

MOASC Webinar

Medicare Coding for Drug Administration
January 2005

Presenters

- Martin Neltner, President & CEO
- Deborah Chudzik, Sr Consultant & COO

NELTNER
Billing and Consulting™

Agenda

- G-code review with coding examples
- Sample fee tickets and other operational issues
- Financial issues including revenue impact
- Future areas of emphasis

Your Mission

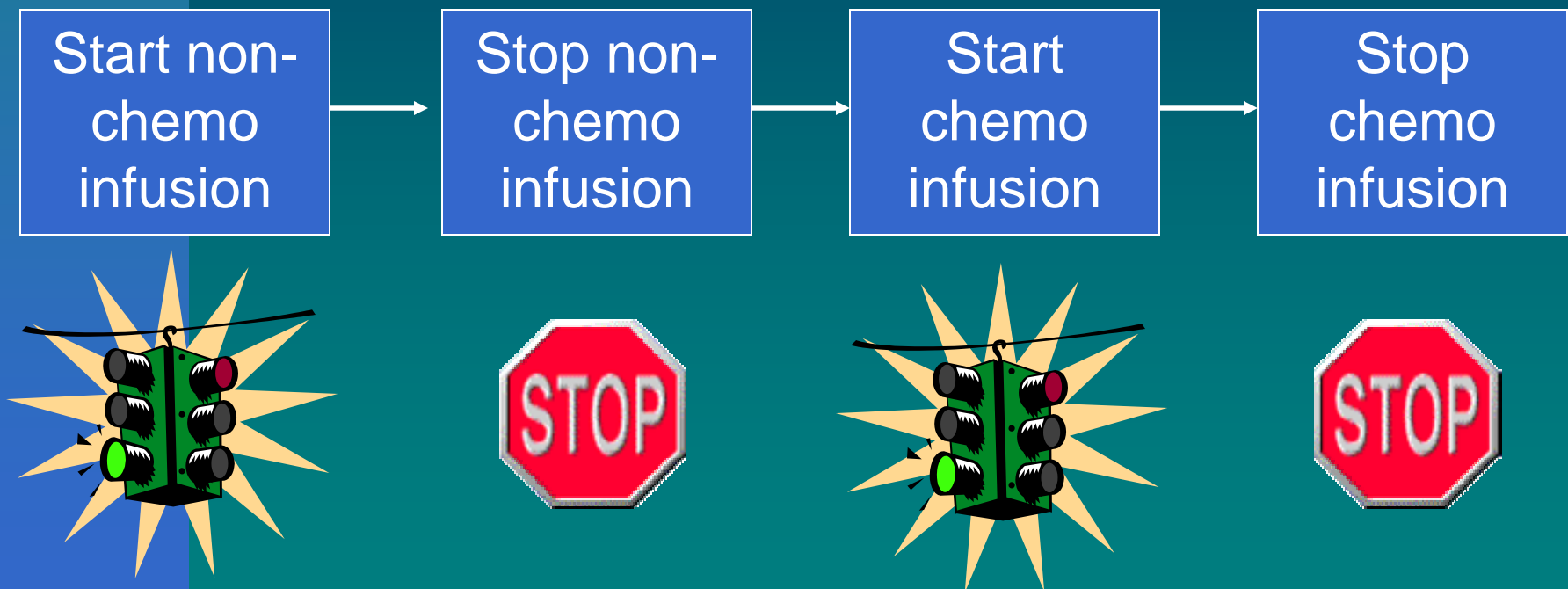
Embrace the g-codes. Focus on capturing the complexity of your services.

G-Codes

Review and Coding Examples

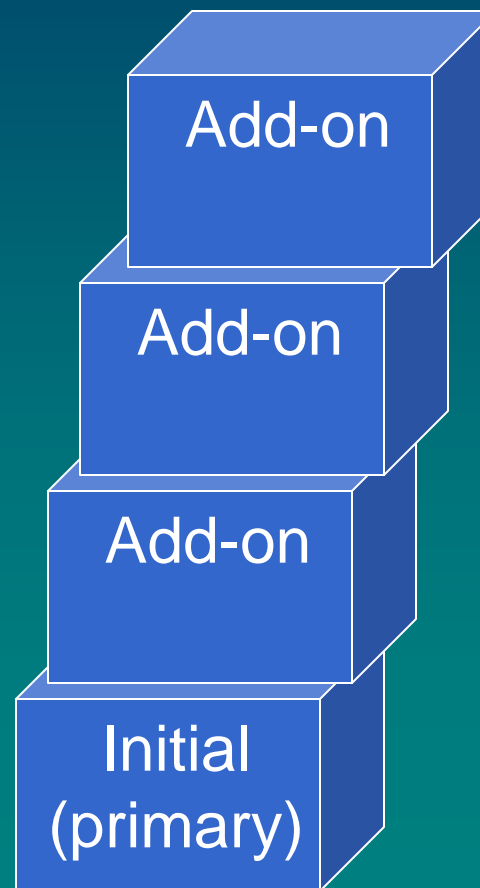
Coding Changes

- Previously, we used start-stop coding



Coding Changes

- Now we use initial + add-on coding



Coding Changes

- Previously, we had two categories of drug administration services
 - Non-chemo drug administration
 - Chemo drug administration
- Now we have three categories
 - Hydration
 - Non-chemo drug administration
 - Chemo drug administration

Coding Changes

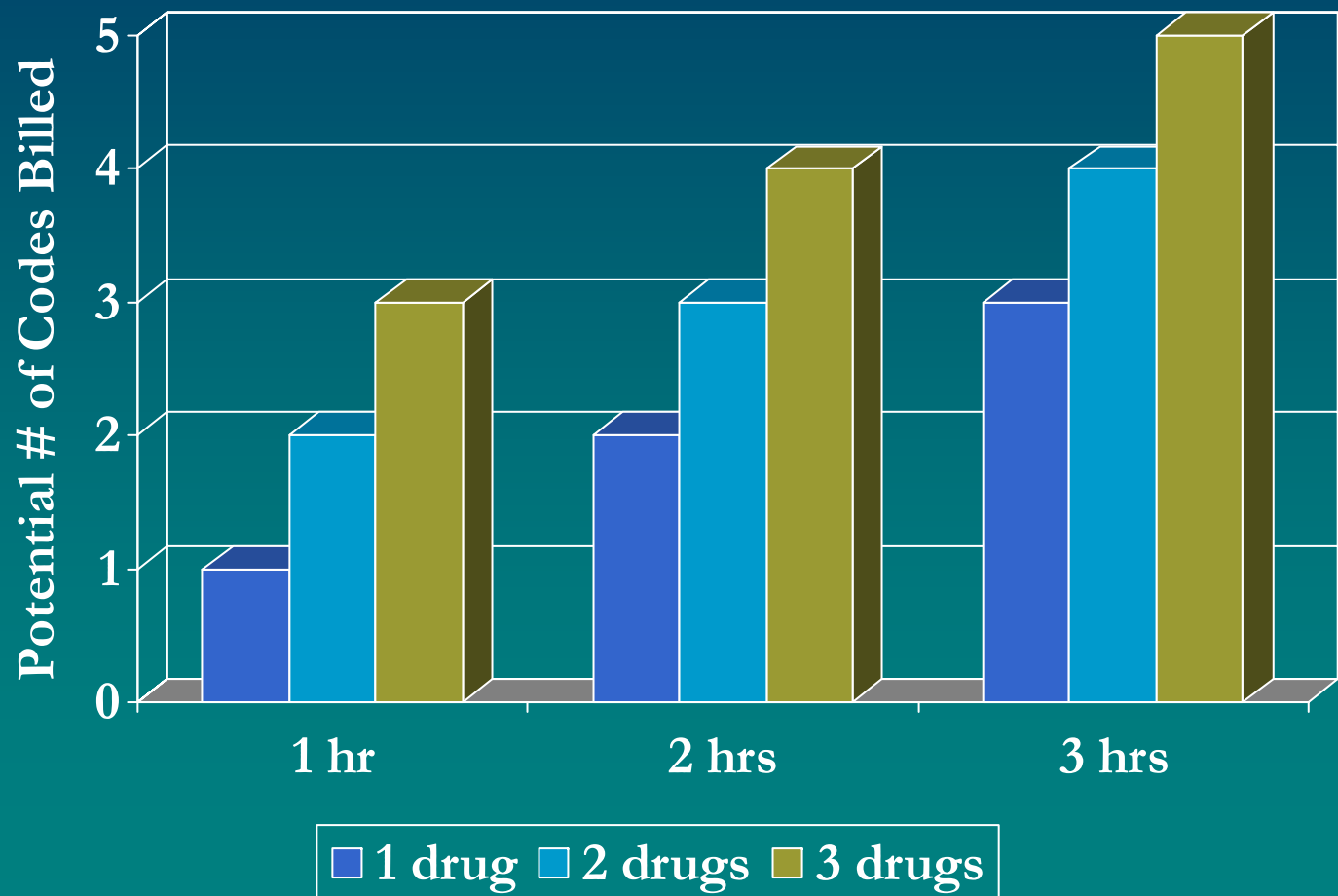
- Previously, we billed using only the element of time



- Now we can bill using both the element of time and the number of drugs administered



Illustration of Complexity



G-Codes

- Initial (primary) service codes

Old Code	New Code	Description
90780	G0345	IV infusion, hydration; 1 st hr
90784	G0353	Therapeutic IV push; 1 st drug
90780	G0347	IV infusion, therapeutic; 1 st hr
96408	G0357	Chemo push; 1 st drug
96410	G0359	Chemo infusion; 1 st hr

G-Codes

➤ Add-on service codes

Old Code	New Code	Description
90781	G0346	IV infusion, hydration; add'l hrs
90784	G0354	Therapeutic IV push; add'l drug
90781	G0348	IV infusion, therapeutic; add'l hrs
90781	G0349	Add'l sequentially infused non-chemo drug
	G0350	Add'l concurrently infused non-chemo drug
96408	G0358	Chemo push; add'l drug
96412	G0360	Chemo infusion; add'l hrs
96412	G0362	Add'l sequentially infused chemo drug

G-Codes

➤ Other codes

Old Code	New Code	Description
90782	G0351	Therapeutic injection
96400	G0355	Chemo injection sq/im; non-hormonal
96400	G0356	Chemo injection sq/im; hormonal
96414	G0361	Initiation of prolonged chemo infusion
96530	96530	Refill and maintenance of implanted pump
96530	G0363	Irrigation of implanted vascular access device (VAD); port flush

*Note: G0363 has a status indicator of T which means it is not separately payable on the same day as any other physician fee schedule service

Flow Sheet Example 1

	Start	Stop	Dur	Route	Code
Saline	0930	1130	2 hrs	IV	
Anzemet	0930	0945	15 min	IV	
Decadron	0930	0945	15 min	IV	
VP16	1000	1100	1 hr	IV	

Flow Sheet Example 1

	Start	Stop	Dur	Route	Code
Saline	0930	1130	2 hrs	IV	
Anzemet	0930	0945	15 min	IV	
Decadron	0930	0945	15 min	IV	
VP16	1000	1100	1 hr	IV	G0359

Flow Sheet Example 1

	Start	Stop	Dur	Route	Code
Saline	0930	1130	2 hrs	IV	
Anzemet	0930	0945	15 min	IV	
Decadron	0930	0945	15 min	IV	G0349
VP16	1000	1100	1 hr	IV	G0359

Flow Sheet Example 1

	Start	Stop	Dur	Route	Code
Saline	0930	1130	2 hrs	IV	
Anzemet	0930	0945	15 min	IV	G0350
Decadron	0930	0945	15 min	IV	G0349
VP16	1000	1100	1 hr	IV	G0359

Flow Sheet Example 1

	Start	Stop	Dur	Route	Code
Saline	0930	1130	2 hrs	IV	G0346
Anzemet	0930	0945	15 min	IV	G0350
Decadron	0930	0945	15 min	IV	G0349
VP16	1000	1100	1 hr	IV	G0359

Flow Sheet Example 2

	Start	Stop	Dur	Route	Code
Saline	1150	1400	2 hrs	IV	
Aloxi	1130			P	
Decadron	1130	1145	15 min	IV	
Lorazepam	1145	1150	5 min	IV	
Cytoxan	1230	1400	90 min	IV	
Doxirubicin	1210	1230	20 min	P	

Flow Sheet Example 2

	Start	Stop	Dur	Route	Code
Saline	1150	1400	2 hrs	IV	
Aloxi	1130			P	
Decadron	1130	1145	15 min	IV	
Lorazepam	1145	1150	5 min	IV	
Cytoxan	1230	1400	90 min	IV	G0359
Doxirubicin	1210	1230	20 min	P	

Flow Sheet Example 2

	Start	Stop	Dur	Route	Code
Saline	1150	1400	2 hrs	IV	
Aloxi	1130			P	
Decadron	1130	1145	15 min	IV	
Lorazepam	1145	1150	5 min	IV	
Cytoxan	1230	1400	90 min	IV	G0359+ 60
Doxirubicin	1210	1230	20 min	P	

Flow Sheet Example 2

	Start	Stop	Dur	Route	Code
Saline	1150	1400	2 hrs	IV	
Aloxi	1130			P	
Decadron	1130	1145	15 min	IV	
Lorazepam	1145	1150	5 min	IV	
Cytoxan	1230	1400	90 min	IV	G0359+ 60
Doxirubicin	1210	1230	20 min	P	G0358

Flow Sheet Example 2

	Start	Stop	Dur	Route	Code
Saline	1150	1400	2 hrs	IV	
Aloxi	1130			P	
Decadron	1130	1145	15 min	IV	
Lorazepam	1145	1150	5 min	IV	G0349
Cytoxan	1230	1400	90 min	IV	G0359+ 60
Doxirubicin	1210	1230	20 min	P	G0358

Flow Sheet Example 2

	Start	Stop	Dur	Route	Code
Saline	1150	1400	2 hrs	IV	
Aloxi	1130			P	
Decadron	1130	1145	15 min	IV	G0349
Lorazepam	1145	1150	5 min	IV	G0349
Cytoxan	1230	1400	90 min	IV	G0359+ 60
Doxirubicin	1210	1230	20 min	P	G0358

Flow Sheet Example 2

	Start	Stop	Dur	Route	Code
Saline	1150	1400	2 hrs	IV	
Aloxi	1130			P	G0354
Decadron	1130	1145	15 min	IV	G0349
Lorazepam	1145	1150	5 min	IV	G0349
Cytoxan	1230	1400	90 min	IV	G0359+ 60
Doxirubicin	1210	1230	20 min	P	G0358

Flow Sheet Example 2

	Start	Stop	Dur	Route	Code
Saline	1150	1400	2 hrs	IV	No hyd
Aloxi	1130			P	G0354
Decadron	1130	1145	15 min	IV	G0349
Lorazepam	1145	1150	5 min	IV	G0349
Cytoxan	1230	1400	90 min	IV	G0359+ 60
Doxirubicin	1210	1230	20 min	P	G0358

Flow Sheet Example 3

	Start	Stop	Dur	Route	Code
Kytril	1040	1050	10 min	IV	
Decadron	1040	1050	10 min	IV	
Herceptin	1050	1130	40 min	IV	
Taxol	1130	1240	70 min	IV	
Carboplatin	1245	130	45 min	IV	

Flow Sheet Example 3

	Start	Stop	Dur	Route	Code
Kytril	1040	1050	10 min	IV	
Decadron	1040	1050	10 min	IV	
Herceptin	1050	1130	40 min	IV	G0359
Taxol	1130	1240	70 min	IV	
Carboplatin	1245	130	45 min	IV	

Flow Sheet Example 3

	Start	Stop	Dur	Route	Code
Kytril	1040	1050	10 min	IV	
Decadron	1040	1050	10 min	IV	
Herceptin	1050	1130	40 min	IV	G0359
Taxol	1130	1240	70 min	IV	G0362
Carboplatin	1245	130	45 min	IV	

Flow Sheet Example 3

	Start	Stop	Dur	Route	Code
Kytril	1040	1050	10 min	IV	
Decadron	1040	1050	10 min	IV	
Herceptin	1050	1130	40 min	IV	G0359
Taxol	1130	1240	70 min	IV	G0362
Carboplatin	1245	130	45 min	IV	G0362

Flow Sheet Example 3

	Start	Stop	Dur	Route	Code
Kytril	1040	1050	10 min	IV	G0349
Decadron	1040	1050	10 min	IV	
Herceptin	1050	1130	40 min	IV	G0359
Taxol	1130	1240	70 min	IV	G0362
Carboplatin	1245	130	45 min	IV	G0362

Flow Sheet Example 3

	Start	Stop	Dur	Route	Code
Kytril	1040	1050	10 min	IV	G0349
Decadron	1040	1050	10 min	IV	G0350
Herceptin	1050	1130	40 min	IV	G0359
Taxol	1130	1240	70 min	IV	G0362
Carboplatin	1245	130	45 min	IV	G0362

Fee Ticket Example

Aloxi

Benadryl 90780

Decadron

Rituxan 96410

Cytosan 96412x3

Adriamycin

Vincristine 96408

Fee Ticket Example

Aloxi		G0354
Benadryl	90780	G0349
Decadron		G0349 / G0350?
Rituxan	96410	G0359 / G0360?
Cytosoxan	96412x3	G0362 / G0360?
Adriamycin		G0362 / G0360?
Vincristine	96408	G0362

Demonstration Project

- CMS initiating one-year demonstration
 - Perform chemotherapy assessment
 - Report 3 codes each day of chemo
 - \$130 payment including patient co-ins
 - Assessments must be documented

	Nausea	Pain	Fatigue
Not at all	G9021	G9025	G9029
A little	G9022	G9026	G9030
Quite a bit	G9023	G9027	G9031
Very much	G9024	G9028	G9032

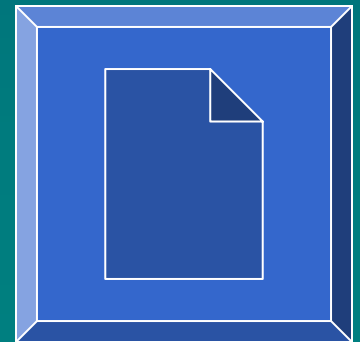
Operational Issues

Sample Fee Tickets

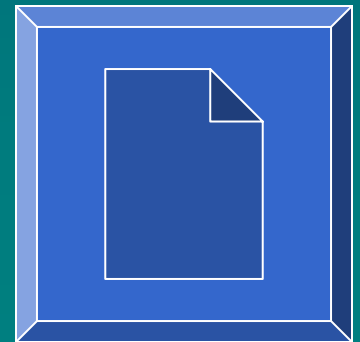
Operational Activities

- Update your fee ticket
- Update your fee schedule
- Perform a revenue analysis
- Update charge entry procedure
- Train your employees
 - Clinical staff
 - Administrative staff
- Educate your patients

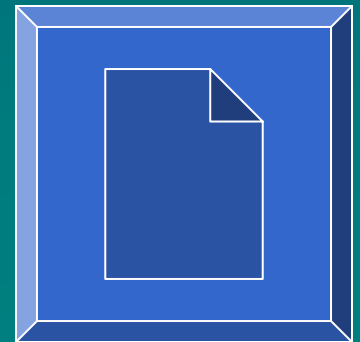
Sample Standard Fee Ticket



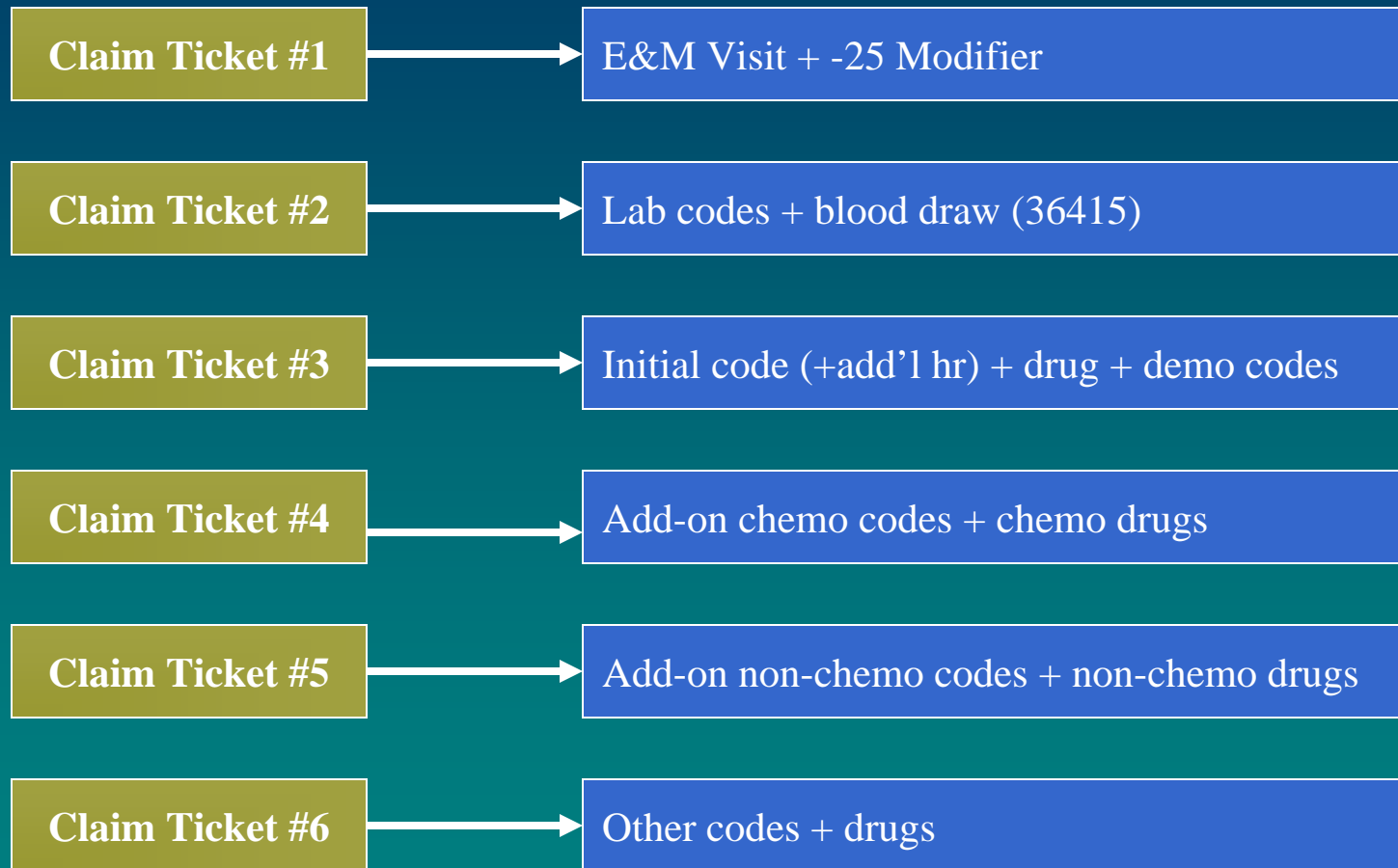
Sample Modified Fee Ticket



Sample Modified Flow Sheet



Key Punch Process



*Note: first separate fee tickets based on coding method

Commercials and Secondaries

➤ Commercial payers accepting G-codes:

- Anthem
- Aetna
- Humana

➤ Per ASCO:

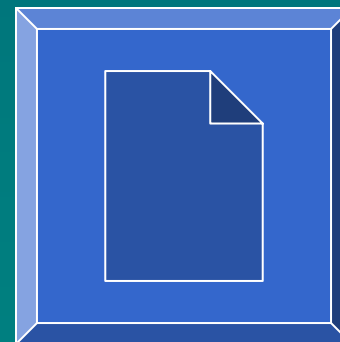
After Medicare pays its 80% share of the claim and the claim is transmitted to the Medigap insurer, the Medigap plan will pay the remaining 20% of the claim, based on the total claim amount, not necessarily the codes. In other words, processing of Medigap plans should be unaffected by the introduction of the new G codes and, therefore, should not be delayed.

- True for some carriers
- However, we have examples of line item EOBs from secondaries, including rejections based on their allowed amounts

Demonstration Project

- Waiver of coinsurance amount is permitted provided:
 - Not part of advertisement or solicitation
 - Not routinely waived
 - Waived after determining in good faith that the patient is in financial need
 - Waived after failure to collect coinsurance after making reasonable collection efforts

Patient Letter



Financial Issues

Revenue Impact and Cost
Tracking

Revenue Analysis

	2004	2005	
<i>Medicare</i>			
Services & Procedures	\$ 145,265	\$ 147,444	
Drug Administration	\$ 212,798	\$ 230,615	
Demonstration Project		\$ 76,830	
Drugs	\$ 1,516,242	\$ 1,395,529	
Total	\$ 1,874,306	\$ 1,850,419	-1%
<i>Commercial</i>			
Services & Procedures	\$ 445,666	\$ 452,351	
Drug Administration	\$ 497,239	\$ 878,980	
Drugs	\$ 2,808,701	\$ 2,471,657	
Total	\$ 3,751,605	\$ 3,802,988	1%
Total	\$ 5,625,911	\$ 5,653,406	0%

*Note: Medicare has determined the change in revenue to range from -6% to +8%

Protocol Analysis

Protocol	2003	2004	2005
CMF	\$ 582.79	\$ 848.39	\$ 831.07
CAR	\$ 2,385.63	\$ 2,574.99	\$ 2,364.34
GEM	\$ 2,569.00	\$ 2,772.97	\$ 2,415.97
5FU	\$ 4,238.30	\$ 4,625.22	\$ 3,938.23
Total	\$ 9,775.71	\$ 10,821.57	\$ 9,549.60
Demo	\$ -	\$ -	\$ 416.00
Total + Demo	\$ 9,775.71	\$ 10,821.57	\$ 9,965.60

-8% from 2004 - 2005
2% from 2003 - 2005

BUT:

TAX	\$ 2,193.96	\$ 2,412.11	\$ 566.41
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Drug Utilization Patterns

- Disturbing trends
 - Outcomes = despite treatment regimen
 - Physicians selecting higher dollar drugs
- Medicare closely studying trends in utilization of drugs and codes
- What is in the best interest of the patient?
 - Cost efficient care
 - Quality of care

Drug Utilization Patterns

- CMS' Office of Research Demonstrations and Information
 - Analyzing Medicare utilization for drugs and drug administration beginning in 2002
 - Plans to continue to analyze the data for shifts or changes in utilization patterns
- No evidence that beneficiaries are having any problems with access to drugs
- MMA requires MedPAC to study items and services furnished by oncologists and drug administration services furnished by other specialists

Future Issues

Areas of emphasis

- Build a solid argument for treatment planning
 - Still on the table
 - Capture complexity of services
- Prepare for outcome-based payment systems

Treatment Planning

- AMA's CPT Editorial Panel rejected treatment planning code
 - Code described the physician work involved in clinical treatment planning services for the development and revision of a treatment plan for an oncology patient undergoing anti-neoplastic therapy
 - Panel concerned that treatment planning services overlapped with E&M services
 - Panel believed the issue applies to other specialties
 - Panel appointed a Workgroup to examine the issue and make coding recommendations

Chronic Care Improvement

- CCIP
 - Improve coordination of care between settings and providers
 - Educate patients to care for themselves
 - Promote the use of evidence-based treatment guidelines
- Emphasis on disease management vs. case management
- Evaluated based on quality, cost, and outcomes

Questions & Comments

