Billing For Prolonged Infusions
Requiring an External Infusion Pump

On April 25, the Centers for Medicare & Medicaid Services (CMS) published a clarification to the Medicare policy for prolonged drug and biological infusions started incident to a physician’s service using an external infusion pump.

MLN Matters® Number SE1609 clarifies that when a prolonged infusion is initiated as an incident-to service in the physician’s office or hospital outpatient department, and the patient is sent home for a portion of the infusion, the drug or biological as well as the pump and supplies must be billed to the A/B MAC and not the Durable Medical Equipment (DME) MAC.

The article goes on to say that under this scenario, the external infusion pump, that the patient takes home to complete the infusion, is not separately billable as DME and that Medicare’s payment for the administration of the drug or biological will also include payment for the equipment used to begin administration of the drug.

The article states that the A/B MAC may direct use of a miscellaneous code for the drug administration if there is no specified code that describes the drug administration service that also accounts for the cost of the equipment that the patient takes home to complete the infusion that they later return to the physician or hospital.

DME MAC Joint Publication

The 4 DME Medicare Administrative Contractor (MAC’s) have issued a DME MAC Joint Publication titled, Billing for External Infusion Pumps and Drugs When Treatment Was Initiated Somewhere Other Than the Beneficiary’s Home.

The joint publication is listed on each of the 4 DME MAC’s websites:

DME MAC Jurisdiction A – NHIC, Corp.

DME MAC Jurisdiction B – National Government Services

DME MAC Jurisdiction A – CGS

DME MAC Jurisdiction D – Noridian Healthcare Solutions
https://med.noridianmedicare.com/web/jddme/fees-news/latest-updates

The joint publication makes clear that no portion of the drug or biological, infusion pump, and related supplies may be billed to the DME MAC when the prolonged infusion is initiated in the physician office and continues in the patient’s home. Rather, according to the joint publication, these services and supplies must be billed to the A/B MAC. However, this is misleading. As CMS says in MLN SE1609, the pump and related supplies are not separately payable to the A/B MAC but the associated costs for this equipment will be bundled into the drug administration code.
What Does This Mean For You?

If you initiate a prolonged infusion with an external ambulatory infusion pump that the patient takes home to continue the infusion, the drug or biological administered through the pump are billed to the A/B MAC. The pump and related supplies will not be billed separately to Medicare. Instead, the costs associated with the pump and related supplies will be included in the reimbursement of the appropriate drug administration code.

As noted by CMS in MLN Matters #SE1609, if no existing drug administration code accounts for the cost of the equipment that the patient takes home to complete the infusion the A/B MAC may require the use of a miscellaneous code for the drug administration service.

Noridian Healthcare Solutions, the A/B MAC for Jurisdictions E and F, recently updated their coverage article for chemotherapy to include the direction that providers should not bill for the initiation of the prolonged infusion with CPT code 96416 chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump but instead should bill CPT code 96549 Unlisted chemotherapy procedure and include the words “96416 plus pump” in the CMS-1500 claim form box 19 or the electronic equivalent.

Noridian states that the submission of 96549 with these words added to the claim will then be paid at a rate equal to the 96416 plus an additional amount for the pump (until such time as there exists from CPT or CMS a more appropriate code for this combined service that includes the pump).

More information on these billing changes will be forthcoming as we receive additional direction from CMS and the MACs.

In the meantime, it is important that you monitor your MAC bulletins, coverage articles and alerts for specific instructions for billing the drug administration when initiating the prolonged infusion requiring an external infusion pump.

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Oplinc is a national organization that was founded with the purpose of developing a collaborative environment within the oncology community.

Oplinc is dedicated to preserving patients’ access to cancer services through the facilitation of education, communication and networking between physicians, pharmaceutical manufacturers and payers involved in the delivery of quality cancer care.

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