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by Roberta Buell, M.B.A.

Q: *Is it true that an office can bill 99211 with every chemotherapy?*

A: According to the original physician fee schedule for Medicare patients published on November 25, 1991, one evaluation and management service (99201-99215) can be billed with every chemotherapy for Medicare patients. Because Medicare does not cover work relative values for chemotherapy administration (96400-96412), visits are separately payable. 99211 for nursing intervention can be billed, as long as no other E&M service is billed that day. Additionally, the American Medical Association's (AMA) CPT code book states that "If significantly separately identifiable Evaluation and Management service is performed, the appropriate E/M service should be reported in addition to 95400-96549." All insurance companies should abide by these standards. A physician practice must ensure that all insurance contracts include a clause obligating the payer to adhere to CPT standards.

Q: *What are the documentation guidelines for 99211? Have these guidelines changed?*

A: HCFA has performed a number of Medicare prepayment audits where oncology practices lacking documentation of nursing intervention and/or intervention with the treating physician were subsequently denied payment. At the request of the American Society of Clinical Oncology (ASCO), HCFA issued guidelines for these interventions that state the nurse must document interaction with and supervision by the treating physician. For example, the nurse may write, "Reviewed

CBC with Dr. Doe, he said to give chemotherapy per the order dated 6/9/98." Because these guidelines are more restrictive for oncology than for other specialties, ASCO has asked HCFA to reevaluate the guidelines issued earlier this year. Until this reevaluation occurs, documentation must be consistent with the level of physician interaction with and supervision of nurses.

Q: *Does the physician need to be in the office for 99211 to be billed to Medicare?*

A: In most cases, the physician must be in the office suite for 99211 to be billed. If state licensing allows nurse practitioners (NPs) to treat independently, NPs and/or physician assistants (PAs) may bill E&M services under their own provider numbers. However, NPs/PAs are paid only 85 percent of the physician fee schedule. Medicare will pay 100 percent of the physician fee schedule when the physician is in the office suite. In addition, anyone for whom 99211 is billed should be a leased or paid full-time employee of the practice.

Q: *Should we bill 99211 with every injection of non-chemo drugs given in the office?*

A: The answer depends on the interaction with the physician and nursing activities performed. Whenever an injection of non-chemo drugs is given, such as epoetin alfa or growth factors, staff have a billing choice between 90782 (therapeutic injection) and 99211. Most insurance companies will not reimburse both 90782 and 99211 when they are billed the same day. If the patient receives only an injection, use 90782. If the nurse interacts with the physician regarding patient treatment and/or performs other nursing

interventions for the patient, use 99211, as long as the interaction is well documented.

Q: *Can hospitals bill for 99211 with chemotherapy?*

A: Medicare will only reimburse 99211 for paid or leased employees in a physician office. Nurses working in and paid by a hospital are not eligible for 'incident to' reimbursement under Part B Medicare. To cover nursing costs, hospitals can bill for nursing time and effort using a facility fee or room charges with chemotherapy.

Q: *Can dietitians, social workers, or medical assistants use 99211? Can they bill to higher levels of E&M services?*

A: Any employee in a physician's office who provides patient care may bill 99211. Be aware that there are few codes that are regularly paid for patient teaching or counseling by non-physician practitioners. 99211 is the only code that can be predictably paid for these activities, despite counseling or teaching codes listed in CPT. Billing to higher levels of E&M service is not permitted, except for nurse practitioners and/or physician assistants. These practitioners can bill under their own provider numbers or 'incident to' physician services. ❏

Have a coding question? You can e-mail your questions to Ms. Buell at codemistress@documedics.com. Or, you may submit your questions in writing to Ms. Buell c/o *Oncology Issues* at 11600 Nebel Street Suite 201, Rockville MD 20852-2557. Fax: 301-770-1949.

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