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Editor



PRACTICAL BILLING TIPS:

## Billing may be tricky for patients in skilled nursing facility

Here are some simple things that can be done to keep the billing related to skilled nursing facilities in order.

BY RONALD PIANA

Here's a scenario that most likely plays out in oncology practices on a routine basis: A Medicare beneficiary arrives at a community office for treatment. She has a blood draw followed by a 2-hour chemotherapy infusion. The oncology practice's office submits a reimbursement claim through

billing package.

Some chemotherapy is excluded from SNF consolidated billing, but other drugs are included. For example, interferon, methotrexate, mesna, leuprolide, and goserelin (Zoladex) are included in SNF consolidated billing.

### Establish written payment rules with your local nursing facilities.

Medicare Part B. Two weeks later a notice from Medicare arrives—claim denied!

Why did this happen? The patient was staying in a skilled nursing facility (SNF) at the time of her appointment—a stay that is covered through Medicare Part A. This is called consolidated billing, which is a prospective payment system that covers services within the scope of care at an SNF.

As a result, oncology practices can submit reimbursement claims through Medicare Part B only for those services that are excluded from the consolidated

On the other hand, physicians' professional services, such as all levels of office visits and most chemotherapy administration services, are excluded from SNF consolidated billing and are reimbursable directly through Medicare Part B.

But then administration of nonchemotherapy drugs and laboratory studies are included in consolidated billing and are reimbursable only through the SNF.

Confusing enough? Here are some simple things that you can do to keep SNF-related billing in order:

- Maintain an up-to-date list of drugs

and services included and excluded in SNF consolidated billing.

- Determine whether a patient is an SNF resident at the time an appointment is scheduled.
- Educate patients, caregivers, and staff at local SNFs about the need to inform the practice about the patient's status when making an appointment.
- Alert the SNF to charges for services included in consolidated billing before the services are provided.
- Continually monitor the status of invoices sent to SNFs and prompt as necessary.
- Establish written payment arrangements with local SNFs.

Knowing which services are excluded from SNF consolidated billing and which are included is the most important step in ensuring appropriate billing. ■

Visit the CMS website for more information on SNF consolidated billing:  
[www.cms.hhs.gov/SNFConsolidatedBilling/01\\_Overview.asp](http://www.cms.hhs.gov/SNFConsolidatedBilling/01_Overview.asp)

THE CONSULTANT'S CORNER:

## Infusion confusion: Quick fixes for keeping reimbursement on track

BY KELLY LOYA, CPC-I, CPHT, AND JANET MARCUS, CPC

In January 2005, Medicare changed the coding and billing of injection and infusion services in order to describe more precisely the complexity of the services and provide adequate reimbursement for the nursing time involved.

Today's economically challenged oncology practices must fully understand this coding and billing system. Our goal is to elucidate the common sources of

confusion in injection and infusion services.

### Accurate coding

Improving supporting documentation is critical for accurate coding and requires improved communication between clinicians and their coding and billing staff. Yet, errors in reporting injection and infusion services, leading to revenue loss and possible noncompliance, are still common, even three years after implementation of the new rules.

A useful tool is a coding worksheet (see box on page 38) that outlines the most common services provided in a free-standing infusion office or center



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and couples them with the appropriate oncology codes grouped and organized for accurate selection.

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# Infusion confusion: Review of charge-capture documents is key

This worksheet will enhance understanding of this complex system and lead to the effective capture of revenue. Footnotes on the worksheet outline ap-



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propriate code use, quantity limits per encounter, and specific restrictions for using the add-on codes. However, for a full understanding of the coding guidelines, we recommend reviewing the section notes in the Current Procedural Terminology (CPT) manual and Publication 100-04, Chapter 12, in the Medicare Claims Processing Manual.

### Accurate reporting

A significant portion of the revenue stream is realized in the services delivered and not the products provided. To keep

To obtain a copy of the worksheet  
**VISIT: [cancernetwork.com](http://cancernetwork.com)**  
 Or write to  
**[Shalmali.Pal@cmpmedica.com](mailto:Shalmali.Pal@cmpmedica.com)**

drug expenses down, oncology practices need to be efficient shoppers with optimal drug inventory control processes to avoid unmanageable overhead costs. All practices should take advantage of the appropriate incentives and rebates provided by drug manufacturers as well as group purchasing organizations (GPO). To en-

sure compliance, only those medications that represent an operating expense for the practice should be reported.

A common source of errors is outdated or inaccurate encounter forms or charge-capture documents. Typically, medication services are chosen by clinical personnel

who translate and relay units of service to the billing department. If drug strengths, units of billing, and code choices are accurately reported, such errors can be avoided or minimized. An annual review of charge-capture documents is essential.

Reporting units for medications given

and wasted has always been critical to reimbursement and compliance.

If clinical staff report services on a form, they should be instructed to write the exact medication dosage given, including wasted amounts from single-dose vials. ■

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Participants' financial disclosure information will be made available prior to the activity.

### Educational Objectives

- After participating in this program, participants should be able to:
- Review cases of patients with different stages of colorectal cancer, and reinforce an understanding of the decision-making process that goes into the formulation of evidence-based treatment plans.
  - Demonstrate an understanding of the new standard in adjuvant treatment for stage III disease and the benefit of adjuvant treatment for stage II disease.
  - Incorporate into practice all treatment options for patients with advanced colorectal cancer. Understand that the selected initial therapy influences the sequence of treatment regimens. (Special consideration must be taken in finding the appropriate first step in the medical management of advanced colorectal cancer.)
  - Assimilate the variables related to comorbidities, prior toxicities, and the initial response (or lack of response to the first-line approach) in the selection of second-line treatments.

- Review the variables that go into dosing and possible toxicities that colorectal cancer patients may face from chemotherapy, and demonstrate ways to counteract these effects.
- Reinforce the importance of the "team approach" when managing the resectable or potentially resectable patient.

### Who Will Benefit

Community-based oncologists, hematologists/oncologists, nurse practitioners and nurses.

### Accreditation

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## TAKE HOME POINTS

- Understand and use the coding guide.
- Control medication inventory or formulary, including subspecialty usage.
- Update charge-capture documents annually.
- Record and report exact amounts of used and wasted medication dosage.
- Remain current with oncology reimbursement rules and regulations.