



November 2011 Edition

Thanksgiving is right around the corner and *Chargemaster Corner* staff is thankful for our readership. All the positive comments received over the previous months are very much appreciated. We would like to wish you and your family a great Thanksgiving holiday!

The following articles are found in this month's edition:

- RAC and certain Revenue Codes
- RAC, OIG and HCPCS J9355
- Infusions/Injections for 2012
- Consolidation of more Radiology Codes-2012
- Laboratory 2012 CPT Codes

RAC Posted Issues Becoming Personal Reality

Several hospitals have reported an increase in RAC-related issues. *Chargemaster Corner* would like to share with our readers, both are impacting those providers with Connolly as their RAC, the Region C RAC contractor.

Immunizations are generally excluded from coverage under Medicare unless they are directly related to the treatment of an injury or direct exposure to a disease or condition, such as antibiotics treatment or tetanus antitoxin or booster vaccine. In the absence of injury or direct exposure, preventive immunization (vaccination or inoculation) against such disease as smallpox, typhoid and polio, is not covered. LCD #L26762, Trailblazers Health Enterprise, provides specific CPT/HCPCS, diagnosis codes as well as revenue codes reportable for both the pharmaceutical products as well as the administration of these immunizations.

CPT codes reporting immunization administration include the following:

- 90471© – Immunization admin (For Comprehensive Outpatient Rehabilitation Facilities (CORFs) billing the influenza, pneumococcal and Hepatitis B vaccines.)
- 90472© – Immunization admin, each add
- G0010 – Administration of hepatitis b vaccine (For OPSS hospitals billing for the hepatitis B vaccine administration.)

Trailblazers' LCD continues to provide guidance for revenue code assignments for the immunization

administration codes above. Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory; unless specified in the policy services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

Note: Trailblazers has identified Bill Type and Revenue Codes applicable for use with CPT/HCPCS codes included in this LCD. Providers are reminded that not all CPT/HCPCS codes listed can be billed with all Bill Type and/or Revenue Codes listed. CPT/HCPCS codes are required to be billed with specific Bill Type and Revenue Codes. Providers are encouraged to refer to the *CMS Internet-Only Manual (IOM)* Pub. 100-04, *Claims Processing Manual*, for further guidance.

Revenue codes include: 0550, 0559, 0636, **0771**

Medicare has generally stated that providers should report the revenue code which corresponds to the cost center used to report the related costs on the cost report. Injections, infusions and surgical procedures performed in the emergency department, for example, would therefore be reported with revenue code 0450. However, when specific billing guidance is provided by Medicare, providers should/must follow them. When reviewing *Claims Processing Manual, Chapter 25, Section 10.2.2*, Medicare states:

Revenue Code	Description
0636	Pharmacy, Drugs requiring detailed coding
0771	Preventative Care Services, Vaccine Administration

Providers should review the revenue codes assigned for both 90471, 90472 as well as G0008-G0010. Revenue code 0771, based on the above-cited references, must be assigned, replacing revenue code 0450 or any other alternative revenue code, as appropriate.

Posted on their website in September as an initiative, providers within Connolly's geographic regions are now experiencing claim denials and pay-back situations for claims containing preventative vaccine administration CPT codes reported with any other revenue code assignment other than 0771. Facility's chargemasters should be checked for correct code assignment for these services.

The second issue is for Part B Physician claim errors, and the incorrect billing of J1642 – Heparin, up to 10 units (Hep-Lock, Hep-Flush). According to Connolly, providers

have been reporting J1642 (Heparin, up to 10 units [Hep-Lock], [Hep-Flush]) for patients who receive Heparin for therapeutic infusion. The therapeutic infusion of Heparin should be J1644 (Heparin, up to 1,000 units). This is a billing error and claims are denied.

HCPCS J1642 will now be separately paid under OPSS for hospitals in 2012. Assigned status indicator K, APC 1362, Medicare will pay hospitals \$0.18 per 10 units. Nurses use heparin-flush routinely when administering medications/fluids through a hep-lock or via a port, infusaport or central line. Documentation will be a critical factor to support the reporting of this common medication. Many hospitals have elected not to separately charge for this specific flush product, simply because of its routine use, lack of nursing documentation, and no physician orders. While \$0.18 may not seem a huge incentive to cause hospitals to re-explore their current practice, the high utilization of J1642 may reveal net reimbursement opportunity for hospitals in 2012. It has been reported that some hospitals have been notified (through claim denials) that J1642 is reportable only one time per patient day. If true, this may not be a real issue for providers next year; after all, \$0.18 per patient day may not be as significant as first thought.

RAC, OIG and HCPCS J9355

The RAC initiatives often are similar to those items found on the OIG work plan. The OIG's interest in Herceptin is related to the fact that for drugs packaged in single-use vials, Medicare reimburses for the amount that must be discarded after administering a dose. Herceptin is packaged in multiuse vials, and there is no reimbursement for discarded amounts. OIG will examine whether providers accurately billed for the drug, taking these requirements into consideration.

When discussing the packaging confusion among pharmacies, packing inserts typically contain the following directions: **Reconstitution:** Reconstitute each 440 mg vial of Herceptin with 20 mL of Bacteriostatic Water for Injection (BWHI), USP, containing 1.1% benzyl alcohol as a preservative to yield a multi-dose solution containing 21 mg/mL trastuzumab. In patients with known hypersensitivity to benzyl alcohol, reconstitute with 20 mL of Sterile Water for Injection (SWFI) without preservative.

If the patient has a noted allergy to the preservative agents in the solution, the facility must reconstitute the Herceptin with sterile water, and any remaining amount of the drug could not be stored for any length of time. Documentation then becomes extremely critical when the facility reports the charge for the entire 440 mg. Pharmacists typically do not document in the patient's medical record, and recording of

the solution used to reconstitute the Herceptin may be a challenge for most hospitals.

Per its package label, Trastuzumab/Herceptin (J9355: Injection, Trastuzumab, 10 MG) is supplied from the manufacturer in a 440mg multi-dose vial. Providers should be billing only units of J9355 associated with the amount of the drug administered to the patient. Drug waste is not paid and should not be billed because, as stated above, the drug is supplied in multi-dose vials.

The facility is encouraged to review current practices with pharmacists, validate current multiplier assignments for J9355 are correct and reflect only the amount of Herceptin the patient is administered, and confirm the receipt of the proper reimbursement. If the facility billed this chemotherapeutic drug incorrectly, corrective action should be entertained immediately. In 2012, 10 mg of Trastuzumab/Herceptin will be reimbursed at \$71.08 (national unadjustment). Reporting the entire vial of 440mg would result in \$3,127.52.

Infusions/Injection Changes for 2012

CMS has never changed their stance from the original reporting instructions for infusions and injections. Providers were thrilled to see minimal coding changes for 2012, but more than confused when the AMA's 2012 CPT code book again has advised providers that when two IV pushes are administered, one before and the second after midnight, two initial administration codes should be reported. In direct conflict with CMS' instructions, providers should follow Medicare's guidelines when billing for infusion and injection procedures in 2012; that is, only one "initial" code is reportable per patient encounter, "unless" documentation supports the second "initial" code, reported with modifier 59.

CPT 96367 code's description for 2012 has been revised to read as follows: *Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour (List separately in addition to code for primary procedure).* The change to this single CPT code will not impact how the code is reported or utilized.

Consolidation of Radiology Codes....Revisions Not as bad as 2011

Be expecting slightly fewer charge lines in the radiology department's chargemaster next year. Several new procedures have been created which includes radiology

guidance thereby eliminating the radiology's charge for reporting fluoroscopy, CT, ultrasound or other guidance procedures. Most of the changes for 2012 are based on the CPT/Relative Value Scale Update Committee (RUC) Five-Year Review Identification Workgroup suggestions to move forward with code changes addressing high-utilized code pairs. These code pairs are primarily those codes reported together greater than 75 percent of the time. Other industry specialty societies contributed to the request to create these combined codes, and this year we see CTA abdomen and pelvis reportable with a single CPT code, 74174, *Computerized tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing*. CPT standalone codes CPT 74175, *Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing* and CPT 72191, *Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing* will remain for those times when either CTA abdomen or CTA pelvis are performed as a stand-alone service.

Other codes impacted by the RUC recommendations include renal angiography, inferior vena cava filter procedures, sacroiliac joint injections as well as abdominal paracentesis, which will all now include radiology guidance. New codes were created containing the image guidance reference in the code descriptors or current code descriptor revised to include this reference.

Nuclear Medicine lung ventilation/perfusion and hepatobiliary codes have also been revised. The changes are thought to provide clarification for these procedures with the development of new codes containing more simple and concise descriptors. Eleven codes have been deleted for 2012, replaced with seven new codes.

Departments will again be challenged to ensure their productivity values are adjusted to remain consistent with 2011 volumes, particularly with fewer procedures reportable for the same staffing needs and costs.

Laboratory 2012 New Codes

At first glance, the volume of new CPT codes found in the Laboratory Section are not only intimidating but also overwhelming. There are 103 new CPT codes representing genetic testing and molecular diagnostics. Tests performed using a molecular biology method to test DNA or RNA, germ line, heritable and acquired somatic variations in the DNA are found reportable with CPT codes 812XX to 814XX. Essentially, these tests are genetic fingerprinting, analysis of chromosomes, proteins and metabolites to detect heritable diseases, providing information about a patient's

genes and chromosomes throughout life. Molecular diagnostics is the new trend in lab. Probably within 5 years to 10 years most cancers will be diagnosed through molecular diagnostic testing and genomics.

Hospitals are currently performing genetic testings and may not realize it. New born screening tests, PKUs, prenatal testings, forensic exams and even paternal testings are screening tests facilities are familiar with.

Smaller hospitals will not use all the new codes. Specialty or reference laboratories will perform the majority of these tests, but the larger hospitals, research centers as well as children's facilities will undoubtedly become very familiar with these new codes. Reference labs should provide the reportable codes to hospitals; however, the hospital will certainly need to add these charge lines into the chargemaster for charging and billing.

Medicare has assigned status indicator of "B" to all 103 new laboratory/pathology procedures, essentially not recognizing these codes for payment under OPSS. It is questionable at this point if commercial payers or Medicaid will consider these new codes for separate reimbursement next year. Facilities should be proactive by sharing these new codes with the medical staff, but also providing the potential reimbursement impact.

It is anticipated that many hospitals will see some of these new CPT codes added to the chargemaster for 2012. Revenue code 0300, 0301 or 0309 could be the reportable revenue codes.

We hope you enjoy receiving the *Chargemaster Corner* from OptumInsight. Each month OptumInsight will circulate this newsletter via e-mail to those interested parties who have provided contact information either via e-mail request or who have completed an informational form when attending a number of educational seminars conducted nationwide. Please share this e-mail with your co-workers and encourage them to contact OptumInsight via Chargemaster.corner@gmail.com. Contact information will not be shared with any other organization and used *only* for means of distributing this monthly newsletter. For direct contact concerning receipt of this newsletter, please e-mail your comments to the above noted e-mail address. Thank you for your interest in this monthly chargemaster newsletter and hope you find it helpful.

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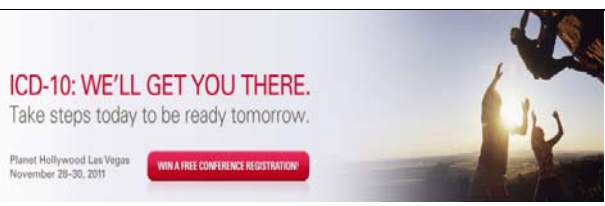
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Please take time to review the resources found on this site, and bookmark the page as updates and new coding scenarios are posted. You may find the site at:
<http://www.optuminsightcoding.com/NonProd/2952/>

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