

# compliance

## Chemotherapy Teaching

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In general, cancer patients meet with a medical oncologist, hematologist, or other specialist who will order and supervise the medically necessary treatment. Once patients and physicians have agreed on a course of care, patients will receive some form of education prior to starting the course of therapy. Some cancer programs perform this service during a separate patient encounter (e.g., not on the same day as a patient visit with the attending physician or on the day the patient will receive treatment) and incorrectly believe that it can be separately charged. In general, patient and caregiver education includes, but is not necessarily limited to:

- Introduction to and duties of the multidisciplinary cancer care team (physician, midlevel practitioner, nurse, navigator, medical assistant, etc.).
- Cancer description, including staging, grade, etc.
- What to expect during treatment.
- Potential side effects of the medications to be administered.
- Tips for proper nutrition during treatment.
- Tips for management of pain and fatigue.
- Skills and coping mechanisms to better care for themselves.
- Techniques to empower patients and caregivers to make informed decisions. (This may include initial distress screening.)
- Overview of available resources and community support services, such as support groups, financial aid, etc.
- Financial information, including patient

cost-share and payment schedule.

- Office, physician, or facility emergency contact information.

This education may be a combination of self-study (via video, computer-based learning, or reading material) and instruction by the nurse, midlevel provider, or physician. Some cancer programs perform group education; others provide individual patient education. Finally, education time varies from 20 to 90 minutes, depending on the type of malignancy and the specific education program.

### Provider Performing Service

A great deal of variation exists among cancer programs that perform this type of education in terms of which healthcare professional provides the educational session. Some cancer programs have oncology nursing staff that meets patients and/or caregivers to perform the education, while other programs employ midlevel providers (physician assistant or nurse practitioner) who perform this function. Some physicians prefer to do all or part of the drug administration education themselves.

It is important to remember that the credentials of the healthcare professional performing the service do not impact whether this education can be separately billed to the patient. For example, chemotherapy education is not considered a billable event simply because a midlevel provider personally performs the education session.

The following definitions are provided in the CPT® Manual:<sup>1</sup>

*When advanced practice nurses and physician assistants are working with physicians they are considered as working in the exact same specialty and exact same subspecialties as the physician. A “physician or other qualified health care professional” is an individual who is qualified by education, training, licensure/regulation (when applicable), and facility privileging (when applicable) who performs a professional service within his or her scope of practice and independently reports that professional service. These professionals are distinct from “clinical staff.” A clinical staff member is a person who works under the supervision of a physician or other qualified health care professional, and who is allowed by law, regulation, and facility policy to perform or assist in the performance of a specific professional service, but does not individually report that professional service. Other policies may also affect who may report specific services.*

### Integral Service

It is inappropriate to bill separately for a service that is considered integral to another procedure. According to ASCO’s frequently asked questions:<sup>2</sup>

*Physician time spent on treatment planning and management is considered to be captured under the E/M codes. Chemotherapy management cannot be billed separately. Time spent by nursing staff and other health professionals on nutrition counseling, therapy management, and care coordination is also not separately billable.*

In addition, APC (Ambulatory Payment Classification) allowances for hospital drug administration payment and RVUs (Relative

Value Units) for freestanding cancer center drug administration reimbursement include nursing time for education on the drug administration service. If patient education is removed from the drug administration codes and billed separately, reimbursement for *all* drug administration services would be decreased to permit reimbursement of a separate education session.

For example, the practice expense component of the RVU chemotherapy administration allowance includes the cost to operate the medical practice and is related to the general overhead expenses of the practice.<sup>3</sup> This includes non-physician clinical and non-clinical labor of the practice, as well as expenses for building space, equipment, and office supplies.<sup>4</sup> In addition, RVUs for a procedure, such as drug administration, include clinical staff time required to complete the service.

The CPT Editorial Panel meets three times each year to consider changes to existing procedure codes, the need for new procedure codes, and related issues. After each CPT Editorial Panel meeting, a document is prepared showing a summary of the actions that were taken by the Panel on each of the code applications. The February 2014 Summary of Panel Actions included an application for a code to describe “vaccine counseling by RNs” that was withdrawn.<sup>5</sup> There are currently no codes for counseling or education provided by nursing staff and it appears that the CPT Panel will not approve any codes for these services in the near future.

### Not Billed as E/M

Before discussing potential codes for educational services, it is important to recognize what chemotherapy or other drug administration education is *not*. For example, patient education would not be reported with evaluation and management codes (**99201–99205, 99211–99215**)—regardless of which individual performed the education. By definition, an evaluation and management (E/M) service includes acquisition of patient history, examination,

and medical decision making. The exception to the three key elements is code **99211**, which is defined as:

- **99211:** Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician or other qualified healthcare professional. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.

As indicated above, there is no procedure code for a “nurse visit.” Procedure code **99211** represents an evaluation and management service ordered by a physician and documented as medically necessary that potentially does not include the presence of the physician. However, even though there are no requirements for patient history, examination, and medical decision making, there is still a requirement that there be a relevant and medically necessary exchange of information that constitutes patient evaluation and an impact on medical decision making. Based on the definition of this code, it would not be reported for chemotherapy education performed by a member of the physician’s staff.

Some cancer programs believe that the patient education visit can be billed by a physician or non-physician practitioner as an evaluation and management service based on the time required for the education. According to authoritative coding guidance:<sup>6</sup>

*The content of the service is used to select the appropriate level of E/M service. In the case where counseling and/or coordination of care dominates (more than 50%) the face-to-face physician/patient encounter, then time is considered the key or controlling factor. The extent of counseling and/or coordination of care must be documented in the medical record.*

However, before a service can be reported based on visit time, it is important to understand the term “counseling,” which is significantly different from a visit solely to educate the patient on the provision of the

selected treatment. The counseling referred to in the context of selecting the patient visit level is that discussion with the patient performed as part of the medical decision-making component. This may include educating the patient on the various treatment options available (listed as “patient and/or family education” in the current edition of the *CPT Manual*), such as explaining the differences in side effects and outcomes between radiation therapy, surgery, and chemotherapy administration.

In addition, the *1995 Documentation Guidelines for Evaluation and Management Services* state that counseling includes:<sup>7</sup>

- A discussion of management and/or treatment options
- A review of imaging, laboratory, or other diagnostic data with the patient
- A dialogue with the patient surrounding risks, complications, and other factors relating to the treatment options under consideration.

The *1997 Documentation Guidelines for Evaluation and Management Services* add that counseling documentation will include co-morbidities, underlying diseases, or other factors that increase the complexity of medical decision making.<sup>8</sup> As a result, patient education relating to potential side effects of the service to be performed, nutrition tips, coping mechanisms, etc., would not be considered counseling for the purposes of patient visit code assignment. At this point, the patient has already selected the treatment option(s) to pursue.

### Hospital Outpatient Department

Hospitals were initially instructed to use the existing CPT procedure codes for patient visits, but established their own criteria to reflect facility resource consumption. However, the 2014 Outpatient Prospective Payment System (OPPS) Final Rule changed this instruction:

*While we [CMS] agree that the proposed clinic APC [Ambulatory Payment Classification] encompasses a range of visits for*

**Table 1. Procedure Codes to Track Resources Associated with the Provision of Educational Services**

Code	Descriptor
99499	Unlisted evaluation and management service
99071	Educational supplies, such as books, tapes, and pamphlets, for the patient's education at cost to physician or other qualified healthcare professional
99078	Physician or other qualified healthcare professional qualified by education, training, and/or licensure/regulation (when applicable) to provide educational services rendered to patients in a group setting (e.g., prenatal, obesity, or diabetic instructions)
98960	Education and training for patient self-management by a qualified non-physician healthcare professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes, individual patient
98961	Education and training for patient self-management by a qualified non-physician healthcare professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes, 2-4 patients
98962	Education and training for patient self-management by a qualified non-physician healthcare professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes, 5-8 patients
S9445	Patient education, not otherwise classified, non-physician provider, individual, per session
S9446	Patient education, not otherwise classified, non-physician provider, group, per session

beneficiaries with different medical issues, we believe that the spectrum of hospital resources provided during an outpatient hospital clinic visit is appropriately captured and reflected in the single level payment for clinic visits. We also believe that a single visit code is consistent with a prospective payment system, where payment is based on an average estimated relative cost for the service, although the cost of individual cases may be more or less costly than the average.

We continue to believe discontinuing the use of the five levels of HCPCS visit codes for clinic visits will reduce hospitals' administrative burden by eliminating the need for them to develop and apply for their own internal guidelines to differentiate among five levels of resource use for every clinic visit they provide... We note that the level of CPT® code is not the only method for assessing patient acuity. Diagnosis coding and the type and frequency of other services billed on a visit claim also communicate patient acuity.

As a result, effective Jan. 1, 2014, CMS finalized its proposal to replace the current five levels of visit codes for hospital technical clinic visits with a single new Level II HCPCS code representing a single level of payment for new patient or established patient clinic visits:

- **G0463.** Hospital outpatient clinic visit for assessment and management of a patient.

According to the *Medicare Benefit Policy Manual*, Chapter 6:<sup>9</sup>

*A hospital outpatient "encounter" is a direct personal contact between a patient and a physician, or other person who is authorized by State licensure law and, if applicable, by hospital or CAH staff bylaws, to order or furnish hospital services for diagnosis or treatment of the patient.*

The Centers for Medicare & Medicaid Services (CMS) adds:<sup>10</sup>

*Billing a visit code in addition to another*

*service merely because the patient interacted with hospital staff or spent time in a room for that service is inappropriate.*

This means that the hospital will not report HCPCS code **G0463** for a technical clinic visit service unless there is also a professional patient visit service billed by the physician or a qualified non-physician healthcare professional who can bill the professional visit under his/her National Provider Identifier (NPI). As a result, procedure code **G0463** should not be routinely charged whenever the patient sees a nurse or other member of the hospital staff, including for chemotherapy education services; if there is no professional patient visit, the hospital will not report a technical clinic visit code.

### Potential Codes


While chemotherapy education and teaching is generally not charged or separately reimbursed, Table 1, above,

identifies several procedure codes that may be appropriate for tracking the resources associated with the provision of educational services.

In addition to ensuring that the correct procedure code is captured for patient education (when appropriate), it is also important to report the correct diagnosis code for the educational service. Remember that the patient's cancer diagnosis (or other medical reason for treatment) will not be reported as the primary diagnosis code; the code for education will be the first-listed code, followed by other diagnosis codes that classify the patient's medical condition(s). Table 2, below, identifies these ICD-9 and ICD-10 diagnosis codes.

### In Closing

Chemotherapy or other drug administration cannot be performed without patient instruction; as a result, the education or teaching service provided to the patient and/or caregiver is not a separately billable service. This patient interaction is considered part of the practice expense of the drug administration codes. The exception would be if there is an insurance payer that has a written policy that

instructs the provider on coding and billing separately for the educational service. Make sure to review insurance payer coverage information carefully and question the payer for guidelines before billing for patient education. 

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Table 2. Diagnosis Codes

ICD-9-CM Code	Descriptor
V65.19	Other person consulting on behalf of another person
V65.3	Dietary surveillance and counseling
V65.40	Counseling, not otherwise specified
V65.49	Other specified counseling (includes medication explanation)
ICD-10-CM Code	Descriptor
Z71.0	Person encountering health services to consult on behalf of another person
Z71.3	Dietary counseling and surveillance
Z71.9	Counseling, unspecified
Z71.89	Other specified counseling