

Coding for Hospital Outpatient Infusion Services in 2004

by Linda B. Gledhill, MHA

Effective Jan. 1, 2004, new coding guidelines for hospital outpatient services will be implemented under the revised final outpatient prospective payment system (OPPS) rule issued by the Centers for Medicare & Medicaid Services. A significant change in the 2004 coding guidelines includes a simplification of the Q-codes for chemotherapy and therapeutic infusion.

Q Has code Q0085 been eliminated? How should you code chemotherapy by infusion and other methods, such as a push?

A Q0085 has always been difficult to code and is not used very often, so in 2004 CMS eliminated this code. The rule states that if chemotherapy IV infusion *only* is provided, Q0084 should be used. If, in addition to the IV infusion, another form of chemotherapy administration (e.g., subcutaneous, intramuscular, or a push) is provided, you can also charge code Q0083. Although in the past CMS followed a "one Q-code per day" rule, CMS has clearly stated that both codes will now be accepted. Both providers and payers will need some time to get used to this change, so closely watch how you code and your subsequent reimbursement.

Q With all of the cancer drugs being packaged into the administration codes, will this change help cover the cost of providing the infusion and drugs?

A In 2003, CMS packaged many chemotherapy and supportive care drugs into the administration codes. The payments for all drugs costing \$150 or less per day were bundled into their administration codes. After much discussion and public comments, CMS revised that thresh-

old for 2004. Starting Jan. 1, only drugs costing less than \$50 per day are bundled into their administration codes. CMS maintains that lowering the threshold will result in appropriate payment for both the procedure and the drug.

Here is a list of some cancer drugs, their HCPCS code, and their Medicare reimbursement in 2004.

- Granisetron, 100 mcg (J1626): \$5.70
- Sargramostim, 50 mcg (J2820): \$16.32
- Doxorubicin, 10 mg (J9000): \$6.61
- Etoposide, 10 mg (J9181): \$4.56.

Q Should we continue to bill drugs that are still packaged into their administration codes?

A Yes. Reporting the cost of those packaged drugs to CMS is very important, because the data are used to determine your actual costs for that service. Without this data, CMS does not really know what is required to cover the cost of the infusion and drugs administered. You should continue to use revenue code 636 for drugs in addition to the appropriate HCPCS code for drugs that have a separate payment. Use any of the other drug revenue codes for packaged drugs billed to CMS. The costs reported for packaged drugs are also used by CMS to calculate outlier payments.

Q When using codes 90782, 90783, and 90784 for injections, how do you code for multiple injections given on the same day?

A In 2004, you should bill the therapeutic injection codes: 90782 (subcutaneous/intramuscular), 90783 (intra-arterial), and 90784 (intravenous) each time there is a separate injection. Use the unit col-



umn to indicate multiple injections during a visit.

Q Why does the code for hydration prior to chemotherapy (Q0081) receive so many claim denials, and has this code changed in the new rule?

A Q0081 has not changed for 2004. If there is medical necessity for hydrating a patient prior to chemotherapy, CMS states Q0081 should be a payable code *as long as* the hydration is given sequentially and not at the same time as the chemotherapy. Since the hydration is a separate procedure on the same day, however, the code requires a -59 modifier. You must also document the beginning and ending time for each procedure to show that the procedure was sequential.

Q Has there been any change in payment for transfusions in 2004?

A CMS has frozen the reimbursement of blood and blood products at 2003 payment rates. The agency cites the additional cost of testing the blood supply and other concerns as the primary reason. CMS will conduct more studies to determine if the payment rate should change in 2005.

The OPPS final rule is available on the CMS website at www.cms.gov.



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