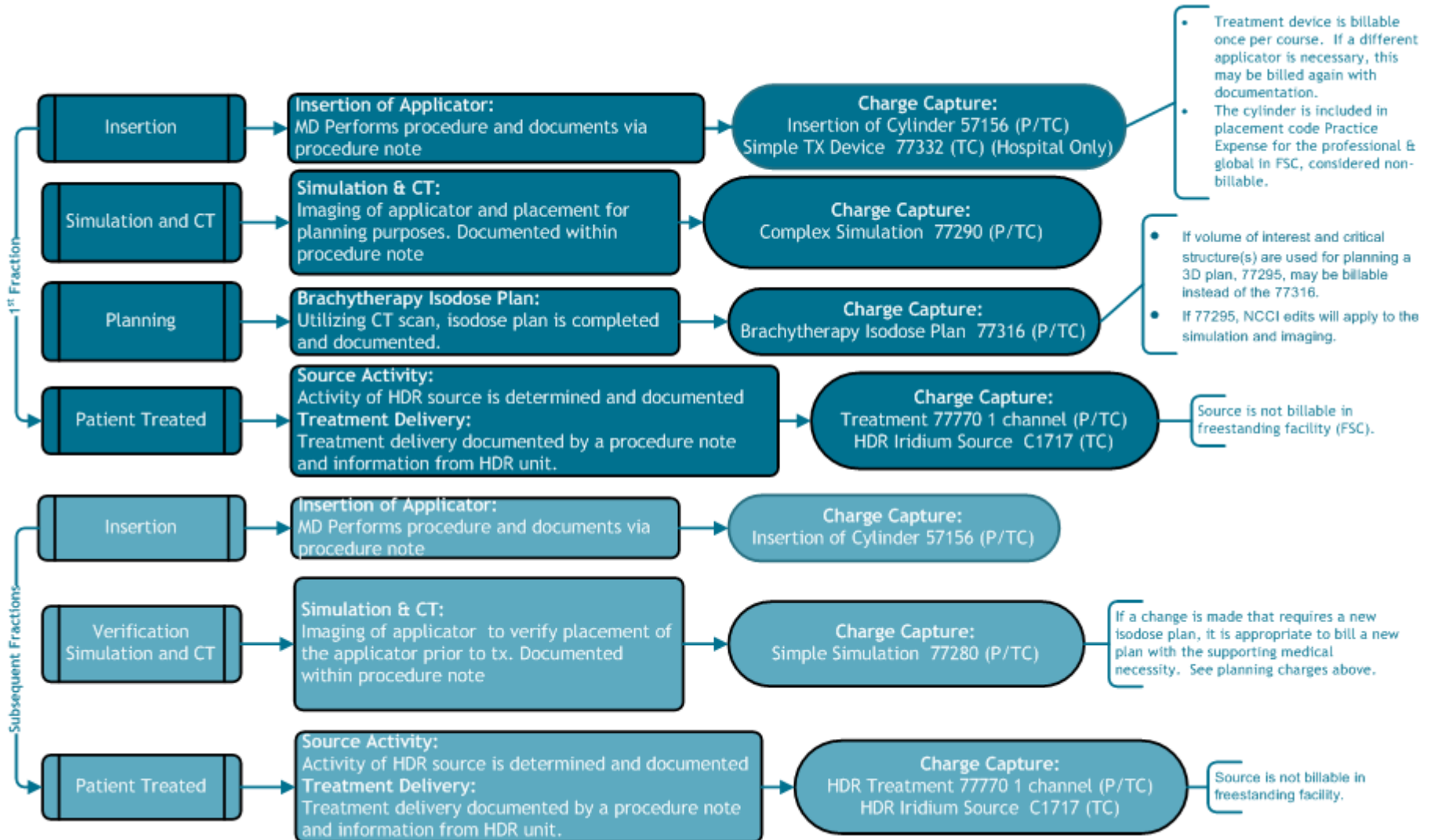
Proton Treatment Delivery – Here to Stay 26 Current 24 Planned

77520	Proton treatment delivery; simple, without compensation
77522	Simple, with compensation
77523	Intermediate
77525	Complex

Simple proton treatment delivery to a single treatment area utilizing a single non-tangential/oblique port, custom block with compensation & without compensation.

Intermediate proton treatment delivery to one or more treatment areas utilizing two or more ports or one or more tangential/oblique ports, with custom blocks and compensators.

Complex proton treatment delivery to one or more treatment areas utilizing two or more ports per treatment area with matching or patching fields and/or multiple isocenters, with custom blocks and compensators.





Example Coding for IORT Course

- Comprehensive APC created for IORT in hospital setting
- IORT Treatment Code(s) **77424** or **77425**, include the following ancillary codes reported by hospital, no separate reimbursement
- Physician bills for all services separately, not part of the C-APC
 - 77261-77263 – Clinical Treatment Planning (pro only)
 - 77300 – Calculation
 - 77331 – Special Dosimetry (if ordered and documented)
 - 77332 – Simple Treatment Device
 - 77469 – Treatment Management (pro only)

*A detailed operative note is also required and supporting documentation for each service

Sample Coding Radiopharmaceutical



Typical Coding:

- 77261 Clinical treatment plan
- 77300 Basic dosimetry calculation
- 77750 Infusion of radioelement solution (or 79101 – radiopharmaceutical therapy)
- Source: Billed per type of radiopharmaceutical and dose



Nonexcepted Off-Campus PBDs

- Nonexcepted provider-based departments (PBDs) are outside 250 yards of main building of hospital and started billing services on or after 11/2/15
- CY 2017 paid under MPFS 50% of HOPPS rate for services performed
- CY 2018 will be paid at 40% of HOPPS rate, decrease from CY 2017
- CY 2019 will have rates set using first set of claims data using "PN" modifier, rates could be very different but CMS feels more in line with services
- Packaging and bundling of services (C-APCs and MPPR) incorporated into PFS Relativity Adjuster
- Outlier payments, the rural sole community hospital (SCH) adjustment, and the cancer hospital adjustments not applied – only for hospitals



Pass-Through Status Expiring

Table 69 – Drugs and Biologicals for Which Pass-Through Payment Status Expires December 31, 2017

CY 2018 HCPCS Code	CY 2018 Long Descriptor	CY 2018 Status Indicator	CY 2018 APC	Pass-Through Payment Effective Date
J2860	Injection, siltuximab, 10 mg	K	9455	07/01/2015
J8655	Netupitant (300mg) and palonosetron (0.5mg)	K	9448	04/01/2015
J9032	Injection, belinostat, 10 mg	K	1658	01/01/2015
J9039	Injection, blinatumomab, 1 mcg	K	9449	04/01/2015
J9271	Injection, pembrolizumab, 1 mg	K	1490	01/01/2015
J9299	Injection, nivolumab, 1 mg	K	9453	07/01/2015



Table 70 – Drugs and Biologicals With Pass-Through Payment Status In CY 2018

CY 2017 HCPCS Code	CY 2018 HCPCS Code	CY 2018 Long Descriptor	CY 2018 Status Indicator	CY 2018 APC	Pass Through Payment Effective Date
C9140	J7210	Injection, Factor VIII (antihemophilic factor, recombinant) (Afstyla), 1 I.U.	G	9043	01/01/2017
C9483	J9022	Injection, atezolizumab, 10 mg	G	9483	10/01/2016
C9485	J9285	Injection, olaratumab, 10 mg	G	9485	04/01/2017
C9486	J1627	Injection, granisetron extended release, 0.1 mg	G	9486	04/01/2017
C9490	J0565	Injection, bezlotoxumab, 10 mg	G	9490	07/01/2017
C9491	J9023	Injection, avelumab, 10 mg	G	9491	10/01/2017
C9492	C9492	Injection, durvalumab, 10 mg	G	9492	10/01/2017
C9494	J2350	Injection, ocrelizumab, 1 mg	G	9494	10/01/2017
J2182	J2182	Injection, mepolizumab, 1 mg	G	9473	04/01/2016
J2786	J2786	Injection, reslizumab, 1 mg	G	9481	10/01/2016
J7202	J7202	Injection, Factor IX, albumin fusion protein (recombinant), Idelvion, 1 i.u.	G	9171	10/01/2016
J7207	J7207	Injection, Factor VIII (antihemophilic factor, recombinant) PEGylated, 1 I.U.	G	1844	04/01/2016
J7209	J7209	Injection, Factor VIII (antihemophilic factor, recombinant) (Nuwiq), per i.u.	G	1846	04/01/2016
J9034	J9034	Injection, bendamustine hcl (Bendecka), 1 mg	G	1861	01/01/2017
J9145	J9145	Injection, daratumumab, 10 mg	G	9476	07/01/2016
J9176	J9176	Injection, elotuzumab, 1 mg	G	9477	07/01/2016
J9205	J9205	Injection, irinotecan liposome, 1 mg	G	9474	04/01/2016
J9295	J9295	Injection, necitumumab, 1 mg	G	9475	04/01/2016
J9325	J9325	Injection, talimogene laherparepvec, 1 million plaque forming units (PFU)	G	9472	04/01/2016
J9352	J9352	Injection, trabectedin, 0.1 mg	G	9480	07/01/2016
N/A	J9203	Injection, gemtuzumab ozogamicin, 0.1 mg	G	9495	01/01/2018
Q5101	Q5101	Injection, Filgrastim (G-CSF), Biosimilar, 1 microgram	G	1822	01/01/2016
Q5102	Q5102	Injection, Infliximab, Biosimilar, 10 mg	G	1847	04/01/2017
Q9989	J3358	Ustekinumab, for Intravenous Injection, 1 mg	G	9487	04/01/2017
N/A	C9016	Injection, triptorelin extended release, 3.75 mg	G	9016	01/01/2018
N/A	C9024	Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine	G	9302	01/01/2018
N/A	C9028	Injection, inotuzumab ozogamicin, 0.1 mg	G	9028	01/01/2018
N/A	C9029	Injection, guselkumab, 1 mg	G	9029	01/01/2018



340B Drug Program Details

- Only applies to OPPS separately payable drugs with status indicator “K”
 - Does not apply to vaccines (status indicator “L” or “M”), or drugs with transitional pass-through payment status (status indicator “G”)
- Biosimilar biological product with pass-through status will be exempt and paid at ASP +6% of reference product
- Biosimilar biological product not on pass-through payment status paid at ASP -22.5% of reference product



340B Program Modifiers

Rural SCHs, children's hospitals, & cancer hospitals

Modifier	Description
TB	Drug or biological acquired with 340b drug pricing program discount, reported for informational purposes

Hospitals purchasing drugs under 340B program

Modifier	Description
JG	Drug or biological acquired with 340b drug pricing program discount



HCPCS/ CPT Code	Outpatient Hospital Services MUE Values	MUE Adjudication Indicator	MUE Rationale
96360	1	1 Line Edit	Code Descriptor / CPT Instruction
96361	24	3 Date of Service Edit: Clinical	Clinical: Data
96366	24	3 Date of Service Edit: Clinical	Clinical: Data
96367	4	3 Date of Service Edit: Clinical	Clinical: Data
96368	1	2 Date of Service Edit: Policy	Code Descriptor / CPT Instruction
96372	5	3 Date of Service Edit: Clinical	Clinical: Data
96375	6	3 Date of Service Edit: Clinical	Clinical: Data
96376	10	3 Date of Service Edit: Clinical	Clinical: Data
96401	4	3 Date of Service Edit: Clinical	Clinical: Data
96402	2	3 Date of Service Edit: Clinical	Clinical: Data
96409	1	3 Date of Service Edit: Clinical	Code Descriptor / CPT Instruction
96411	3	3 Date of Service Edit: Clinical	Clinical: Data
96413	1	3 Date of Service Edit: Clinical	Code Descriptor / CPT Instruction
96415	8	3 Date of Service Edit: Clinical	Clinical: Data
96416	1	3 Date of Service Edit: Clinical	Nature of Service/Procedure
96417	3	3 Date of Service Edit: Clinical	Clinical: Data
96420	2	3 Date of Service Edit: Clinical	Clinical: Data
96422	2	3 Date of Service Edit: Clinical	Clinical: Data
96423	2	3 Date of Service Edit: Clinical	Clinical: Data
96425	1	3 Date of Service Edit: Clinical	Nature of Service/Procedure
96440	1	3 Date of Service Edit: Clinical	Nature of Service/Procedure

Review Areas

- Provider-based status
- Prolonged services
- Payment for drugs purchased under 340B program
- Targeted and probe reviews for outpatient drugs
 - Neulasta[®] (pegfilgrastim)
 - Avastin[®] (bevacizumab)
 - Erbitux[®] (cetuximab)...





OIG Work Plan



- New 2018: Medicare Part B Drug Payments: Impact of price substitutions based on 2016 average sales prices
- Medicare payments for chronic care management
- Drug waste of single-use vial drugs
 - Will track the top 20 drugs utilized and billed with the JW modifier



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Source: Office of Inspector General

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Z Codes

- An exception to the ICD-10 coding sequence occurs when the sole purpose of the patient visit is for chemotherapy or immunotherapy
- In this case, apply the appropriate “Z” code(s), as the primary code(s) followed by the malignancy diagnosis
 - Z51.11 (Encounter for antineoplastic chemotherapy)
 - Z51.12 (Encounter for immunotherapy)

Other Z codes for Reference Long Term Drug Therapy

- **Z79.810** Long term (current) use of selective estrogen receptor modulators (SERMs)
 - *Ex. Evista[®], Nolvadex[®] (tamoxifen), and Fareston[®]*
- **Z79.811** Long term (current) use of aromatase inhibitors
 - *Ex. Arimidex[®], Aromasin[®], and Femara[®]*
- **Z79.818** Long term (current) use of other agents affecting estrogen receptors and levels
 - *Ex. Faslodex[®], Zoladex[®], Lupron[®], Megace[®]*

Example

Scenario: Female patient with malignant breast tumor (ER+) of the lower outer quadrant of left breast currently receiving tamoxifen

- C50 Malignant neoplasms of breast
 - *Use Additional code to identify: estrogen receptor status*
 - C50.512 Malignant neoplasm of lower outer quadrant of left female breast
 - Z17.0 Estrogen receptor positive status (ER+)
 - Z79.810 Long term (current) use of selective estrogen receptor modulators (SERM)

Chemotherapy vs. Immunotherapy

Chemotherapy (Z51.11)	Immunotherapy (Z51.12)
Doxorubicin (Adriamycin®)	Bevacizumab (Avastin®)
Pemetrexed (Alimta®)	Adalimumab (Humira®)
Bleomycin (Blenoxane®)	Cetuximab (Erbix®)
Carboplatin (Paraplatin®)	Infliximab (Remicade®)
Decitabine (Dacogen®)	Ipilimumab (Yervoy®)
VP-16, Etoposide phosphate	Nivolumab (Opdivo®)
5-FU, 5-Flourouracil	Panitumumab (Vectibix®)
Topotecan (Hycamtin®)	Rituximab (Rituxan®)
Oxaliplatin (Eloxatin®)	Trastuzumab (Herceptin®)



Prescription/Order for Treatment

Required: Physician provides a completed order for chemotherapy and support medications, prior to each treatment (date of service)

- Patient name
- Name of the medication, generic/brand
- The dosage of each medication (strength)
- Method of medication administration (route)
- Sequence of administration
- Physician signature, date, and time

Ensure internal policies are followed as well

Complex vs. Therapeutic – Staff Benefit from Lists

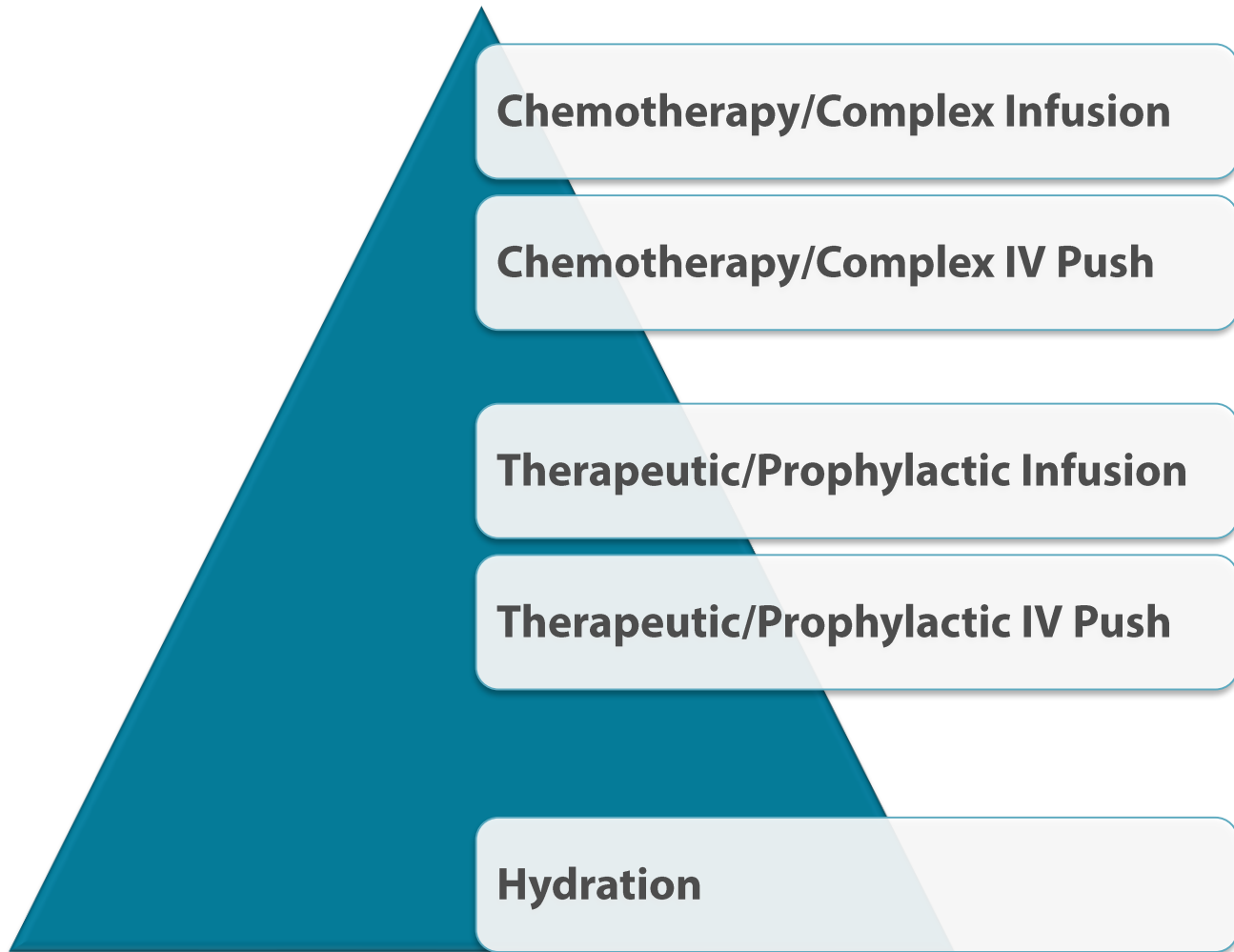
Complex

- Abatacept (Orencia®)
- Bevacizumab (Avastin®)
- Cyclophosphamide (Cytosan®)
- Docetaxel (Taxotere®)
- Infliximab (Remicade®)
- Trastuzumab (Herceptin®)
- Methotrexate (Folex®)
- Paclitaxel (Taxol®)
- Nivolumab (Opdivo®)
- Rituximab (Rituxan®)
- Fulvestrant (Faslodex®)

Therapeutic

- Magnesium sulfate
- Potassium chloride
- Ferric carboxymaltose (Injectafer®)
- Sodium ferric gluconate (Ferrlecit®)
- Iron dextran (Infed®)
- Antiemetics (Zofran®, Aloxi®, Emend®)
- Lorazepam (Ativan®)
- Gammagard® (IVIG)
- Zantac®
- Dexamethasone (Decadron)
- Diphenhydramine (Benadryl®)

Medical Oncology Hierarchy



Example

Patient receives Zofran[®] and Decadron[®] prior to chemotherapy infusion of Cytosan[®]

- “Initial” service code is the chemotherapy infusion

Bundled Services

CPT® Manual states:

*“If performed to facilitate the infusion or injection, the following services are included and **are not reported separately**:*

- a. Use of local anesthesia*
- b. IV start*
- c. Access to indwelling IV, subcutaneous catheter or port*
- d. Flush at conclusion of infusion*
- e. Standard tubing, syringes, and supplies”*



Medication Administration Record (MAR)

- Patient Name & Demographics
- Date of Service
- Name of Drug
- **EXACT** Start/Stop Times
- Route Used
- Nursing Signatures (including co-check)

Push Coding Rules

96411 can be reported once for each drug administered

Multiple pushes of the same chemotherapy drug are reported with a single unit Example: Adriamycin[®] provided via 2 syringes

If several chemotherapy agents are mixed in a single syringe/bag and pushed together, the service is considered a single push

If the two drugs are administered separately in separate syringes/bags or sequentially in different syringes/bags, the push code to be reported with 2 units

Time-Based Coding

Infusion Time	Coding
15 minutes or less	IV Push
16-90 minutes	Initial hour
91-150 minutes	Initial hour + 1 additional hour
151-210 minutes	Initial hour + 2 additional hours
211-270 minutes	Initial hour + 3 additional hours

Same time-based concept applies to therapeutic/prophylactic administration and hydration

Chemotherapy/Complex Example

SC Velcade® injection

- **96401 x 1** (Chemotherapy injection **non-hormonal**)
 - ICD-10 Tip: Report Z51.11 followed by the primary diagnosis

IM Lupron® injection

- **96402 x 1** (Chemotherapy injection **hormonal**)
 - ICD-10 Tip: Report primary diagnosis and Z79.818

Not a timed procedure; therefore,
start/stop times are not required, but documentation is necessary

Chemotherapy/Complex Example

500mg of Faslodex[®] - 250mg IM right buttock and 250mg IM left buttock

- **96402 x 2** (Chemotherapy injection hormonal)
- ICD-10 Tip: Report primary diagnosis and Z79.818

Check local payer instructions for coding instructions

Chemotherapy/Complex Example

IV Push of Adriamycin® 1101 – 1115 (14 min) followed by 5-FU 1116 – 1122 (6 min)

- **96409 x 1** (Chemotherapy IV push, initial)
- **96411 x 1** (Chemotherapy IV push, each additional substance)

Chemotherapy/Complex Example

Infusion of Oxaliplatin provided 0900 – 1100 (120 min)

- **96413 x 1** (Chemotherapy infusion initial)
- **96415 x 1** (Chemotherapy infusion each additional hour)

Chemotherapy IV push of Adriamycin[®] provided 1030 – 1044 (14 min) followed by chemotherapy infusion of Cytosan[®] 1100 – 1145 (45 min)

- **96413 x 1** (Chemotherapy infusion initial) for Cytosan[®]
- **96411 x 1** (Chemotherapy IV push each additional drug/substance[®]) for Adriamycin[®]



Therapeutic, Prophylactic, & Diagnostic Administration

- Includes antibiotics, steroids, antiemetics, narcotics, analgesics, etc.
- Typically requires:
 - Direct supervision
 - Special considerations for preparation, dosage, & disposal
 - Training & competency of staff who administer
 - Periodic patient assessment

Therapeutic Infusions

- **96365** Intravenous infusion for therapy, prophylaxis, or diagnosis (specify substance or drug); **initial**, up to 1 hour
- **96366** Intravenous infusion for therapy, prophylaxis, or diagnosis (specify substance or drug); **each additional hour**
 - *Report for additional hours of sequential infusion*
 - *Report for infusion intervals greater than 30 minutes beyond 1 hour increments*
 - *Report with 96365 to identify each second or subsequent infusion of the same drug/substance*

Therapeutic Infusions Cont.

- **96367** Intravenous infusion for therapy, prophylaxis, or diagnosis (specify substance or drug); **additional sequential** infusion of a new drug/substance up to 1 hour
 - *Report with 96365, 96374, 96409, or 96413 for the infusion of a new drug/substance provided secondary or subsequent to an initial service administered through the same IV access*
 - *Report only once per sequential infusion of same infusate mix*
- **96368** Intravenous infusion for therapy, prophylaxis, or diagnosis (specify substance or drug); **concurrent infusion**
 - *Report only once per date of service*
 - *Report in conjunction with 96365, 96366, 96413, 96415, 96416*

Therapeutic Injections

- **96372** Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular
 - Examples: Procrit[®], Neupogen[®], B12
- **96373** Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intra-arterial

Check for NCCI edits when provided on the same date of service as chemotherapy or a complex drug



Therapeutic Push Codes

- **96374** Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push. Single or **initial** substance/drug
 - *Report one unit only*
- **96375** Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); **each additional sequential** intravenous push of a new substance/drug
- **96376** Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); **each additional sequential** intravenous push of the same substance/drug provided in a **facility**
 - *Do not report for a push performed within 30 minutes of a reported push for the same substance/drug*

Therapeutic Example

Potassium infusion 1102 – 1247 (105 min)

- **96365 x 1** (Therapeutic infusion, initial)
- **96366 x 1** (Therapeutic infusion, each additional hour)

Potassium infusion 1104 – 1214 (70 min) and 1600 – 1714 (74 min)

- **96365 x 1** (Therapeutic infusion, initial)
- **96366 x 1** (Therapeutic infusion, each additional hour)

Potassium infusion 1100 – 1245 (105 min) followed by Magnesium infusion 1250 – 1358 (68 min)

- **96365 x 1** (Therapeutic infusion, initial)
- **96366 x 1** (Therapeutic infusion, each additional hour)
- **96367 x 1** (Additional sequential infusion of a new drug/substance)



Chemotherapy & Therapeutic Example

Therapeutic infusion of Leucovorin 0930 – 1130 (120 min) followed by chemotherapy IV push of 5-FU 1132 – 1144 (12 min)

- **96409 x 1** (Chemotherapy IV push initial) for 5-FU
- **96367 x 1** (Therapeutic sequential infusion) for Leucovorin
- **96366 x 1** (Therapeutic infusion each additional hour)

Example assumes the payer classifies Leucovorin as therapeutic drug



Hydration Codes - When the fluid is ordered and is medically necessary; i.e., for dehydration or to prevent nephrotoxicity, it is a billable hydration, if electrolytes = therapeutic

- **96360** Intravenous infusion, hydration, **initial, 31** minutes to 1 hour, 30 min minimum required for billing
 - *Do not report if performed as concurrent infusion*
- **96361** Intravenous infusion, **each additional hour**
 - *Use in conjunction with 96360*
 - *Report for hydration infusion intervals greater than 30 minutes beyond 1 hour increments*
 - *Report for hydration if provided secondary or subsequent after a different initial service administered through the same IV access*
 - *May be billed in multiple units*

Hydration Examples

IV infusion of normal saline 1125 – 1145 (20 min)

- Not Billable

IV infusion of normal saline 1125 - ?

- Not Billable

IV infusion of D5W 1325 – 1445 (80 min)

- **96360 x 1** (IV infusion, hydration, initial) (no other drugs provided)

IV infusion of D5W 1325 – 1456 (91 min)

- **96360 x 1** (IV infusion, hydration, initial) (no other drugs provided)
- **96361 x 1** (IV infusion, hydration, each additional hour)

CPT[®] Frequently Asked Questions

Question: *When an oncologist performs a bone marrow aspirate and biopsy from the same site, may both the biopsy and aspirate be reported?*

Answer: Yes. Bone marrow aspiration and biopsy are performed with separate instruments and for different purposes. They are processed in different ways and interpreted by different individuals. Therefore, if procedures identified by codes 38220, *Bone marrow; aspiration only*, and 38221, *Bone marrow; biopsy, needle or trocar*, are both performed at the same site, each code may be reported.



CPT[®] Knowledge Base

***“Question:** 38220: Is it appropriate to report code 38220, bone marrow; aspiration only, with the use of units? The units in this example would be insertion of a needle at separate sites or moving the needle within the same incision/ insertion site to obtain multiple aspirations.*

***Answer:** From a CPT[®] coding perspective, if multiple aspirations are obtained at the same insertion site, then code 38220 should be reported one time. However, if a separately distinct needle site was aspirated (e.g., iliac and sternum), then it would be appropriate to report code 38220 appended by modifier ‘59,’ distinct procedural service, for the additional site. Supporting documentation should be reflected in the medical record to provide an adequate description and need for the additional aspiration site(s).”*



HCPCS Updates

- Quarterly review recommended to ensure accurate code description and billing units are up-to-date

HCPCS/Modifier Code	Type of Change
J8650	Payment Change
J8655	No Change
J8670	No Change
J8700	Payment Change
J8705	No Change
J8999	No Change
J9000	No Change
J9010	No Change
J9015	No Change
J9017	No Change
J9019	No Change
J9020	No Change
J9022	ADD
J9023	ADD
J9025	No Change
J9027	No Change
J9031	No Change
J9032	No Change
J9033	No Change
J9034	No Change
J9035	No Change
J9039	No Change

<https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/Alpha-Numeric-HCPCS.html>

Noridian Article ID: A52991= Chemo??

Intramuscular and subcutaneous injections

The administration of the following drugs in their subcutaneous or intramuscular forms should **not** be billed using a chemotherapy administration code. Instead, unless listed in [Noridian's Self-Administered Drugs](#) article, these should be billed using CPT® code 96372 [therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular]. Effective on or after July 31, 2017, if the administration of these drugs is billed using a chemotherapy administration code, both the drug and the administration will be rejected as incorrect coding.

Generic Name	Trade Name	HCPCS Code
abatacept	Orencia®	J0129
canakinumab	Ilaris®	J0638
certolizumab pegol	Cimzia®	J0717
denosumab	Prolia® / Xgeva®	J0897
golimumab	Simponi®	J3590 (OPPS: C9399)
guselkumab	Tremfya™	J3590 (OPPS: C9399-Effective 07/13/2017-12/31/2017; (C9029-Effective 01/01/2018)) Approved 07/13/2017
mepolizumab	Nucala®	J2182
octreotide acetate Depot	Sandostatin LAR depot®	J2353
omalizumab	Xolair®	J2357
pegfilgrastim*	Neulasta®*	J2505*
rilonacept	Arcalyst®	J2793
tocilizumab	Actemra®	J3590
ustekinumab	Stelara®	J3357

*Note: Medicare does not cover the administration code 96377-application of on-body injector (includes cannula insertion) for timed subcutaneous injection for Neulasta® Onpro Kit. Instead providers need to bill this on the date placed using code 96372.



Payer Instructions – CGS States:

The administration of the following drugs should not be billed using a chemotherapy administration code. Instead, the administration of the following drugs in their subcutaneous forms should be billed using CPT code 96372, (therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular). For the drugs that are administered IV the CPT codes for IV injection/infusion should be used codes 96365-96368 and 96374-96375.

Generic Name	Trade Name	HCPCS Code
abatacept	Orencia®	J0129
canakinumab	Ilaris®	J0638
certolizumab pegol	Cimzia®	J0717
denosumab	Prolia/Xygeva®	J0897
golimumab	Simponi®	J3590
omalizumab	Xolair®	J2357
rilonacept	Arcalyst®	J2793
tocilizumab	Actemra®	J3262
ustekinumab	Stelera®	J3357
vedolizumab	Entyvio®	J3380



Conflicting Information

NGS provides the following instructions for the use of Prolia™ and Xgeva™

Coding Information:

1. HCPCS code J0897 should be used to report denosumab (Prolia™, Xgeva™) for claims submitted to the Part A and Part B MAC.
2. Administration of Denosumab may be billed using the chemotherapy administration code 96401 (Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic).

Check your local payer for accurate coding instructions

Drug Waste Formula

- **Amount Administered + Amount Wasted ÷ Drug's Billable Unit = Quantity Billed**
- Example:
 - Oxaliplatin:
 - 110mg administered to patient
 - J9263 Injection, Oxaliplatin, 0.5 mg
 - Supplied in 50mg, 100mg, 200mg SDVs
 - $110\text{mg} + 40\text{mg} = 150\text{mg} \div 0.5\text{mg} = 300$ units



Examples – Staff Benefits

Drug	Dose	Waste Documented	Billing Unit	Vial Size	Billable Units
Adriamycin® J9000	103mg	N/A	10mg	MDV	11
Taxotere® J9171	129mg	11mg	1mg	SDV (20 or 80mg) or MDV	140-SDV or 129 -MDV
Cytosan® J9070	1032mg	468mg	100mg	SDV (500 or 1000mg) or MDV	15-SDV or 11-MDV
Vidaza® J9025	122mg	78mg	1mg	SDV (100)	200
Oxaliplatin J9263	110mg	40mg	0.5mg	SDV (50, 100 or 200mg)	300
Benadryl® J1200	25mg	25mg	50mg	SDV (50mg)	1
Decadron J1100	8mg	N/A	1mg	MDV	8

Z code: ?

Training Example #1

Drug	Dose	Time	HCPCS & Units	CPT® & Units
Opdivo®	432mg	1043-1150 (67 min)	?	?

Z code: Z51.12

Example #1 - Answer

Drug	Dose	Time	HCPCS & Units	CPT® & Units
Opdivo®	432mg	1043-1150 (67 min)	J9299 x 440	96413 x 1

Drug units include drug waste and would require supporting documentation

Z code: ?

Training Example #2

Drug	Dose	Time	HCPCS & Units	CPT® & Units
Halaven®	1.2mg	0917-0922 (5 min)	?	?

Z code: Z51.11

Example #2 - Answer

Drug	Dose	Time	HCPCS & Units	CPT® & Units
Halaven®	1.2mg	0917-0922 (5 min)	J9179 x 20	96409 x 1

Drug units include drug waste and would require supporting documentation

Training Example #3

Z code: ?

Drug	Dose	Time	HCPCS & Units	CPT® & Units
Injectafer®	750mg	1453 - 1528 (35 min)	?	?

Z code: N/A,
Therapeutic
Infusion

Example #3 - Answer

Drug	Dose	Time	HCPCS & Units	CPT® & Units
Injectafer®	750mg	1453 - 1528 (35 min)	J1439 x 750	96365 x 1

Z code: ?

Training Example #4

Drug	Dose	Time	HCPCS & Units	CPT® & Units
Decadron	12mg	1043-1101 (18 min)	?	?
Benadryl®	25mg	1108-1110 (2 min)	?	?
Zantac®	50mg	1112-1130 (18 min)	?	?
Zofran®	8mg	1036-1038 (2 min)	?	?
Ativan®	1mg	1039-1041 (1 min)	?	?
Emend®	150mg	1206-1243 (37 min)	?	?
Taxotere®	110mg	1250-1356 (66 min)	?	?
Cytosan®	1110mg	1400–1433 (33 min)	?	?

Example #4 - Answer

Z code: Z51.11

Drug	Dose	Time	HCPCS & Units	CPT® & Units
Decadron	12mg	1043-1101 (18 min)	J1100 x 12	96367 x 1
Benadryl®	25mg	1108-1110 (2 min)	J1200 x 1	96375 x 1
Zantac®	50mg	1112-1130 (18 min)	J2780 x 2	96367 x 1
Zofran®	8mg	1036-1038 (2 min)	J2405 x 8	96375 x 1
Ativan®	1mg	1039-1041 (1 min)	J2060 x 1	96375 x 1
Emend®	150mg	1206-1243 (37 min)	J1453 x 150	96367 x 1
Taxotere®	110mg	1250-1356 (66 min)	J9171 x 110	96413 x 1
Cytosan®	1110mg	1400-1433 (33 min)	J9070 x 15	96417 x 1

Drug units include drug waste and would require supporting documentation

Z code: ?

Training Example #5

Drug	Dose	Time	HCPCS & Units	CPT® & Units
Decadron	20mg	0930-0948 (18 min)	?	?
Benadryl®	25mg	0924-0925 (1 min)	?	?
Aloxi®	.25mg	0922-0923 (1 min)	?	?
Emend®	150mg	1022-1110 (48 min)	?	?
Zantac®	50mg	0950-1008 (18 min)	?	?
Taxol®	270mg	1145-1448 (183 min)	?	?
Carboplatin	720mg	1453-1528 (35 min)	?	?
Avastin®	800mg	1530-1601 (31 min)	?	?

Example #5 - Answer

Z code: Z51.11, Z51.12

Drug	Dose	Time	HCPCS & Units	CPT® & Units
Decadron	20mg	0930-0948 (18 min)	J1100 x 20	96367 x 1
Benadryl®	25mg	0924-0925 (1 min)	J1200 x 1	96375 x 1
Aloxi®	.25mg	0922-0923 (1 min)	J2469 x 10	96375 x 1
Emend®	150mg	1022-1110 (48 min)	J1453 x 150	96367 x 1
Zantac®	50mg	0950-1008 (18 min)	J2780 x 2	96367 x 1
Taxol®	270mg	1145-1448 (183 min)	J9267 x 270	96413 x 1 96415 x 2
Carboplatin	720mg	1453-1528 (35 min)	J9045 x 15	96417 x 1
Avastin®	800mg	1530-1601 (31 min)	J9035 x 80	96417 x 1

Z code: ?

Training Example #6

Drug	Dose	Time	HCPCS & Units	CPT® & Units
Decadron	20mg	0820-0838 (18 min)	?	?
Benadryl®	25mg	0840-0842 (2 min)	?	?
Zofran®	8mg	0855-0910 (15 min)	?	?
Erbitux®	400mg	0930-1045 (75 min)	?	?
Avastin®	800mg	1100-1135 (35 min)	?	?
Atropine Sulfate	1mg	1140-1142 (2 min)	?	?
Camptosar®	100mg	1200-1400 (120 min)	?	?
Ativan®	2mg	1405-1407 (2 min)	?	?
Normal Saline	250ml	1415-1440 (25 min)	?	?

Z code: Z51.11,
Z51.12

Example #6 - Answer

Drug	Dose	Time	HCPCS & Units	CPT® & Units
Decadron	20mg	0820-0838 (18 min)	J1100 x 20	96367 x 1
Benadryl®	25mg	0840-0842 (2 min)	J1200 x 1	96375 x 1
Zofran®	8mg	0855-0910 (15 min)	J2405 x 8	96375 x 1
Erbix®	400mg	0930-1045 (75 min)	J9055 x 40	96413 x 1
Avastin®	800mg	1100-1135 (35 min)	J9035 x 80	96417 x 1
Atropine Sulfate	1mg	1140-1142 (2 min)	J0461 x 100	96375 x 1
Camptosar®	100mg	1200-1400 (120 min)	J9206 x 5	96417 x 1 96415 x 1
Ativan®	2mg	1405-1407 (2 min)	J2060 x 1	96375 x 1
Normal Saline	250ml	1415-1440 (25 min)	J7050 x 1 (HOPPS)	Not Billable

Example #7



Z code: ?

Drug	Dose	Time	HCPCS & Units	CPT® & Units
Decadron	20mg	0956-1012 (16 min)	?	?
Aloxi®	0.25mg	0953-0954 (1 min)	?	?
Benadryl®	25mg	0950-0952 (2 min)	?	?
Emend®	150mg	1030-1102 (32 min)	?	?
Normal Saline	1000ml	1104-1210 (66 min)	?	?
Magnesium Sulfate	1G	1104-1210 (66 min)	?	?
Potassium Chloride	20mEq	1104-1210 (66min)	?	?
Alimta®	1175mg	1215-1226 (11 min)	?	?
Cisplatin	175mg	1230-1334 (64 min)	?	?
Mannitol®	12.5G	1230-1334 (64 min)	?	?
Normal Saline	250ml	1335-1412 (37 min)	?	?
Vitamin B12	1000mcg	1430 (Injection)	?	?

Example #7 - Answer

Z code: Z51.11

Drug	Dose	Time	HCPCS & Units	CPT® & Units
Decadron	20mg	0956-1012 (16 min)	J1100 x 20	96367 x 1
Aloxi®	0.25mg	0953-0954 (1 min)	J2469 x 10	96375 x 1
Benadryl®	25mg	0950-0952 (2 min)	J1200 x 1	96375 x 1
Emend®	150mg	1030-1102 (32 min)	J1453 x 150	96367 x 1
Normal Saline	1000ml	1104-1210 (66 min)	J7030 x 1 (HOPPS)	Not Billable
Magnesium Sulfate	1G	1104-1210 (66 min)	J3475 x 2	96367 x 1
Potassium Chloride	20meq	1104-1210 (66min)	J3480 x 10	Not Billable
Alimta®	1175mg	1215-1226 (11 min)	J9305 x 120	96411 x 1
Cisplatin	175mg	1230-1334 (64 min)	J9060 x 18	96413 x 1
Mannitol®	12.5G	1230-1334 (64 min)	J2150 x 1	Not Billable
Normal Saline	250ml	1335-1412 (37 min)	J7050 x 1 (HOPPS)	Not Billable
Vitamin B12	1000mcg	1430 (Injection)	J3420 x 1	96372-59 x 1



Questions?