

**A/B MACs' UPDATES ON  
BILLING FOR PROLONGED DRUG AND BIOLOGICAL INFUSIONS STARTED INCIDENT TO A PHYSICIAN'S SERVICE USING AN EXTERNAL PUMP**

A/B MAC	Jurisdiction(s)	Implementation Date	Notes
Cahaba GBA	J- GA, TN, AL	May 12, 2016 (date posted)	<ul style="list-style-type: none"> <li>• <u>Administration and Pump</u>: 96549               <ul style="list-style-type: none"> <li>○ No other pump charge, set up or disconnect charges will be allowed</li> </ul> </li> <li>• <u>Chemotherapeutic drug</u>: use the appropriate HCPCS code               <ul style="list-style-type: none"> <li>○ Under the incident to benefit, the physician must incur the cost of the drug</li> </ul> </li> <li>• Providers should not report CPT code 96416, supplies, or pump code, (i.e., HCPCS code E0781).</li> </ul>
CGS Administrators	15- OH, KY	July 1, 2016	<ul style="list-style-type: none"> <li>• <u>Administration and Pump</u>: 96549 (Unlisted chemotherapy procedure), and also include the words: "96416 plus pump" in the CMS-1500 claim form box 19 or the electronic equivalent               <ul style="list-style-type: none"> <li>○ This submission of 96549 with these words added to the claim will then be paid by this contractor 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)</li> </ul> </li> <li>• <u>Drug</u>: code for the drug or biological</li> </ul>
First Coast Service Options	N - FL	May 20, 2016 (date posted)	<p><b>Part B physician services</b></p> <ul style="list-style-type: none"> <li>• <u>External Pump</u>: CPT 96379 for a daily reimbursement of the service               <ul style="list-style-type: none"> <li>○ CPT 96379 should be billed on a single line with a FROM and TO date and the corresponding number of units (days) indicated in the appropriate field</li> <li>○ The word "pump" must be notated in block 19 on the CMS-1500 claim form or the equivalent segment for electronic claims submissions</li> </ul> </li> <li>• <u>Drug</u>: CPT or HCPCS code for the drug or biological, and its administration</li> <li>• If you have previously billed the drug and administration and are now needing to bill for the pump, bill only the pump as a new claim. You do not need to rebill the administration and drug codes</li> </ul> <p><b>Part A hospital outpatient department</b></p> <ul style="list-style-type: none"> <li>• <u>External Pump</u>: CPT® code 96379 (unlisted code) for a daily reimbursement of the service               <ul style="list-style-type: none"> <li>○ Bill according to the date of receipt of the pump with the corresponding number of days indicated in the "Units" field</li> <li>○ The word "pump" must be notated on page 07 and page 33 as the remark</li> </ul> </li> </ul>

Readers of this document are advised to confirm with their own compliance or legal advisors.

			<ul style="list-style-type: none"> <li>○ If adjusting a processed claim within timely filing period follow the normal adjustment process</li> <li>• <u>Drug</u>: CPT or HCPCS code for the drug or biological, and its administration</li> </ul>
National Government Services (NGS)	6- WI, IL, MN K- CT, NH, ME, MA, VT, RI, NY	May 5, 2016 (date posted)	<ul style="list-style-type: none"> <li>• <u>Administration and Pump</u>: CPT 96549 <ul style="list-style-type: none"> <li>○ No other pump charge, set up or disconnect charges will be allowed.</li> </ul> </li> <li>• <u>Chemotherapeutic drug</u>: use the appropriate HCPCS code <ul style="list-style-type: none"> <li>○ Under the incident to benefit, the physician must incur the cost of the drug</li> </ul> </li> <li>• Providers should not report a prolonged chemotherapy administration CPT code, pump and drug administration related supplies or an ambulatory pump code (96416, A4222, E0781) when billing to Medicare Part B</li> <li>• If an administration by any other technique (e.g., intravenous push, etc.) is performed during the same session, the service would be separately billable</li> </ul>
Noridian	E- NV, CA, HI F- SD, ND, MT, WY, AZ, UT, ID, WA, OR, AK	July 1, 2016 (effective date)  7/15/16 issued an update superseding previous guidance	<ul style="list-style-type: none"> <li>• <u>Administration and Pump</u>: 96549 (Unlisted chemotherapy procedure), and also include the words: “96416 plus pump” in the CMS-1500 claim form box 19 or the electronic equivalent <ul style="list-style-type: none"> <li>○ This submission of 96549 with these words added to the claim will then be paid by this contractor 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)</li> </ul> </li> <li>• <u>Drug</u>: code for the drug or biological</li> </ul>
Novitas Solutions	H- PA, NJ, MD, DE, DC  L- CO, OK, NM, TX, AR, LA, MS	May 9, 2016	<p>When reporting services for <b>PROLONGED DRUG INFUSIONS</b> using an external pump that were initiated in the hospital or office setting, Part B Providers should continue to report any applicable CPT/HCPCS codes for the <b>DRUG</b> or <b>BIOLOGICAL AND</b> its administration, <b>AND</b> should report procedure code 96379 for the use of the external pump. The word “PUMP” should be entered in block 19 on the CMS-1500 claim form or the electronic equivalent to indicate the claim is for use of an external pump for the administration of <b>PROLONGED DRUG</b> infusion services. CPT code 96379 should be billed on a single line for each date of service.</p> <p>When reporting services for <b>PROLONGED DRUG INFUSIONS</b> using an external pump that were initiated in the hospital or office setting, Part A Providers should continue to report any applicable CPT/HCPCS codes for the <b>DRUG</b> or <b>BIOLOGICAL AND</b> its administration, <b>AND</b> should report procedure code 96379 for the use of the external pump. The word “PUMP” should be entered in the REMARKS section of the CMS-1450 (UB-04) claim form or the electronic equivalent to indicate the claim is for use of an external pump for the administration of <b>PROLONGED DRUG</b> infusion services. CPT code 96379 may be payable through APC <b>AND</b> should be reported on a single line for each date of service.</p>
Palmetto GBA	M- VA, WV, NC, SC		Click <a href="#">here</a> for more information

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			<ul style="list-style-type: none"> <li>• <u>External Pump: 96379</u> <ul style="list-style-type: none"> <li>○ Plans to post a coverage article with further details.</li> </ul> </li> </ul>
Wisconsin Physicians Services (WPS)	5- IA, MO, KS, NE  8- IN, MI	June 1, 2016 (effective date)	<ul style="list-style-type: none"> <li>• Administration and Pump: CPT 96549 <ul style="list-style-type: none"> <li>○ No other administration, pump charge, set up or disconnect charges would be allowed (i.e. 96416 is not appropriate)</li> <li>○ Indicate the services provided such as “Initiation of prolonged chemotherapy CPT 96416/portable infusion pump/pump supplies/pump disconnection” in the description field of the claim form</li> <li>○ Bill applicable CPT or HCPCS code for drug or biological</li> </ul> </li> </ul>

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