Coding Tip of the Month: Archived

March 2023

Reporting guidelines instruct to code to the highest level of specificity. Having multiple bone marrow testing codes available, providers must select the code that most closely describes the procedure being performed. Take note that there are three codes describing a bone marrow biopsy and/or aspirate procedure:

- 38220 - bone marrow aspirate(s) alone
- 38221 - bone marrow biops(ies) alone
- 38222 – bone marrow biops(ies) and aspirate(s)

The above codes are not to be reported with one another if performed at the same site. These codes would only be reported together if performed at different sites and would require an appropriate modifier to indicate this. Bilateral procedures should not be reported with multiple units or lines and require an appropriate bilateral modifier, unless otherwise instructed by payer policy.

February 2023

As part of the 2023, CMS is requiring all 340B entities to report a modifier on separately payable Part B drugs. The following modifiers should be reported with drugs acquired through the 340B program:

- Drug Wastage
  - JW: Report with discarded drug amount (not including overfill amounts)
  - JZ: Report for non-wasted amount of drug
- Provider Indicators
  - TB: Rural sole community hospitals, children's hospitals, and PPS-exempt cancer hospitals
  - JG: All other 340B covered entities

The JW modifier is required for all providers beginning January 1, 2023, and the JZ modifier no later than July 1, 2023, in all outpatient settings. The provider indicator modifiers must be used no later than January 1, 2024. The information is mentioned in the ASCO Practice Central resource on 2023 Coding Updates. You can find additional information in Chapter 17 of CMS' Claims Processing Manual as well as CMS' Hospital Outpatient Prospective Payment Final Rule.

January 2023

ASCO compiles all the latest coding updates for our members in one central location – ASCO Practice Central's Coverage and Reimbursement page. ASCO provides updates as applicable as well as summaries of updates that come out on a quarterly and annual basis. For the most recent updates effective in January 2023, check out the 2023 Coding Update resource combining CPT, ICD10-CM, and HCPCS updates, in addition to the January 2023 Quarterly HCPCS update.

December 2022

CMS released the Physician Fee Schedule Final Rule in November. The rule serves as a federal document and provides guidance on coverage and reimbursement topics pertaining to healthcare services. An overview of the rule, including items relevant to oncology can be found on the November 17th recording of ASCO's Practice Leadership calls and on the ASCO in Action page.

Details regarding coding updates are available in ASCO's 2023 Coding Updates Guide, which includes both CPT and CMS information.

November 2022

Each quarter, CMS publishes updates to the HCPCS coding system. ASCO provides a summary of these updates with codes particularly pertinent to oncology. These can include the newest approved drug codes, revisions to pass-through status, and sometimes PLA (Propriety Laboratory Analysis) codes. The latest update is effective October 1st. ASCO's summary for this HCPCS update and all other updates for 2022 are available on the Coding and Reimbursement page.

October 2022

The American Medical Association recently published the 2023 AMA CPT Professional Edition. Any updates in the CPT manual will go into effect on January 1st, 2023. Included in the 393 CPT changes are:

- Revisions to the Evaluation and Management Services guidelines and codes
- New sections for Digital Pathology Services and Artificial Intelligence
- New codes for Proprietary Laboratory Analyses (PLA) services and Genomic Sequencing Procedures
- Updates to radiology services
- Revisions to remote therapeutic monitoring services and codes

More details can be found in the "2023 CPT Update" resource on the Coding and Reimbursement page.

September 2022

For 2023, several categories of diagnoses relating to oncology have been updated in addition to codes created for better accuracy and specificity. The changes are connected to blood diseases, social determinants of health, long term drug codes for chemotherapy and immunotherapy, additions for patient non-compliance, and the creation of a category for caregiver non-compliance. Additionally, there are revisions to the unclassified codes for peripheral T-cell lymphoma and myelodysplastic disease. For more details and specifics on these changes, see the ASCO resource "2023 ICD-10 Update".

August 2022

Providers can now bill for total time spent on both face-to-face and non-face-to-face activities for office and outpatient evaluation and management services (with some exceptions). Be sure to document the time spent on the service and corresponding activities in the note to support the E/M service selected. For more information on selecting an E/M service based on time, see the ASCO resource "2021 Evaluation and Management Changes: Selecting a Code Based on Time".

July 2022

While chemotherapy patients do require some monitoring, not all chemotherapy plans fall under the classification as a drug requiring intensive monitoring. Drugs requiring intensive monitoring should have a high risk of morbidity. Monitoring can be done by lab test, physiologic test, or imaging but must be done for assessment of adverse effects, not for therapeutic efficacy.

June 2022

While a chemotherapy requiring intensive monitoring for toxicity may result in a high level of risk for comorbidity for the treatment management, the office visit may not result in a level 5 office visit. Office visits are based on the lowest level of two out of the three MDW sections when based on medical decision making.