

Eliminating Infusion **Confusion**

(Drug Administrations in
Facility and Non-facility Settings)

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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

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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

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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

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Documentation Principles

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

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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

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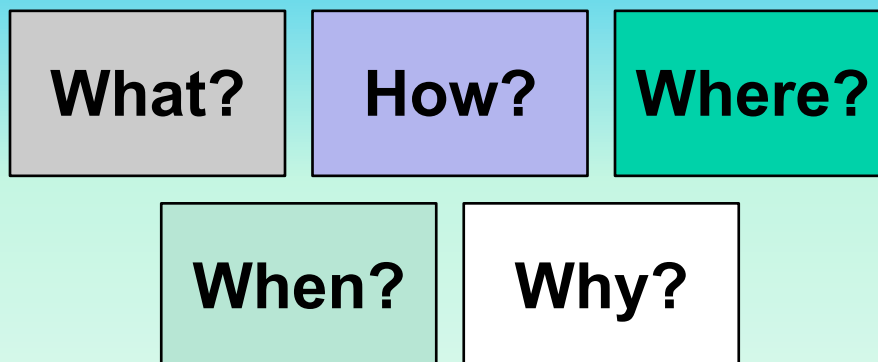
Medical Necessity

- 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

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The 5 Questions



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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)

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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

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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.

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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.

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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

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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

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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

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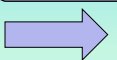
Hydration Examples

IV infusion of normal saline: start 13:25/end 13:45



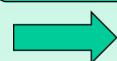
Do not report

IV infusion of normal saline: start 13:25/end ?



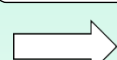
Do not report

IV infusion of D5W/Infusion: start 13:25/end 14:45



Report 96360 only

IV infusion of D5W/Infusion: start 13:25/end 14:56



Report 96360 and 96361 x 1

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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

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Tx, Pro, and Dx Injections & Infusions

- 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**

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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)

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Tx, Pro, and Dx Injections & Infusions

Intravenous
infusion

96365-96368

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Tx, Pro, and Dx Injections & Infusions

Important Change!

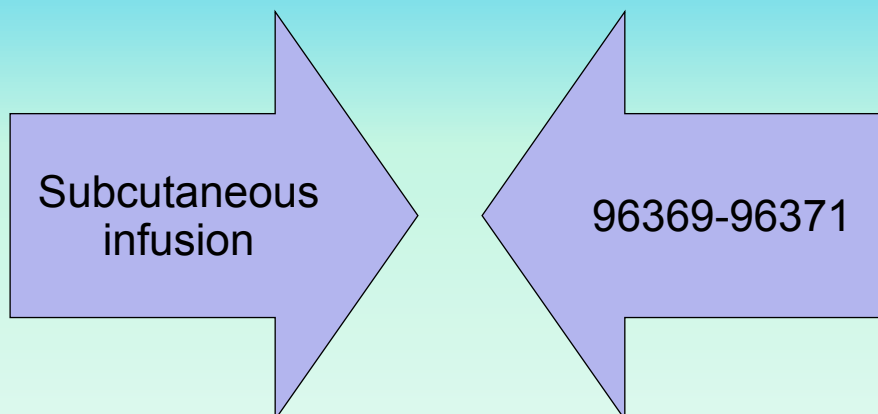
Definition of procedure code 96367 is revised in CPT® 2012.

Now can only report if additional sequential infusion of NEW drug/substance, up to 1 hour.

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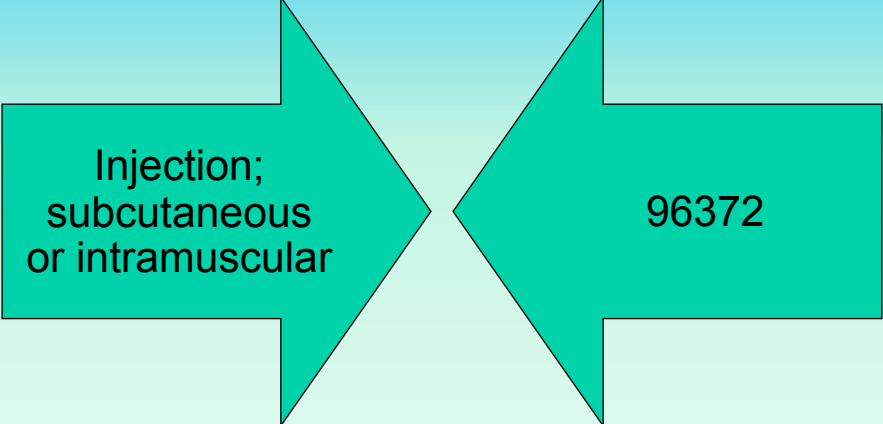
Tx, Pro, and Dx Injections & Infusions



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Tx, Pro, and Dx Injections & Infusions



Injection;
subcutaneous
or intramuscular

96372

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Tx, Pro, and Dx Injections & Infusions

Injection; subcutaneous or intramuscular
(96372)

*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.**

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Tx, Pro, and Dx Injections & Infusions

Injection;
intra-arterial

96373

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Tx, Pro, and Dx Injections & Infusions

Injection;
intravenous
push

96374-96376

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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

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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

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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)

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Chemo, Complex, Biologic

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.

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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

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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

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Reporting Hierarchies/Sequencing

Non-Facility

- 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

Facility

- Chemo primary to tx/pro/dx
- Tx/pro/dx primary to hydration
- Infusions primary to pushes
- Pushes primary to injections

*Hierarchy supersedes
parenthetical instructions for
add-on codes*

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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

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Infusion Time

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

Question

What would be the appropriate procedure code to report?

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Infusion Time

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

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

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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

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Multiple Administrations

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.

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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

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Example 1 Coding Scenario

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

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Example 1 Answer

Do Not Report

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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

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Example 2 Answer

96374
+ 96375

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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)

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Example 3 Answer

96413

96367

96372

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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

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Example 4 Answer

96422

96423 X 2

96406

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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

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Example 5 Answer

96413

96415 X 2

96360-59

96361-59

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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

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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

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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.

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Example 7 Answer

96413 X 1

96415 X 1

96367 X 1

96368 X 1

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Example 8 Coding Scenario

IV Infusion of D5W

Start: 04/01/12, 11:00 pm

End: 04/02/12, 2:00 am

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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

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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

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Example 9 Answer

96360 X 1 for DOS 04/01/12

96360 X 1 for DOS 04/02/12

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Questions?



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Sources for Code Instructions

1. *CPT® 2012*
2. *CPT® Changes 2012: An Insider's View*
3. "Payment for Codes for Chemotherapy Administration and Nonchemotherapy Injections and Infusions." *The Medicare Claims Processing Manual.* Publication No. 100-04, Ch. 12, § 30.5.