Eliminating Infusion Confusion
(Drug Administrations in Facility and Non-facility Settings)

Presented by
Maria Rita Genovese, CPC, PCS &
Maryann C. Palmeter, CPC, CENTC

Agenda
- Review of CPT® codes – What’s New/Revised in 2012
- Documentation principles
- Key definitions
- What’s bundled and what’s not
- Hydration
- Therapeutic, Prophylactic, Diagnostic Injections & Infusion
- Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration
- Reporting Hierarchies
- Infusion time
- Multiple administrations
- Coding scenarios
Location In CPT®

- Medicine Section
  - Subsection Hydration, Therapeutic, Prophylactic, Diagnostic Injections and Infusions, and Chemotherapy and Other Highly Complex Drugs or Highly Complex Biologic Agent Administration
    - Subheadings
      - Hydration
      - Therapeutic, Prophylactic, and Diagnostic Injections and Infusions (Excludes Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration)
      - Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration

What’s New/Revised in 2012?

- Instructional notes revised to clarify when appropriate to report more than one initial service
- Includes definitions for sequential and concurrent infusions
- Includes example of infusion crossing calendar days – depends on whether service was continuous or not
- 96367 revised to specify “new” drug/substance in description
Documentation Principles

- Physician order
- Medical necessity
- Route of administration
- Site of administration
- Start and stop times for each substance infused
- Volume and rate
- Substance

Physician Order

- Date (to and from dates for recurring order)
- Patient name
- Treatment
  - Drug, Dose, Route, Time increment
  - Labs or other diagnostic reports if indicated
- Diagnosis – medical necessity
- Protocol
  - Pre-medication
  - Primary/Secondary Therapy
  - Post-medication
- Signature of ordering physician
Medical Necessity

- Order needs to provide sign or symptom that supports medical necessity for pre-/post- medications or hydration
- Order needs to provide adequate information to determine primary and secondary diagnoses as required by some drug specific coverage determinations
- Physician plan of care must correlate with patient’s signs and symptoms rather than drug specific protocol
- “PRN” or “as needed” orders for antihistamines, antiemetic, or hydration not sufficient – must include signs/symptoms to support medical necessity
- Hydration administration must support medical necessity versus standard of care or facility protocol

The 5 Questions

- What?
- How?
- Where?
- When?
- Why?
Key Definitions

- **IV Infusion** – a continuous introduction of a solution intravenously (same for IA Infusion only administered intra-arterially)

- **IV Push** - also known as a Bolus, is the administration of a medication from a syringe directly into an ongoing IV infusion or saline lock. Per CPT®, if a health care professional administers a substance/drug intravenously and is continuously present to administer and observe the patient

  OR

  infusion time is 15 minutes or less

  (same for IA Push only administered intra-arterially)

Key Definitions

- **Intra-arterial** – an intentional injection into an artery, sometimes performed when venous access cannot be obtained

- **Intralesional** – injected directly into a localized lesion

- **Intramuscular** – into a muscle - usually arm (deltoid), thigh (vastus lateralis), or ventrogluteal site (gluteus medius) – butt injection to patient

- **Intravenous** – administered into a vein

- **Subcutaneous** – injection made into the layer between the skin and the muscle
Key Definitions

- Concurrent Infusions – infusion of a new substance/drug at the same time as another substance/drug through same IV line or when two distinct infusions are given in two separate lumens in a multi-lumen catheter IV site. Not time-based and may only be reported once per day. Subsequent concurrent infusion of another new substance/drug (i.e., 3rd or more) is not reported.

- Multiple substances mixed in one bag are considered to be one infusion, not a concurrent infusion. Same as piggyback.

  Hydration administered concurrently with a drug is incidental and is not reported separately.

Key Definitions

- Sequential Infusions – initiation of new substance/drug following the initial or primary service

  Sequential can refer to drug/substance administered before or after.

  ***Note: Facilities may report a sequential IV push of same substance/drug using 96376.
What’s Bundled

- If performed to facilitate the infusion or injection, the following services are included and are not reported separately:
  a. Use of local anesthesia
  b. IV start
  c. Access to indwelling IV, subcutaneous catheter or port
  d. Flush at conclusion of infusion
  e. Standard tubing, syringes, and supplies

What’s Not Bundled

- Specific materials or drugs (e.g., HCPCs Level II J-codes)
- Significant, separately identifiable E&M service - append modifier “-25” to E&M code
Hydration

- Codes 96360-96361
- Used to report a hydration IV infusion to consist of pre-packaged fluid & electrolytes (eg, normal saline, D5W), but not drugs or other substances
- Do not report if infusion time 30 minutes or less
- Report add on code 96361 for hydration intervals of > 30 minutes beyond 1 hour increments
- Report 96361 if hydration provided as secondary or subsequent service after a different initial service administered through same IV access. Can also be performed prior to another infusion
- Do not report if performed concurrently with other infusion services or to “keep open” line between infusions or when free-flowing during chemo or tx/pro/dx infusions
- Hydration separately reportable if medically necessary (e.g. dehydration, N/V) and not part of regular infusion protocol

Hydration Examples

<table>
<thead>
<tr>
<th>IV infusion of normal saline: start 13:25/end 13:45</th>
<th>Do not report</th>
</tr>
</thead>
<tbody>
<tr>
<td>IV infusion of normal saline: start 13:25/end ?</td>
<td>Do not report</td>
</tr>
<tr>
<td>IV infusion of D5W/Infusion: start 13:25/end 14:45</td>
<td>Report 96360 only</td>
</tr>
<tr>
<td>IV infusion of D5W/Infusion: start 13:25/end 14:56</td>
<td>Report 96360 and 96361 x 1</td>
</tr>
</tbody>
</table>
Tx, Pro, and Dx Injections & Infusions

- Codes 96365-96379
- Used for the administration of substances or drugs
- Not used for administration of vaccines/toxoids, allergen immunotherapy, antineoplastic hormonal or nonhormonal therapy, or hormonal therapy that is not antineoplastic
- Not used for chemo, highly complex drugs, or highly complex biologic agents

Require direct physician supervision for patient assessment, provision of consent, safety oversight, and intraservice staff supervision

Infusions require special consideration to prepare, dose or dispose of

Require practice training and competency for staff who administer infusions

Periodic patient assessment with vital sign monitoring required during infusions
Tx, Pro, and Dx Injections & Infusions

- Intravenous infusion (96365-96368)
- Subcutaneous infusion (96369-96371)
- Injection; subcutaneous or intramuscular (96372)
- Injection; intra-arterial (96373)
- Injection; intravenous push (96374-96376)
Important Change!

Definition of procedure code 96367 is revised in CPT® 2012.

Now can only report if additional sequential infusion of NEW drug/substance, up to 1 hour.
Physicians must not report 96372 if injection administered without direct physician supervision – refer to procedure code 99211*** instead.

***Some payers, such as Medicare, require in office physician supervision even for 99211.
Tx, Pro, and Dx Injections & Infusions

Injection; intra-arterial

96373

Tx, Pro, and Dx Injections & Infusions

Injection; intravenous push

96374-96376
Chemo & Other Highly Complex Drug or Biologic Agent Administration

Codes apply to parenteral administration of:
- nonradionuclide antineoplastic drugs
- antineoplastic agents provided for treatment of noncancer diagnoses
- substances such as certain monoclonal antibody agents
- hormonal antineoplastics

Chemo, Complex, Biologic

- physician work and/or clinical staff monitoring well beyond that of therapeutic drug agents
- require direct physician supervision for patient assessment, provision of consent, safety oversight, and intraservice supervision of staff
- typically requires advanced practice training and competency for staff
- special consideration for prep, dosage and disposal
Chemo, Complex, Biologic

Techniques
- SQ or IM (96401-96402)
- Intralesional (96405-96406)
- IV Push (96409, 96411)
- IV Infusion (96413, 96415)
  - More than 8 Hours w/portable or implantable pump (96416-96417)
- IA Push (96420)
- IA Infusion (96422-96423, 96425)

Note: CPT® does not include a code for concurrent chemotherapeutic infusion because chemotherapeutics are not usually infused concurrently.

However, if a concurrent chemotherapy infusion were to occur, the infusion would be coded with the unlisted chemotherapy procedure code 96549.
What Can Be Reported Separately

- Hydration, if administered as a secondary or subsequent service associated with chemo IV infusion through the same IV access, if time requirements met for reporting hydration
- Each parenteral method of administration employed when chemo is administered by different techniques
- Independent or sequential administration of meds as supportive management

What Not to Report Separately

- Fluid used to administer the drug is incidental hydration
- Preparation of the chemo/complex agent when performed to facilitate the infusion or injection
### Reporting Hierarchies/Sequencing

<table>
<thead>
<tr>
<th>Non-Facility</th>
<th>Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Report as the “initial” code that which best describes the key or primary reason for the encounter, irrespective of the order in which the infusions or injections occur.</td>
<td></td>
</tr>
<tr>
<td>• Chemo primary to tx/pro/dx</td>
<td></td>
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<tr>
<td>• Tx/pro/dx primary to hydration</td>
<td></td>
</tr>
<tr>
<td>• Infusions primary to pushes</td>
<td></td>
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<tr>
<td>• Pushes primary to injections</td>
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*Hierarchy supersedes parenthetical instructions for add-on codes*

### Infusion Time

- Use the actual time over which the infusion is administered if infusion time is a factor.
- Measured when infusate is actually running – do not count pre- and post time.
- Infusion time must be documented (start and stop).
- If health care professional administering substance/drug is continuously present to administer injection and observe the patient, bill as a Push.
- If infusion time is 15 minutes or less, bill as a Push.
- Infusion intervals of > 30 minutes beyond 1-hour increments required to report additional hour codes.
Infusion Time

IV infusion of Tx Drug A
start 10:00/end 10:10

Question
What would be the appropriate procedure code to report?

Answer
96374 for therapeutic, prophylactic, or diagnostic injection; intravenous push, single or initial substance/drug

Why?
If infusion time is 15 minutes or less, bill as a push
Multiple Administrations

• Only one “initial” service code should be reported for each encounter unless protocol requires that two separate IV sites must be used.

• If injection or infusion is subsequent or concurrent in nature, even if it is the first such service within that group of services, report subsequent or concurrent code from appropriate section.

Example: First IV push given subsequent to an initial one-hour tx/pro/dx infusion is reported using a subsequent IV push code.

96365 for initial one-hour infusion for tx/pro/dx

Do not code first IV push with code 96374 (initial) but rather code 96375 for first IV push given after (subsequent to) the initial infusion.
Multiple Administrations

More than one initial service appropriate when:

- Separate Site
  - IV Right Hand
  - IV Left Hand

- Separate Encounter
  - Visit at 8:00 am
  - Return visit same day at 4:00 pm and new line started
  - Append -59 modifier to 2nd initial code to identify distinct procedural service

Example 1 Coding Scenario

Code IV infusion of D5W (hydration)
start 09:30/end 10:00
Example 1 Answer

Do Not Report

Example 2 Coding Scenario

Code IV Push of Tx Drug A at 08:30 followed by IV Push of Tx Drug B at 11:45

Same IV site
Example 2 Answer

96374
+ 96375

Example 3 Coding Scenario

Pt presents for chemo Tx, IV started in LT arm
IV infusion of antiemetic Drug X
start 14:50/end 15:25
IV Infusion Chemo Drug A same site
start 15:30/end 16:45
Pt then receives Dx B12 injection IM in RT Hip (ventrogluteal)
Example 3 Answer

96413
96367
96372

Example 4 Coding Scenario

Pt has brain cancer & secondary cancerous lesions of the RT arm

Chemo Drug B infused intra-arterially, start 13:10/ end 15:55

Chemo Drug Z administered intralesionally into 10 lesions of the RT arm
Example 4 Answer

96422
96423 X 2
96406

Example 5 Coding Scenario

Encounter 1: Cancer pt. receives IV infusion of antineoplastic drug
start 09:05/end 12:05

Encounter 2 – same day: Pt. returns for admin of hydrating solution provided via IV infusion for dehydration
start 14:20/end 16:20
Example 5 Answer

96413
96415 X 2
96360-59
96361-59

Example 6

IM injection of Phenergan, administered by RN, physician not on site

Code per CPT® for non-facility setting

Code for Medicare for non-facility setting
Example 6 Answer

Per CPT®
99211 + HCPCs Level II code for drug

Per Medicare
Not a billable service as Medicare does not reimburse RNs and physician out of office means incident to requirements not met
Can’t bill HCPCs Level II drug code either

Example 7 Coding Scenario

IV infusion of Chemo drug C same site
start 09:00/end 11:00
Piggyback infusion of therapeutic drug D
start 09:45/end 10:45
Prophylactic drugs A and B mixed together and administered via IV infusion prior to chemotherapy
start 7:55/end 8:55
All same site.
Example 7 Answer

96413 X 1
96415 X 1
96367 X 1
96368 X 1

Example 8 Coding Scenario

IV Infusion of D5W
Start: 04/01/12, 11:00 pm
End: 04/02/12, 2:00 am
Example 8 Answer

IV Infusion of D5W (hydration)
Start: 04/01/12, 11:00 pm
End: 04/02/12, 2:00 am
96360 X 1
96361 X 2

Example 9 Coding Scenario

IV Push D5W 04/01/12, 11:00 - 11:15 pm
IV Push D5W 04/02/12, 2:00 - 2:15 am
Example 9 Answer

96360 X 1 for DOS 04/01/12
96360 X 1 for DOS 04/02/12

Questions?
Sources for Code Instructions

1. CPT® 2012
2. CPT® Changes 2012: An Insider’s View