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

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Agenda
• Review of CPT® codes (added in 2009)
• 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
• Sequencing
• Infusion time
• Multiple administrations
• Coding scenarios
CPT Codes

- Codes 90760-90779 were deleted and renumbered in 2009
- Hydration codes now 96360-96361
- Tx, Pro, and Dx Injections and Infusions (Excludes Chemo and Other Highly Complex Drug or Biologic Agent Administration codes) now 96365-96379
- Codes 96401-96549 now for Chemo AND Other Highly Complex Drug OR Highly Complex Biologic Agent Administration

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
Documentation Principles

- Physician order
- Medical necessity
- Route of administration
- Site of administration
- Start and stop times if code calls for it
- Volume and rate
- Substance

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

- Concurrent Infusions – multiple drugs or substances infused simultaneously through the same IV line. Multiple substances mixed in one bag are considered to be one fusion, not a concurrent infusion.
  - Hydration administered concurrently with a drug is incidental and is not reported separately.
- Piggyback – infusion of medication given on top of the main solution. Allows for the intermittent infusion of different medications at specific times. See concurrent.
- Sequential Infusions – initiation of different fluid or drug administered immediately following the initial infusion.
  - Note: Sequential can refer to drug/substance administered before or after.

Key Definitions

- Intra-arterial - an intentional injection into an artery, sometimes performed when venous access cannot be obtained.
- Intraleisonal – 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.
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 (e.g., 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

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
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**
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 (96374-96375)

Intravenous infusion (96365-96368)

**Intravenous infusion** or **IV therapy** is a method of putting liquid substances/drugs directly into the bloodstream via a vein.
- Can be intermittent or continuous, by gravity drip or by pump
- Allows precise control of plasma drug concentrations to fit individual patient’s needs
Tx, Pro, and Dx Injections & Infusions

Subcutaneous infusion (96369-96371)

• A method of forcing liquid substances/drugs into tissue underneath the skin
• Also known as hypodermoclysis
• Subcutaneous abbreviated “sc” or “sq”

Tx, Pro, and Dx Injections & Infusions

Injection; subcutaneous or intramuscular (96372)
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

Tx, Pro, and Dx Injections & Infusions

Injection; intra-arterial (96373)
Tx, Pro, and Dx Injections & Infusions

Injection; intravenous push (96374-96375)

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

Chemo, Complex, Biologic

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

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

Sequencing

For physician billing:

Report as the “initial” service the code that best describes the key or primary reason for the encounter, irrespective of the order in which the infusions or injections occur
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

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

Question
What would be the appropriate procedure code to report?
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

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
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.

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

  Append -59 modifier to identify distinct procedural service.
Example 1 Coding Scenario

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

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 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 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 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 6 Coding Scenario

Per CPT®
IM injection of Phenergan, administered by RN, physician not in office

Per Medicare
IM injection of Phenergan, administered by RN, physician not in office
Example 7 Coding Scenario

Per CPT®
IM injection of Phenergan, administered by RN, physician in office

Per Medicare
IM injection of Phenergan, administered by RN, physician in office

Example 8 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 prior to chemotherapy
start 11:15/end 12:15
All same site
Questions?

Sources for Code Instructions

   Changes An Insider’s View.” American Medical
   Professional Edition.” American Medical
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.

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