Select Health

CODING/REIMBURSEMENT POLICY

CHEMOTHERAPY AND OTHER HIGHLY COMPLEX DRUG OR BIOLOGIC AGENT ADMINISTRATION (OFFICE-BASED)

Policy # 11

Implementation Date: 1/1/04
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Disclaimer:
1. Policies are subject to change without notice.
2. Policies outline coverage determinations for Select Health Commercial, Select Health Advantage (Medicare/CMS), and Select Health Community Care (Medicaid/CHIP) plans. Refer to the "Policy" section for more information.

Description

This Chemotherapy Policy describes a defined set of *Current Procedural Terminology* codes that are used to report anti-neoplastic, and certain other non-cancer chemotherapy services. When reported these codes are reviewed based on specific rules and guidelines that determine under what conditions chemotherapy services will be reimbursed.

COMMERCIAL PLAN POLICY/CHIP (CHILDREN'S HEALTH INSURANCE PROGRAM)

The "initial" code that best describes the key or primary reason for the encounter should always be reported irrespective of the order in which the infusions or injections occur.

Select Health considers **the following to be included and not reported separately when performed for chemotherapy infusion or injection:**

- Confirmation or recalculation of doses based on the condition of the patient on the day of chemotherapy administration
- Preparation of chemotherapy agent(s)
- Use of local anesthesia
- Standard tubing, syringes, and supplies
- Access to indwelling IV, subcutaneous catheter, or port
- IV start – The infusion time does not begin until after the IV is started and in progress.
    - Twenty minutes of time will be deducted from a listed infusion time if documentation does not specify the IV was started prior to the chemotherapy service. The start and stop time for each IV piggyback drug must be clearly documented, including the time the bag was hung or the drug was piggybacked into the infusion. The name of the drug, strength of the drug, method of administration and the time must be documented. If an IVPB is performed, but no time is documented, the provider will only be reimbursed for administering an IV push.
- The fluid used to administer the drug(s) is considered incidental hydration and is not reported separately.
- Time leading up to the discontinuation of the IV is included in the chemotherapy infusion service and is not reported separately, including monitoring the patient post-infusion.
- Flush at conclusion of infusion – The time required for the flush is included in the chemotherapy administration codes and cannot be used as part of the infusion time. Code 96523 for flushing or irrigation of an implanted vascular access port or device before or after chemotherapeutic or non-chemotherapeutic drug administration is included in chemotherapy and cannot be reported separately.

- Time spent in post-chemotherapy instructions to the patient, and the initiation of a prolonged infusion pump are included in the codes for those services and are not counted in the infusion time.
- CPT code 99211 is not reportable with chemotherapy and non-chemotherapy drug/substance administration codes. The drug administration codes are valued to include work and practice expenses associated with the service.
- Code 96415 is not reimbursed unless the infusion time listed is 31 minutes beyond the first-hour of infusion reported with code 96413.
- Peripheral vascular access devices placed for intravenous or intra-arterial infusion and injections (36000, 36410) are included in chemotherapy administration and cannot be separately reported with code 96409, 96415, and 96417.
- Do not report CPT codes 96521 and 96522 with code 96416 or with CPT code 96425. Codes 96416 and 96425 include the initial filling and maintenance of a portable or implantable pump.
- Code 96523 is not reportable when an injection or infusion is provided on the same day.
- Codes 96409−96425 are not reimbursed when reported in conjunction with code 36823.

Additionally, drugs (e.g., single or multidose) that are not given in their entirety must indicate the amount of drug wasted or it will be assumed any remaining drug was given to another patient and the units billed by the physician will be adjusted to reflect the actual agent units used for the chemotherapy.

An initial service code is reported only one time per encounter. After the initial service code is determined subsequent, sequential and concurrent codes are reported regardless of the subsection (Hydration, Therapeutic, Prophylactic, and Diagnostic Injections and Infusions; Chemotherapy Administration) where the code appears. For example, the first IV push subsequent to an initial infusion is reported using a subsequent IV push code.

The pump or reservoir associated with CPT code 96522 (refilling and maintenance of an implantable pump or reservoir for systemic drug delivery) must be capable of programmed release of a drug at a prescribed rate. Do not report code 96522 for accessing a non-programmable implantable intravenous device for the provision of infusion(s) or chemotherapy administration or for accessing or flushing an indwelling peripherally placed intravenous catheter port (external to skin), subcutaneous port, or non-programmable subcutaneous pump.

CPT code 96416 requires an infusion be “initiated” (started) before the code can be reported. The code also requires the use of an implantable or portable pump. In addition, the code requires chemotherapy infusion of more than 8 hours. Code 96416 will not be paid if documentation does not indicate the infusion required more than 8 hours to complete.

Pump rental (E0781) is paid for the number of days the pump is in use. Charges for pump rental cannot exceed the cost of a monthly rental. Additionally, pump rental is only paid for the number of days of the actual infusion, for example: If the infusion is started on one day and is to infuse for 22 hours - two days of pump rental will be paid; the day the infusion is started and the next day when the infusion is discontinued. If the patient is not due back into the clinic for 5 days for further chemotherapy treatment and does not return the pump for 5 days - only 2 days will be paid, and 3 days of pump rental will be denied to the provider.

The pump rental is paid the same whether the pump is provided by a clinic, provider practice, or home health agency.

G0498 **must only be billed for** the use of an external **pump** where the chemotherapy infusion was initiated in the office/other outpatient setting using office/other outpatient setting pump/supplies, with continuation of the infusion in the community setting. G0498 may be used whether the pump is an item of durable medical equipment (DME) provided by the office, or an equivalent functioning disposable pump.

This code is ***not*** to be billed to the DME contractor. Billing this code once also includes the follow-up office/other outpatient visit at the conclusion of the infusion, and the pump and infusion discontinuation. G0498 may be applicable for the prolonged infusions of the following drugs:

- J9000 Injection, doxorubicin hydrochloride, 10 mg (Adriamycin®, Doxil®, Caelyx®, Myocet® and others)
- J9181 Injection, etoposide, 10 mg (Toposar®, Etopophos)
- J9190 Injection, fluorouracil, 500 mg (Efudex, Carac, Fluoroplex, Adrucil®)
- J9352 Injection, trabectedin Yondelis®
- J9371 Injection, vincristine sulfate liposome, 1mg (Oncovin, Vincasar PFS)

HCPCS code G0498 is the only code billed for the date of service—CPT code 96416 should not be billed with G0498 because it is included in the fee for the pump.

Covered Services and Modifier Information
Fluid administration that is medically necessary for a different diagnosis (e.g., dehydration) in the course of a transfusion or chemotherapy may be reported separately with modifier 59.

Office/outpatient evaluation and management CPT codes (99201–99205, 99212–99215) are separately reportable with modifier 25 if the physician provides a significant and separately identifiable E & M service.

Other Information
For further guidelines and information on this Chemotherapy Policy, refer to the Current CPT Guidelines for Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration.
For further guidelines and information on this Chemotherapy Policy, refer to the National Correct Coding Initiative Policy Manual for Medicare Services; the National Correct Coding Initiative pertinent to the date of service.
CPT Assistant, December 2011, pp. 3–5, Coding Clarification: Facility Reporting-Multiple Infusion (Codes 96360−96361 and 96365−96367).

The *2006 Injections and Infusion Administration Codes for Chemotherapy and Non-Chemotherapy Drugs* by the Centers for Medicare and Medicaid Services; *Hydration, Therapeutic, Prophylactic, and Diagnostic Injections and Infusions, and Chemotherapy Administration* guidelines in *Current Procedural Terminology* (CPT) 2014; and *Reporting Drug Administration's Services for 2006 CPT Assistant*, Volume 15, Issue 11, November 2005

SELECT HEALTH ADVANTAGE (MEDICARE/CMS)

Select Health Advantage **will follow the commercial plan policy.**

SELECT HEALTH COMMUNITY CARE (MEDICAID)

Select Health Community Care **will follow the commercial plan policy.**

Applicable Codes

Codes	Descriptions
96401	Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic
96402	Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic
96405	Chemotherapy administration; intralesional, up to and including 7 lesions
96406	Chemotherapy administration; intralesional, more than 7 lesions
96409	Chemotherapy administration; intravenous, push technique, single or initial substance/drug
96411	Chemotherapy administration; intravenous, push technique, each additional substance/drug
96413	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug
96415	Chemotherapy administration, intravenous infusion technique; each additional hour, 1 to 8 hours

96416	Chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump
96417	Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour
96420	Chemotherapy administration, intra-arterial; push technique
96422	Chemotherapy administration, intra-arterial; infusion technique, up to 1 hour
96423	Chemotherapy administration, intra-arterial; infusion technique, each additional hour (List separately in addition to code for primary procedure)
96425	Chemotherapy administration, intra-arterial; infusion technique, initiation of prolonged infusion (more than 8 hours), requiring the use of a portable or implantable pump
96440	Chemotherapy administration into pleural cavity, requiring and including thoracentesis
96446	Chemotherapy administration into the peritoneal cavity via indwelling port or catheter
96450	Chemotherapy administration, into CNS (e.g., intrathecal), requiring and including spinal puncture
96521	Refilling and maintenance of portable pump
96522	Refilling and maintenance of implantable pump or reservoir for drug delivery, systemic (e.g., intravenous, intra-arterial)
96523	Irrigation of implanted venous access device for drug delivery systems
96542	Chemotherapy injection, subarachnoid or intra-ventricular via subcutaneous reservoir, single or multiple agents
96549	Unlisted chemotherapy procedure
G0498	Chemotherapy administration, intravenous infusion technique; initiation of infusion in the office/clinic setting using office/clinic pump/supplies, with continuation of the infusion in the community setting (e.g., home, domiciliary, rest home, or assisted living) using a portable pump provided by the office/clinic, includes follow up office/clinic visit at the conclusion of the infusion.

Sources

1. *Current Procedural Terminology (CPT®)* – American Medical Association (2014).
2. ICD-9-CM Coding Guidelines. (2013, January 1). Retrieved April 1, 2014, from https://www.encoderpro.com/epro/physicianDoc/pdf/i9v1/i9_guidelines.pdf
3. *Medicine Evaluation and Management Services CPT Codes 90000−99999*, National Correct Coding Initiative Policy Manual for Medicare Services, Centers for Medicare and Medicaid Services (CMS), Chapter XI, (2014).
4. *Coding Update: Infusion/Injection Services*, CPT® Assistant February 2009, Volume 19, Issue 2, pp. 17–21.
5. *Reporting Drug Administration's Services for 2006*, CPT Assistant Volume 15, Issue 11, November 2005, pp. 1–9.
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Disclaimer

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