Practical Tips

Concurrent Infusions

ASCO's Coding and Reimbursement Hotline continues to receive questions regarding concurrent infusions. In 2006, the current procedural terminology (CPT) Editorial Panel created a specific code, 90768, for concurrent infusions of nonchemotherapy drugs or substances. The questions and answers in this article are designed to provide additional information and clarification regarding the use of the concurrent drug administration code.

What is a concurrent infusion?

A concurrent infusion is one in which two drugs are simultaneously infused or multiple infusions are provided through the same intravenous line.

If a second drug is added to a bag for intravenous administration, can the administration of the second drug be reported?

No. More than one substance in a single bag is considered one infusate and one infusion. In this scenario, only one administration can be reported. However, the J-code for each substance or drug would be separately reportable.

If two drugs are infused simultaneously but hang in separate bags, is this considered a concurrent infusion?

Yes. If multiple drugs are hung separately but run simultaneously, the administration is considered to be concurrent. In this situation, you would report an initial or subsequent administration (depending on your identified primary service) for the first drug, and a concurrent administration for the second drug.

What if two drugs are mixed in the same bag and administered for only 15 minutes?

An infusion of 15 minutes or fewer is defined as a push, and the appropriate push code (initial or subsequent) should be reported. In this situation, the infusion would be reported as one push; however, each substance or drug would be separately reported.

Can more than one concurrent administration code be reported?

The CPT book provides clear guidance that concurrent infusion can be billed only once per patient encounter.

The Coding and Reimbursement Hotline receives many questions relating to the administration of leucovorin with an antineoplastic agent such as fluorouracil. Leucovorin is used in some chemotherapy regimens to enhance the antineoplastic effect; however, Medicare carriers, fiscal intermediaries, and/

CMS Adds Compendia

A compendium is a comprehensive list of Food & Drug Administration (FDA)-approved drugs and biologicals or of a specific subset of drugs and biologicals. According to Centers for Medicare & Medicaid Services (CMS), compendia are used to improve the effectiveness and quality of care for Medicare beneficiaries by developing and disseminating current, authoritative information on cancer therapies to clinicians, patients and other decision makers. Medicare local contractors, who process and pay Medicare claims and approve coverage for drugs under Medicare Part B, use compendia to determine whether an anti-cancer drug should be covered under Medicare Part B, particularly for off-label uses (uses beyond those included in the FDA approved labels). If an off-label use of a drug used in a cancer chemotherapy regimen is listed in one of the authoritative compendia as accepted, then Medicare Part B must cover the use.

In June, CMS announced its decision to recognize the National Comprehensive Cancer Network (NCCN) *Drugs & Biologics Compendium* and the Thomson Micromedex *DrugDex* as additional sources of information used to determine which drugs and biologicals may be covered under Medicare Part B for patients with cancer. The *American Hospital Formulary Service Drug Information (AHFS-DI)* compendium is also recognized by Medicare.

CMS also considered a request to add *DrugPoints*, also published by Thomson Micromedex, as a compendium for this use. However, CMS determined upon review that *DrugPoints* does not "successfully address the regulatory criteria" and is not adding *DrugPoints* to the list of compendia. Additionally CMS announced the termination of the use of the American Medical Association *Drug Evaluations (AMA-DE)* Compendium, which has not been updated or published since 1995.

or Medicare Administrative Contractors have the discretion to determine whether the administration of leucovorin should be reported as a nonchemotherapy or chemotherapy administration.

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