

Presented by
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Agenda

- 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 Hierarchy
- Infusion time
- Multiple administrations
- Coding scenarios

Physician Documentation

The physician order, as well as the pharmacy record, for medication administration should define the medication, dosage, rate, and mode of delivery (sub-Q, IM, IV push, or IV piggyback).

Physician Documentation

- Name of the patient
- Age and weight of the patient, or other dose calculation requirements, where applicable
- Date and time of the order
- Drug name
- Dose, frequency, and route
- Exact strength or concentration, when applicable
- Quantity and/or duration, when applicable
- Specific instructions for use, when applicable
- Name of the prescriber

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Nurse Documentation

The primary patient encounter documentation in the outpatient infusion setting is the treatment record, which contains the key clinical information for charging, coding, and reporting services accurately and completely. If nursing staff does not document services adequately and consistently, the quality of the subsequent charging and coding will suffer.

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Administration Documentation

- Service line complexity (chemotherapy, drug administration, hydration therapy)
- Drug classification or categorization
- Mode of administration
- Access site
- Start and stop time
- Rate of administration
- Dose or volume administered
- Flushing or clearing an access line

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“Reasonable and necessary” is an important phrase in the Medicare payment system. To be covered by Medicare, a service or procedure must be reasonable and necessary for the diagnosis or treatment of any kind of illness, injury, or medical condition (investigational or experimental) or for a particular case or for certain conditions. Medicare does not cover items and services that are not reasonable and necessary for the diagnosis or treatment of an illness or injury, or to improve the functioning of a malformed body member.

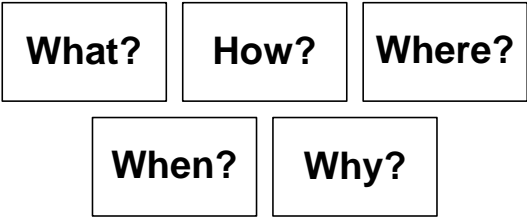
Each outpatient encounter must be supported by a physician order that is complete with a definitive diagnosis, sign, or symptom. If indicated, an Advance Beneficiary Notice (ABN) of Non-Coverage may also be required for billing. Determining whether to issue an ABN is based on the drug to be administered.

- Order needs to provide sign or symptom that supports medical necessity for pre-/post-medications or hydration

Medical Necessity

- 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 is 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



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. 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

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What’s Not Bundled

- Specific materials or drugs (e.g. HCPCs Level II J-codes)

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Use of Standing Orders

If the hospital uses standing orders, it must have current policies and procedures that address “the process by which a standing order is developed; approved; monitored; initiated by authorized staff; and subsequently authenticated by physicians or practitioners responsible for the care of the patient.

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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 or to “keep open” line between infusions or when free-flowing during chemo or tx/pro/dx infusions

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

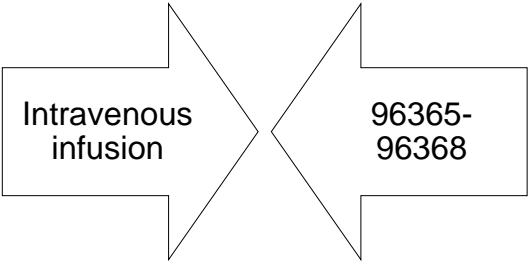
IV infusion of D5W/Infusion: start 13:25/end 14:45

➡ 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



Tx, Pro, and Dx Injections
& Infusions

➤Codes 96365-96368

- Intravenous infusion is defined as an infusion lasting more than 15 minutes through an IV access line, catheter, or preexisting vascular access device (VAD).
- The four CPT® codes listed above represent the administration of medications, drugs, or biologicals for diagnostic, prophylactic, or therapeutic purpose.

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Tx, Pro, and Dx Injections
& Infusions

- Due to the nature of the substance or drug infused, services associated with the drug administration codes carry a higher level of risk than hydration therapy, and a lower level of risk than chemotherapy administration. In the hospital setting, hydration is always coded as secondary to drug administration by intravenous infusion.

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Tx, Pro, and Dx Injections
& Infusions

- 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

- Assign code 96367 (sequential infusion) when a different substance is administered through the same access line after the initial or prior substance has completed infusing.
- Documentation of a sequential infusion should include a notation that the IV line was cleared or flushed between substances.

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Tx, Pro, and Dx Injections
& Infusions

- Each sequential administration of a different drug or substance lasting longer than 15 minutes should be separately charged.
- When the sequential administration exceeds 90 minutes, also report a charge for infusion of each drug must be documented, and the total time is calculated per drug in order to determine the billable units of service for 96366.

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Tx, Pro, and Dx Injections
& Infusions

- Concurrent infusion (96368) represents the simultaneous administration of a different substance or substances through the same access site as another drug.
- CPT code 96368 is reportable only once per encounter, regardless of the number of concurrently administered drugs.

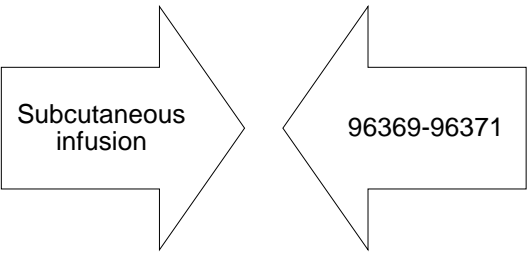
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Tx, Pro, and Dx Injections
& Infusions

- Note that the definition of this procedure makes no reference to time, but the infusion must exceed 15 minutes.
- Since the code description for 96368 does not reference a time increment, concurrent administrations that exceed 90 minutes are not reported with the additional hour code (96366).

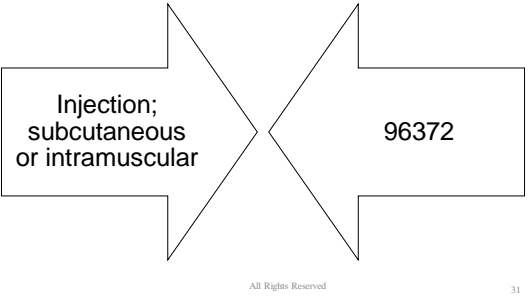
Tx, Pro, and Dx Injections
& Infusions



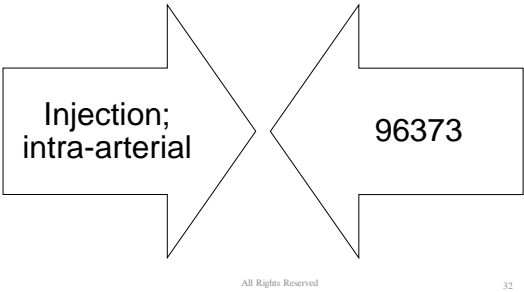
Tx, Pro, and Dx Injections
& Infusions

- 96369-96371
- Subcutaneous infusion of therapeutic or prophylactic substances: This method of administration is more commonly encountered in home infusion therapy services rather than in the outpatient hospital setting.
 - Indications for this mode of administration are based on the frequency of infusions, adjustments to dosage, and the fragility of available veins.

Tx, Pro, and Dx Injections
& Infusions



Tx, Pro, and Dx Injections
& Infusions



Tx, Pro, and Dx Injections
& Infusions

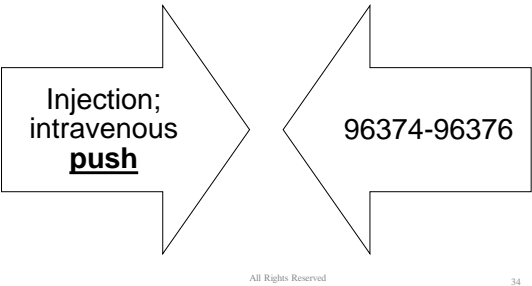
➤96372 - 96373

- An injection is generally a small volume of medication delivered in a single shot. The substance is given directly by subcutaneous (sub-Q or SQ), intra-muscular (IM), or intra-arterial (IA) routes, as opposed to an IV injection (IV push) that requires a commitment of time.

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Tx, Pro, and Dx Injections
& Infusions



Tx, Pro, and Dx Injections
& Infusions

➤ 96374 – 96376

- It is important to clearly understand the distinction between an intravenous injection (IV push) and sub-Q (SQ) or IM injections.
- An IV injection typically requires a commitment of time during which the healthcare professional administering the substance is continuously present at the patient’s bedside to administer and observe the patient.

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Tx, Pro, and Dx Injections
& Infusions

- Substances administered by IV push are typically in a syringe; require minimal dilution, if any; and are given over a short period of time.
- In addition, the AMA and CMS have defined a time criterion: An IV infusion of less than 16 minutes must be billed as an IV push, not as an intravenous infusion.

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Tx, Pro, and Dx Injections
& Infusions

- There is no limit to the number of IV pushes that may be billed during a single encounter. Bill each medically necessary IV injection of a different drug or substance.
- Before billing for a separate administration of the same drug, however, be sure to review time increments between IV injections.
- You may report code 96376 with either 96374 or 96375. Remember that to use this code, you must meet two criteria:

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Tx, Pro, and Dx Injections
& Infusions

- ✓At least 31 minutes must have passed since the last IV push of the same drug, and
- ✓The additional administration must be a separate preparation of the drug.

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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

- 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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- Hierarchy supercedes parenthetical instructions for add-on codes

- Hierarchy supercedes parenthetical instructions for add-on codes

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*Note: CPT codes 96366, 96368, and 96417 refer to IV infusions at the same access site as the "initial" infusion service.

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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

Infusion Time

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

Discarded Drugs and Biologicals
Modifier

➤ In 2010 CMS encouraged facilities to begin using the JW modifier to identify discarded drugs and biologicals wasted from a single-dose vial.

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Discarded Drugs and Biologicals
Modifier

➤ For example, a single use vial that is labeled to contain 100 units of a drug has 95 units administered to the patient and 5 units discarded. The 95 units is billed on one line, while the discarded 5 units may be billed on another line by using the JW modifier. Both line items would be processed for payment

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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

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/end15:25
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

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 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 7:55/end 8:55
All same site.

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Example 6 Answer

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

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Example 7 Coding Scenario

IV Infusion of D5W
Start: 04/01/13,11:00 PM
End: 04/02/13, 2:00 am

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Example 7 Answer

IV Infusion of D5W
Start: 04/01/13,11:00 PM
End: 04/02/13, 2:00 am
96360 X 1
96361 X 2

Example 8 Coding Scenario

IV Push of drug A 04/01/13, 11:00 -11:30 PM
IV Push of drug A 04/02/13, 2:00 - 2:30 AM

Example 8 Answer

96360 X 1 for DOS 04/01/13
96360 X 1 for DOS 04/02/13

Questions?



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Sources for Code Instructions

- 1. *CPT® 2012*
- 2. *CPT® Changes for 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.
- 4. *Coding Essentials for Hospital Infusion Services 2013: A guide for outpatient injection, non-chemotherapy and chemotherapy administration procedures.*

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