

# Infusion Coding

Is this going to hurt?

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## Codes

The codes used in this presentation are  
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Review all codes and code descriptions for  
appropriate use

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# Agenda

- Common Terms
- Diagnosis Coding
- Chemo Orders
- Drugs
- Administration Codes
- Incident-to
- Modifiers
- Putting it all together
- RAC!

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## In the Beginning. . .

In order to really understand the coding we are going to review we all need to speak the same language and use the same terminology in the same way.

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## Why Do I Care???



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## 3 little letters – 1 BIG WORD

### WHY????

Why was the patient seen?

Why were lab/diagnostic services ordered?

Why is chemo ordered – or not?

All questions are answered  
by the patient's diagnosis!

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# Diagnosis Coding Rules

- Be as specific as possible
- Check the index AND the numeric codes
- Code all diagnoses that apply
- Check to see if a V or E code applies
- Answer the question – Why is the patient being treated?

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# Diagnosis Vocabulary

- **Adenoma**
  - Usually a benign tumor arising from a gland
- **Benign**
  - A nonmalignant tumor
- **Malignant**
  - Cancerous, life threatening, invasive
- **Metastasize**
  - Disease that spreads from one body area to another

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## A Few More...

- **Neoplasm**
  - An abnormal tissue that grows more rapidly than normal. Can be benign or malignant.
- **Staging**
  - The process of determining how far a cancer has spread.
- **Tumor**
  - A lump, mass or swelling. Can be benign or malignant.

## Neoplasm Table

- Benign
- Primary
- Secondary
- In Situ
- Family history of
- Personal history of

## Now What?

Now that we know why we need to know-  
WHAT?

What does the physician want to do to treat  
the patient?

## It All Begins With An Order

- Medication
- Dose
- Route
- Frequency
- Length of treatment
- Date
- Physician Signature

# Protocols

- NCCN is the gold standard
- Standardized treatment
- Adjusted to meet patient needs

# Changes

If the order changes make sure that the documentation changes with it!

Verbal orders have to be added to the documentation and be verified/signed by the physician.

# Documentation

- Must be complete
- Start/stop times must be detailed
- Changes to the order must be noted and signed
- All drugs and their administration must be included

## We Know Why, We Know What, So Now...

We know why the patient is being treated.

We know what the physician wants to do.

Now we need to look at the drugs that will be used.



# Drug Vocabulary

- **Antiemetic**
  - A drug controlling or preventing nausea
- **Antineoplastic**
  - Chemotherapy drugs – those that attack the cancer at the cellular level
- **Compendia**
  - An authoritative source in listing what drugs are approved to treat what conditions

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# Just A Couple More ...

- **Formulary**
  - A list of drugs that are approved for use by specific carriers
- **Hormonal**
  - A drug that affects the glandular process of producing a hormone
- **Monoclonal Antibodies (mabs!)**
  - Lab produced molecules that affect specific cell types

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# Drugs!

- Supply vs. Billable
- SDV vs. MDV
- Chemo and non-chemo
- Hormonal and non-hormonal
- Billable units
- Other issues

# Supplies - Billables

Fluids running to facilitate treatment are supplies.

Adding additional medications to the bag may make them therapeutic.

## SDV - MDV

- Single Dose Vials
  - Single patient treatment
- Multi-Dose Vials
  - Multiple patient treatments

## Examples

### Single Dose Vials

- Zometa
- Gemzar
- Abraxane
- Emend
- Rituxan

### Multi-Dose Vials

- Doxorubicin
- Herceptin
- Dexamethasone
- B-12
- Paclitaxel

# Drug Waste

- MDVs never have waste
- SDVs may not be shared

# Reporting Waste

Rules will vary by carrier –

Make sure you know how the major carriers in your area want to see it on the claim!

Make sure you document the waste in the chart and can easily find it if asked!

## You Will Need...

- NDC number
- Name of the drug
- Amount administered
- Amount wasted
- Method of administration

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## A Carrier May Want...

- One service line with the full vial size and a note with the NDC
- A service line with the actual amount administered and another with the waste amount and \$0.00
- Some want a JW modifier; others do not

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## HCPCS Level II Codes

- Index under chemotherapy list of drugs
- Some exceptions to the chemotherapy rule
  - Leucovorin is an example
    - Non-chemo drug but some carriers treat it as if it were

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## Hormonal or Not?

- Lupron
- Bleomycin
- Fulvestrant
- Azacitidine

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## Billable Units

- Each code is assigned a unit value
- Bill in multiples of that value
- Critical in correct coding and reimbursement

## Rounding

- ASCO printed guidelines
- No official rule
- MDVs – round up to nearest whole unit

## 'Tweeners

- Some drugs have multiple codes for various amounts or specific drugs.
- When this happens, use the one closest in multiple units.

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## Depo-Medrol

- Here is an example – Depo-Medrol
- Has 3 J codes with different billable units
  - J1020 - 20 mg
  - J1030 - 40 mg
  - J1040 - 80 mg
- What do you do for 70 mgs – there is not a specific code for that amount?

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# Minimums

If less than lowest billable unit administered  
– bill unit of 1

# Let's Review...

- SDV? MDV?
- How much?
- Waste?
- What is billable unit?
- How many billable units administered?

## Let's Try An Example

Let's take a look as some examples.

Drug	Billable Unit	Administered	Waste?
Herceptin (mdv)	10 mg	100	No
Alimta (sdv)	10 mg	7	Yes
Paclitaxel (mdv)	30 mg	90	No
Gemzar (sdv)	200 mg	450	Yes

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## How Do You Code The Units?

Let's see how our examples coded . .

Drug	Billable Unit	Administered	Waste ?	Billed Unit
Herceptin (mdv)	10 mg	100 mg	No	10
Alimta (sdv)	10 mg	7 mg	Yes	1
Paclitaxel (mdv)	30 mg	90 mg	No	3
Gemzar (sdv)	200 mg	450 mg	Yes	3

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## Yeah, but...

- The patient brought the medicine
- The clinical trial provided some of the medicine
- The medication is listed as self administered
- The medication is off label
- The medication is oral

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## Patient Provided Med

- Can bill for administration
- Need to document
  - NDC
  - Drug name
  - Amount administered
  - Method of administration
  - Source of drug

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# Clinical Trials

- Pretty much the same
- QV modifier
- Trial information

# Self Administered

- Each carrier decides list
- Rough guidelines
  - Not IV drugs
  - Not IM drugs
  - Usually Sub-Q drugs

# Off Label

- New indications
- Successful trials
- Not yet in Compendia

# Oral Meds

- Check to see local and state rules on dispensing
- Not billed through regular claim processing - usually

## What Next?

We know why – diagnosis

We know what – protocol/drugs

Now we need to know HOW

How is the patient to be treated?

## Treatment Categories

- Hydration
- Therapeutic
- Chemotherapy

## What's Included?

The CPT® manual gives a list of services that are included with and infusion/push/injection.

- Local anesthesia
- IV start
- Access to port/catheter
- Tubing – syringes – supplies
- Flush at conclusion

## Supplies? Really?

When you can bill and when you cannot.

Billable if the fluid is used as hydration or when the patient has a reaction and is used to relieve symptoms.

NOT billable if it used to keep a line open, flush before or after treatment.

# Access

The time taken to access the port/IV/catheter is NOT billable.

Time does not start until the drug starts.

# Flushing Lines and Ports

- “Flush at conclusion of infusion” is part of the service and not billable
- Flush allowed only if no other service is provided on the same day
- Clear? Simple? Easy?
- Not Really!



## Subsequent vs. Concurrent

- Subsequent
  - Comes after another service
- Concurrent
  - Happens at the same time as another service

## Initial Codes

- Each category has at least 1 initial code
- Select only 1 initial code per encounter
- Slight difference between facility and physician office

## Office - Initial Code

- Answer this question –
  - What is the primary treatment????

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## Facility – Initial Code

- Specific hierarchy
  - Chemo services before
    - Therapeutic/prophylactic/diagnostic before
      - Hydration
  - Infusions before
    - Pushes before
      - Injections

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## Add on Codes

These are the procedures designated by a + sign in the CPT that mix and match with the Initial Codes

Facilities beware!

## Hydration

Consists of pre-packaged fluids and electrolytes

A very simple category

# Hydration Codes

- Initial Code
  - 96360 must be over 31 minutes
    - Less than 31 – not billable!
- Add-on
  - 96361 must be over 31 minutes

# Therapeutic

- Much more complicated
- Includes Prophylactic and Diagnostic services
- Several sub-categories
- Multiple initial codes
- Drugs are not pre-packaged fluids and are non-chemo

## Therapeutic – Initial Codes

- 96365 - IV Infusion
- 96369 - Sub q infusion
- 96374 - Push

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## Therapeutic – Add Ons

- 96366 - Each additional hour
    - » At least 31 minutes
  - 96367 - Sequential infusion \*
  - 96368 - Concurrent infusion
- \* Once per sequential infusion of same mix

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## Therapeutic - Miscellaneous

- 96370 – TIME code
- Is used with 96369

## Therapeutic- Injections

NOT vaccines, toxoids, anti-neoplastics, hormonal or non-hormonal agents

- 96372 - Sub-q – IM
- 96373 - Intra-arterial

## Therapeutic - Push

- 96375 - Different drug
- 96376 - FACILITIES ONLY
  - » Same drug but cannot be within 30 minutes of last push

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## Chemotherapy

- Highly complex drugs and biologic agents
- Non-radionucleid anti-neoplastics
- Anti-neoplastics for non-cancer diagnoses
- Monoclonal antibodies
- Biologic response modifiers

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## Chemotherapy – Initial Codes

- 96409 - Push
- 96413 - IV Infusion

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## Chemotherapy – Add ons

- 96411 - Additional Push
- 96415 - Additional hour beyond 31 minutes
- 96416 - Sequential infusion\*

\* Once per drug

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## Chemotherapy - Injections

- 96401 - Non-hormonal
- 96402 - Hormonal

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## Intralesionals

- 96405 - 1 to 7 lesions
- 96406 - 7+ lesions

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## Confused? Try This

Initial	Add-On
96360	96361
96365	96366, 96367, 96368, 96375, 96361
96369	96370, 96371
96374	96375, 96367, 96361
96409	96411, 96367, 96361, 96375
96413	96417, 96415, 96361, 96366, 96367, 96375, 96411, 96368

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## Time – not always on your side

- Begins when the drug starts
- 31 minutes is the magic number
- Pushes have no minimum or maximum time
- Infusions less than 15 minutes are a PUSH
- Mixing, accessing, starting IV – doesn't count

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## Prolonged Infusion

- Not an initial and not an add-on
- 96416 - An infusion lasting greater than 8 hours through a pump

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## Port Flush

- 96521 96522 96523
- CPT states that you cannot report the code if any other service is performed the same day
- Part of the infusion service

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## But Then...

- What about after a prolonged infusion?
- Major confusion
  - CPT® states no other service same day
    - But also states that
  - Part of the infusion service

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## Let's Review

Look at this sample administration record and see how it could be coded!

Hydration	9:00 – 9:35
Antiemetic	9:35 – 10:15
Chemo 1	10:15 – 11:15
Chemo 2	11:15 – 12:50
Antiemetic	12:50 – 1:05

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# How Did You Do?

Hydration	9:00 – 9:35	96361
Antiemetic	9:35 – 10:15	96367
Chemo 1	10:15 – 11:15	96413
Chemo 2	11:15 – 12:50	96417, 96415
Antiemetic	12:50 – 1:05	96375

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# Explanation

- The first chemo drug is considered the primary reason for the treatment so it becomes the initial service (96413).
- The hydration code for additional hour is used since it is beyond 31 minutes (96361).
- The first antiemetic is coded with an additional/sequential therapeutic code (96367).
- The second chemo drug is reported as an additional sequential and the additional hour code for the 35 minutes (96417, 96415).
- The second antiemetic is only 15 minutes so it has to be a therapeutic push (96375).

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## Incident To

- Applies to physician practices
- Requires physician to be available
- Claims bill under supervising physician

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## Available?

- Supervising Physician ...
  - Must be physically in the suite
  - Can't be at hospital doing rounds
  - Can't be out of the office but available by phone
  - Exception for rural areas

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# Claims?

- Billed under the Supervising Physician
- Not the ordering physician
- Not the patient's usual physician

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# Modifiers

- Detailed in the CPT<sup>®</sup> and HCPCS Level II manuals
- Used to indicate that a service is special or needs to be considered on its own
- Used to unbundle services
- Be careful – insurance carriers watch claims using them routinely

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## 2 Most Used

- 25
  - Separately identifiable service
  - Usually used on an E/M service same day as treatment
  - Documentation must support it
- 59
  - Used to indicate that a service is different from another the same day

## Let's Put It Together

In the next few slides we will put all we have covered into practical examples



## Reclast Order

- Diagnosis: Osteoporosis
- Protocol: Reclast 5 mg IV over 16 min.

## Reclast Choices

- Diagnosis
  - 733.00 Generalized
  - 733.09 Drug Induced
  - V82.81 Screening
- J3488 1 mg
  - Bill quantity
    - 1
    - 5
    - 6
- Procedure Code
  - 96409  
Chemo Push
  - 96374  
Therapeutic Push
  - 96413  
Chemo Infusion
  - 96365  
Therapeutic Infusion

## Reclast Codes

- **Diagnosis**
  - 733.00 Generalized
  - 733.09 Drug Induced
  - V82.81 Screening
- **J3488 1 mg**
  - Bill quantity
    - 1
    - 5
    - 6
- **Procedure Code**
  - 96409  
Chemo Push
  - 96374  
Therapeutic Push
  - 96413  
Chemo Infusion
  - **96365**  
Therapeutic Infusion

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## Sandostatin Order

- **Diagnosis: Neuroendocrine carcinoid**
- **Protocol: Sandostatin LAR 20 mgs IM**

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## Sandostatin Choices

- **Diagnosis**
  - 209.60  
Tumor, neuroendocrine
  - 194.9  
Neoplasm, endocrine
  - 196.9  
Neoplasm, gland
  - 192.9  
Neoplasm, nervous system
- **J2353 1 mg**
  - Bill quantity
    - 1
    - 20
    - 21
- **Procedure Code**
  - 96409  
Chemo Push
  - 96402  
Hormonal Injection
  - 96401  
Non-Hormonal Injection
  - 96372  
Therapeutic Injection

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## Sandostatin Codes

- **Diagnosis**
  - 209.60  
Tumor, neuroendocrine
  - 194.9  
Neoplasm, endocrine
  - 196.9  
Neoplasm, gland
  - 192.9  
Neoplasm, nervous system
- **J2353 1 mg**
  - Bill quantity
    - 1
    - 20
    - 21
- **Procedure Code**
  - 96409  
Chemo Push
  - 96402  
Hormonal Injection
  - 96401  
Non-Hormonal Injection
  - 96372  
Therapeutic Injection

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# Nausea and Vomiting Order

- Diagnosis: Nausea, vomiting 2 day duration
- Protocol: Emend mg IV  
Aloxi mcg IV  
Dexamethasone 12 mg

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# Nausea and Vomiting Flowsheet

Emend 150 mg IV 20 min  
9:00 am-9:20 am

Aloxi 250 mcg IV push  
9:20 am – 9:25 am

Dexamethasone 12 mg 15 min  
8:45 am – 9:00

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# Nausea, Vomiting Diagnosis

- **Diagnosis**
  - 787.02  
Nausea
  - 787.01  
Nausea, vomiting
  - 276.51  
Dehydration
  - 487.8  
Abdominal flu

# Nausea, Vomiting Diagnosis

- **Diagnosis**
  - 787.02  
Nausea
  - 787.01  
Nausea, vomiting
  - 276.51  
Dehydration
  - 487.8  
Abdominal flu

## Nausea, Vomiting Drugs

Aloxi 250 mcg - (J2469 25 mcg)

Dexamethasone 12 mg – (J1100 1 mg)

Emend 150 mg – (J1453 1 mg)

Bill Quantity:

J2469

1? 10? 100?

J1100

1? 10? 12?

J1453

1? 10? 15?

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## Nausea, Vomiting Drugs

**Aloxi 250 mcg - (J2469 25 mcg)**

**Dexamethasone 12 mg – (J1100 1 mg)**

**Emend 150 mg – (J1453 1 mg)**

**Bill Quantity:**

**J2469**

**1? 10 100?**

**J1100**

**1? 10? 12**

**J1453**

**1? 10? 150**

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# Nausea, Vomiting Procedures

- **Procedure Code**

- 96365 + 96375 (2)  
Therapeutic infusion + 2 therapeutic pushes
- 96365 + 96367 + 96375  
Therapeutic infusion, additional infusion, push
- 96365 + 96375 + 96372  
Therapeutic infusion, push, injection
- 96374 + 96375 (2)  
Therapeutic initial push, 2 additional pushes

# Nausea, Vomiting Procedures

- **Procedure Code**

- 96365 + 96375 (2)  
Therapeutic infusion + 2 therapeutic pushes
- 96365 + 96367 + 96375  
Therapeutic infusion, additional infusion, push
- 96365 + 96375 + 96372  
Therapeutic infusion, push, injection
- 96374 + 96375 (2)  
Therapeutic initial push, 2 additional pushes

# Breast Cancer Order

- **Diagnosis:** Metastatic stage II breast cancer upper inner left
- **Protocol:** Dose dense AC with  
Aloxi, Dexamethasone  
Doxorubicin HCL 60 mg IV push  
Cyclophosphamide 600 mg >30 min

# Breast Cancer Diagnosis

- **Diagnosis**
  - 174.9  
Neoplasm, breast soft parts
  - 174.1  
Neoplasm, breast central
  - 174.8  
Neoplasm, breast midline
  - 174.2  
Neoplasm, breast U/I



# Breast Cancer Diagnosis

- **Diagnosis**
  - 174.9  
Neoplasm, breast soft parts
  - 174.1  
Neoplasm, breast central
  - 174.8  
Neoplasm, breast midline
  - 174.2  
Neoplasm, breast U/I

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# Breast Cancer Flowsheet

**Doxorubicin HCL 60 mg IV slowpush –**

(J9000 10 mg – vial 200 mg MDV)

10:10-10:25

**Cyclophosphamide 600 mg**

(9070 100 mg – vial 500 SDV)

10:25-11:00

**Aloxi 250 mcg IV push**

(J2469 25 mcg – prefilled syringe)

10:00-10:05

**Dexamethasone 20 mg IV push**

(J1100 1 mg – 100 mg MDV)

10:05-10:10

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## Breast Cancer Drugs

**Doxorubicin HCL 60 mg IV slowpush –**

(J9000 10 mg – vial 200 mg MDV)

Quantity: 6 with 140 waste? 6 no waste? 60?

**Cyclophosphamide 600 mg**

(9070 100 mg – vial 500 SDV)

Quantity: 10 with 400 waste? 7 no waste? 6?

**Aloxi 250 mcg IV push**

(J2469 25 mcg – prefilled syringe)

**Dexamethasone 20 mg IV push**

(J1100 1 mg – 100 mg MDV)

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## Breast Cancer Drugs

**Doxorubicin HCL 60 mg IV slowpush –**

(J9000 10 mg – vial 200 mg MDV)

Quantity: 6 with 140 waste? 6 no waste 60?

**Cyclophosphamide 600 mg**

(9070 100 mg – vial 500 SDV)

Quantity: 10 with 400 waste? 7 no waste? 6?

**Aloxi 250 mcg IV push**

(J2469 25 mcg – prefilled syringe)

**Dexamethasone 20 mg IV push**

(J1100 1 mg – 100 mg MDV)

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# Breast Cancer Procedures

**Doxorubicin HCL 60 mg IV slowpush -10:10-10:25**

**Cyclophosphamide 600 mg -10:25-11:00**

**Aloxi 250 mcg IV push -10:00-10:05**

**Dexamethasone 20 mg IV push -10:05-10:10**

- 96409 + 96411 + 96375 (2)  
Chemotherapy initial push, chemotherapy additional push, 2 therapeutic push
- 96413 + 96417 + 96375  
Chemotherapy initial infusion, chemo sequential infusion, therapeutic push
- 96411 + 96413 + 96375 (2)  
Chemotherapy initial infusion, chemotherapy additional push, 2 therapeutic push
- 96413 + 96409 + 96413 (2)  
Chemotherapy initial infusion, chemotherapy initial push, chemotherapy additional push

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# Breast Cancer Procedures

**Doxorubicin HCL 60 mg IV slowpush -10:10-10:25**

**Cyclophosphamide 600 mg -10:25-11:00**

**Aloxi 250 mcg IV push -10:00-10:05**

**Dexamethasone 20 mg IV push -10:05-10:10**

- 96409 + 96411 + 96375 (2)  
Chemotherapy initial push, chemotherapy additional push, 2 therapeutic push
- 96413 + 96417 + 96375  
Chemotherapy initial infusion, chemo sequential infusion, therapeutic push
- 96411 + 96413 + 96375 (2)  
Chemotherapy initial infusion, chemotherapy additional push, 2 therapeutic push
- 96413 + 96409 + 96413 (2)  
Chemotherapy initial infusion, chemotherapy initial push, chemotherapy additional push

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# Lung Cancer Order

- **Diagnosis:** Lung cancer NSCLC
- **Protocol:** Atropine, Aloxi, Dexamethasone  
Irinotecan 50 mg IV over 90 min  
Carboplatin AUC5, 500 mg IV  
over 30 min

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# Lung Diagnosis

- **Diagnosis**
  - 162.4  
Neoplasm, lung, middle lobe
  - 162.2  
Neoplasm, lung, hilus
  - 162.3  
Neoplasm, lung, upper lobe
  - 162.9  
Neoplasm, lung

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# Lung Diagnosis

- **Diagnosis**
  - 162.4  
Neoplasm, lung, middle lobe
  - 162.2  
Neoplasm, lung, hilus
  - 162.3  
Neoplasm, lung, upper lobe
  - 162.9  
Neoplasm, lung

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# Lung Cancer Flowsheet

- Atropine .25 mg push**  
(J0461 .01mg vial .50 MDV)  
1:00 – 1:05
- Aloxi 250 mcg push**  
(J2469 25 mcg – prefilled syringe)  
1:20 – 1:25
- Dexamethasone 20 mg push**  
(J1100 1 mg vial 10 mg MDV)  
1:10 – 1:15
- Irinotecan 50 mg IV**  
(J9206 20 mg vial 60 SDV)  
1:30 – 3:05
- Carboplatin AUC5, 500 mg IV**  
(J9045 50 mg vial 20 SDV)  
3:05 – 3:30

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# Lung Cancer Drugs

**Atropine .25 mg push**

(J0461 .01mg vial .50 MDV)

**Aloxi 250 mcg push**

(J2469 25 mcg – prefilled syringe)

**Dexamethasone 20 mg push**

(J1100 1 mg vial 10 mg MDV)

**Irinotecan 50 mg IV**

(J9206 20 mg vial 60 SDV)

Quantity: 3 with 10 waste? 3 no waste? 2 no waste?

**Carboplatin AUC5, 500 mg IV**

(J9045 50 mg vial 500 SDV)

Quantity: 10 with 10 waste? 10 no waste? 1?

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# Lung Cancer Drugs

**Atropine .25 mg push**

(J0461 .01mg vial .50 MDV)

**Aloxi 250 mcg push**

(J2469 25 mcg – prefilled syringe)

**Dexamethasone 20 mg push**

(J1100 1 mg vial 10 mg MDV)

**Irinotecan 50 mg IV**

(J9206 20 mg vial 60 SDV)

Quantity: 3 with 10 waste 3 no waste? 2 no waste?

**Carboplatin AUC5, 500 mg IV**

(J9045 50 mg vial 500 SDV)

Quantity: 10 with 10 waste? 10 no waste 1?

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# Lung Cancer Procedures

Atropine .25 mg push 1:00 – 1:05

Aloxi 250 mcg push 1:20 – 1:25

Dexamethasone 20 mg push 1:10 – 1:15

Irinotecan 50 mg IV 1:30 – 3:05

Carboplatin AUC5, 500 mg IV 3:05 – 3:30

- 96409 + 96411 + 96375 (3)  
Chemo initial push, chemo additional push, therapeutic push
- 96413 + 96411 + 96375  
Chemo initial infusion, chemo additional push, therapeutic push
- 96413 + 96409 + 96375 (3)  
Chemo initial infusion, chemo initial push, therapeutic push
- 96413 + 96417 + 96415 + 96375 (3)  
Chemo initial infusion, chemo sequential infusion, chemo additional hour, therapeutic push

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# Lung Cancer Procedures

Atropine .25 mg push 1:00 – 1:05

Aloxi 250 mcg push 1:20 – 1:25

Dexamethasone 20 mg push 1:10 – 1:15

Irinotecan 50 mg IV 1:30 – 3:05

Carboplatin AUC5, 500 mg IV 3:05 – 3:30

- 96409 + 96411 + 96375 (3)  
Chemo initial push, chemo additional push, therapeutic push
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- 96413 + 96409 + 96375 (3)  
Chemo initial infusion, chemo initial push, therapeutic push
- 96413 + 96417 + 96415 + 96375 (3)  
Chemo initial infusion, chemo sequential infusion, chemo additional hour, therapeutic push

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# RACs

- Recovery Audit Contractors
- Mandated by CMS to recover overpayments (underpayments are handled too)
- Began with Medicare Part A and B
- Now expanded to Parts C and D and Medicaid

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# What Do They Want?

- Country is divided into geographic areas and assigned to a specific contractor.
- Each contractor will publish a list of topics being reviewed.
- Current issues being reviewed:
  - Add on codes
  - IV hydration
  - Neulasta
  - Drug units
  - Place of service

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## Infusion Audits

- Usually by a local carrier
- Looking to see that documentation supports claim
- Verifying all services have an order

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## Final Notes

- Make sure those performing the service and documenting it understand what is needed.
- Make sure that the orders can handle scrutiny.
- Make sure you stay informed on coding regulations for all your carriers.
- If you find a mistake and received payment send a refund.

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## Let's Review

- Only one initial code for an encounter
- Primary reason for visit – hierarchy
- Fluids are not always a supply
- Drug units and amount administered may not be in the same measurement units
- There is no waste on MDV
- Orders must be in the chart and signed by the physician
- Orders must match the treatment which will match the claim

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## Common Resources

- [www.aapc.com](http://www.aapc.com)
- [www.cms.hhs.gov](http://www.cms.hhs.gov)
- [www.asco.org](http://www.asco.org)
- [www.accc-cancer.org](http://www.accc-cancer.org)
- [www.clinicaltrials.gov](http://www.clinicaltrials.gov)
- [www.fda.gov](http://www.fda.gov)
- [www.oig.hhs.gov](http://www.oig.hhs.gov)

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Thank you!