

Hydration Infusions: Charge Capture & Medical Necessity



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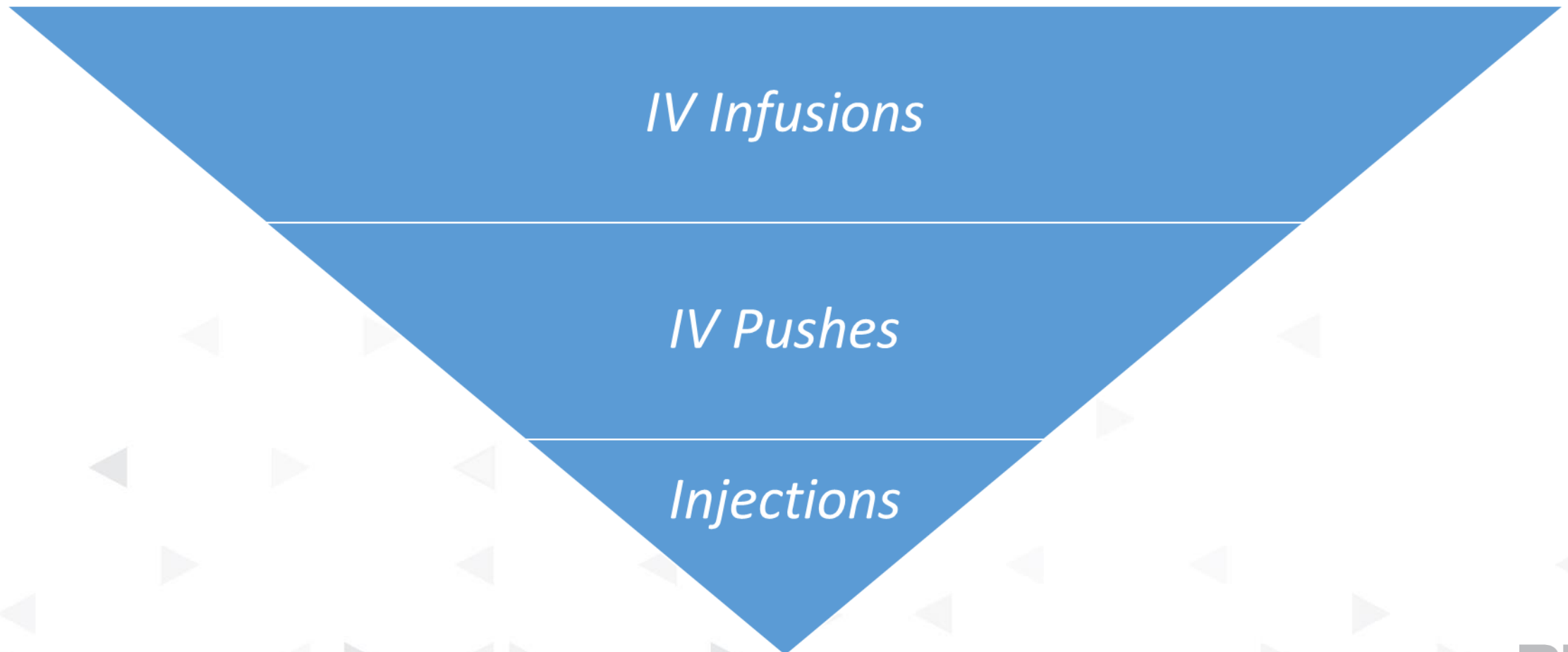
Agenda

- Background
- Definitions & The “*Hierarchy*”
- Rules and guidelines
- Scenarios
- Where to go for help

Background

- Why is hydration coding & billing important?
 - Appropriate reimbursement
 - Complicated coding rules
 - Monitoring by government entities
 - Recovery Auditors (RA)
 - Medicare Administrative Contractors (MAC)
 - Targeted Probe & Educate
 - Comprehensive Error Rate Testing

The Hierarchy – Route of Administration



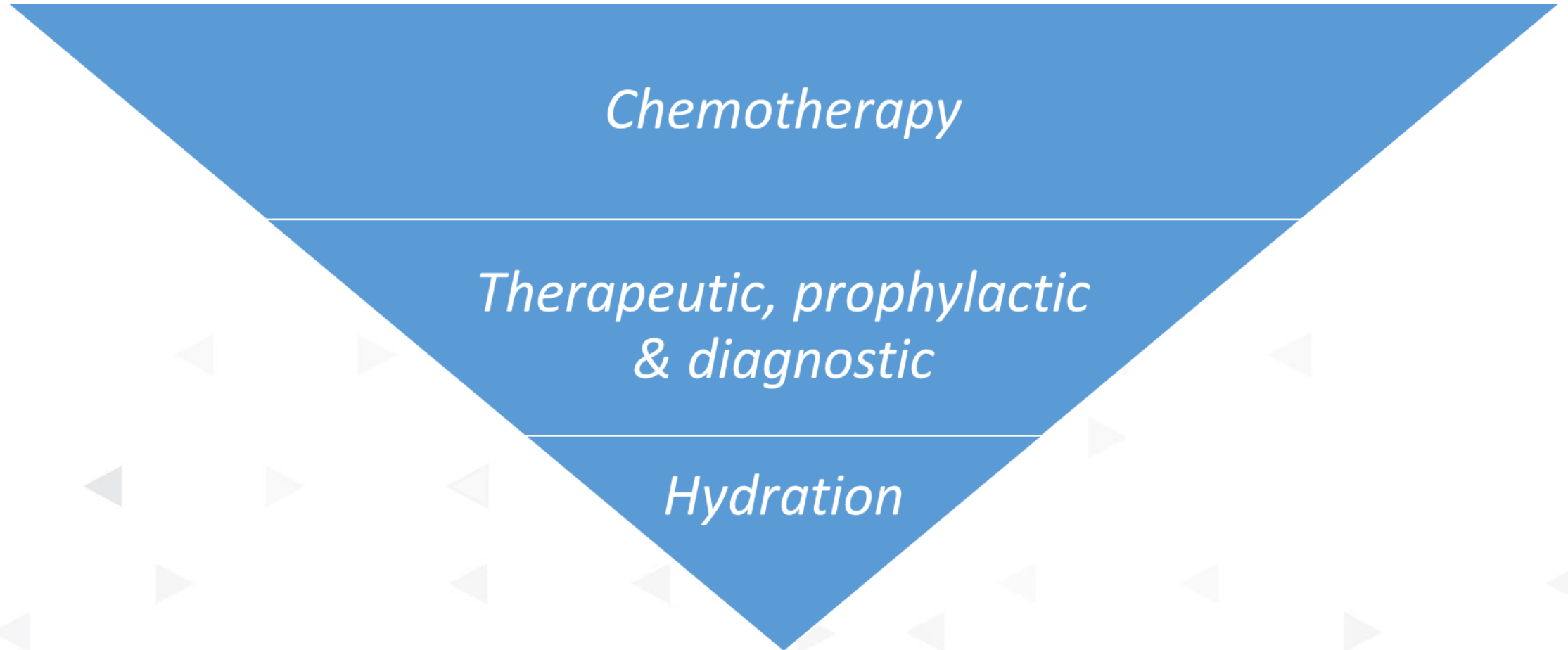
Definitions

- ***IV Infusion*** – Any substance infused through any type of line for more than 15 minutes
- ***IV Push*** – An infusion of 15 minutes or less – OR – an injection in which the clinician that administers the substance/drug is continuously present
- ***Injection*** – Intramuscular (IM) or subcutaneous (SQ)

Definitions for Facility Billing

- ***Initial*** – Refer to hierarchy for types of therapy
 - Only one initial service per encounter
- ***Sequential*** – Infusion or IVP of a *new* substance or drug following an initial service
 - Exception: IVP of same drug, see CPT 96376
- ***Concurrent*** – Infusion of a new substance or drug at the same time as another substance or drug
 - Once per day regardless of number of concurrent infusions
- ***Additional*** – Infusion of same drug or substance for more than one hour

The Hierarchy – Type of Therapy



Definitions

- ***Therapeutic, prophylactic or diagnostic*** – The administration of substances or drugs other than hydration
- ***Chemotherapy*** – CPTs 96401 – 96549 includes other highly complex drugs or highly complex biologic agents
- ***Incidental hydration*** – Fluid used to administer drug(s) and is not separately reportable

Definitions, Continued

- **Hydration** – The replacement of necessary fluids via an IV infusion which consists of pre-packaged fluids and electrolytes:
 - Saline solutions
 - D5W (dextrose 5% water)
 - Hypotonic solution
 - Ringer lactate
 - Distilled water

Reference: *Coding Clinic for HCPCS, 1st Qtr., 2012, page 1*

Rules & Guidelines

- Injection, infusion and hydration rules & guidelines issued by
 - CPT Manual by the AMA
 - Medicare
 - MAC



Rules & Guidelines, Continued

- General Infusion & Injection To Do's:
 - Medical record documentation should include:
 - Signed & dated physician order with drug name, dose and route of administration
 - Administration of drugs should include name of drug infused/injected
 - Dosage of infusion/injection
 - Route of administration
 - Start/stop time*

**See additional information on start/stop times*

Rules & Guidelines, Once More

ABC Hospital

Name: Mouse, Minnie

DOB: 11/18/1928

Date: 1/7/2019

Piperacillin/Tazobactam 3.375gm/100ml NS

Rate: 100ml/hour IV

Electronically signed: Jonathan A. Doe, MD, 1/7/2019 0843

- **Order Includes:**
 - Signed and dated order
 - Drug name
 - Dose
 - Route of administration

Rules & Guidelines, Further

Piperacil/Tazo 3.375GM IVPB NS100ml 100ml/Hour

Q12H

Date/Time Start		Nurse	Dose/Unit	Site	Comment/Reason	Date/Time Stop		Reaction
1/7/2019	10:00	HEB	3.375gm/100ml NS	LT IV - wrist	new bag	1/7/2019	11:02	N/A
1/7/2019	20:08	MJM	3.375gm/100ml NS	LT IV - wrist	new bag	1/7/2019	21:12	N/A
1/8/2019	10:15	HEB	3.375gm/100ml NS	LT IV - wrist	new bag	1/8/2019	11:16	N/A
1/8/2019	20:05	MJM	3.375gm/100ml NS	LT IV - wrist	new bag	1/8/2019	21:08	N/A
1/9/2019	10:28	JSG	3.375gm/100ml NS	LT IV - wrist	new bag	1/9/2019	11:32	N/A
1/9/2019	20:02	MJM	3.375gm/100ml NS	LT IV - wrist	new bag	1/9/2019	21:05	N/A

- **MAR includes:**
 - Drug name to be infused/injected
 - Dosage of infusion/injection
 - Route of administration
 - Start/stop times

Rules & Guidelines, Again

ABC Hospital

Name: Duck, Donald

DOB: 6/25/1934

Date: 11/9/2019

Methylprednisolone (Solu-Medrol)

Rate: 125mg/IVP Q6H

Electronically signed: Jane M. Doe, MD, 11/9/2019 21:45

- **Order includes:**
 - Signed and dated order
 - Drug name
 - Dose
 - Route of administration

Rules & Guidelines, Ongoing

Methylprednisolone [Solu-Medrol] Injection 125mg

Q6H

IV Push

Date/Time Start		Nurse	Dose/Unit	Site	Comment/Reason	Date/Time Stop	Reaction
11/9/2019	22:08	JSG	125mg	IVP	SOB	11/9/2019	N/A
11/9/2019	4:15	MJM	125mg	IVP	SOB	11/9/2019	N/A
11/9/2019	10:45	JSG	125mg	IVP	wheezing	11/10/2019	N/A
11/9/2019	14:54	MJM	125mg	IVP	SOB	11/10/2019	N/A

- **MAR includes:**
 - Drug name to be infused/injected
 - Dosage of infusion/injection
 - Route of administration
 - Start time

Rules & Guidelines, More

- Infusion & Injection Do NOT Do:
 - Do not bill injection/infusion when it is inherent to a procedure
 - IV Push for contrast during an MRI
 - IV Infusion during an OR procedure
 - Do not bill hydration when:
 - Fluids are to safely accommodate a therapeutic drug infusion
 - (IV piggyback)
 - Fluids are used to dilute and mix the drug
 - Fluids are used to “keep open” the IV line (KVO rate)

Rules & Guidelines, Final

- Addressing medical necessity for infusions, injections & hydration
 - Review Local Coverage Determination (LCD) information published by MAC
 - Clinical documentation support; query as necessary
 - Appropriate ICD-10 code application
 - *When do hydration fluids stop being hydration and are now KVO or line maintenance during encounter?*

Rules & Guidelines – Novitas L34960

Covered Indications

1. The clinical manifestations of dehydration or volume depletion are related to the volume and rate of fluid loss, the nature of the fluid that is lost, and the responsiveness of the vasculature to volume reduction. Rehydration with fluids containing sodium as the principal solute, preferentially expand the extracellular fluid volume; a 1-liter infusion of normal saline may expand blood volume by about 300 milliliters (mL). In general, an imbalance of less than 500 mL of volume is not likely to require intravenous rehydration.
 - Hydration therapy services require the direct supervision of the physician. Refer to CMS IOM Publication 100-02, *Medicare Benefit Policy Manual*, Chapter 15, Section 60.1 for additional information regarding direct supervision.
 - When performed in conjunction with chemotherapy, hydration therapy services are covered only when infusion is prolonged and done sequentially (done hour[s] before or after administration of chemotherapy), and when the volume status of a beneficiary is compromised or will be compromised by side effects of chemotherapy or an illness.

Limitations

1. Rehydration with the administration of an amount of fluid equal to or less than 500 mL is considered not reasonable and necessary.
2. Hydration therapy services are not to be used for intradermal, subcutaneous or intramuscular or routine IV drug injections.
3. Hanging of D5W or other fluid just prior to administration of chemotherapy (minutes) is not hydration therapy.
4. Hydration therapy services may not be used in addition to prolonged infusion services.
5. When the sole purpose of fluid administration (e.g., saline, D5W) is to maintain patency of the access device, the infusion is neither diagnostic nor therapeutic; therefore, these infusion services are not hydration therapy.
6. Administration of fluid in the course of transfusions to maintain line patency or between units of blood product is, likewise, not hydration therapy.
7. Administration of fluid to maintain line patency or flush lines between different agents given at the same chemotherapy session is not hydration therapy.
8. Infusion of saline, an antiemetic, or any other non-chemotherapy when these drugs are administered at the same time as chemotherapy (within minutes) is not hydration therapy.
9. Fluid used to administer drug(s) is incidental hydration and not hydration therapy.

This LCD imposes frequency limitations. For frequency limitations please refer to the Utilization Guidelines section below.

Novitas LCD Hydration Therapy (L34960)

<https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=34960>

Rules & Guidelines - Novitas L34960

Utilization Guidelines

In accordance with CMS Ruling 95-1(V), utilization of these services should be consistent with locally acceptable standards of practice.

IV infusion therapy will be paid once per session. Medicare would not expect to see infusion therapy billed more frequently than once per day.

Novitas LCD Hydration Therapy (L34960)

<https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=34960>

- Novitas is indicating they are monitoring for utilization
- Review Novitas Local Coverage Article: *Billing and Coding: Hydration Therapy (A56634)* for list of acceptable ICD-10 codes for medical necessity for hydration services and applicable CPT/HCPCS codes

Novitas LCA Billing and Coding: Hydration Therapy (A56634)

<https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=56634>

Rules & Guidelines - Novitas L34960

General Information

Associated Information

Please refer to the Local Coverage Article: Billing and Coding: Hydration Therapy, A56634, for all coding information.

Documentation Requirements

1. All documentation must be maintained in the patient's medical record and made available to the contractor upon request.
2. Every page of the record must be legible and include appropriate patient identification information (e.g., complete name, dates of service[s]). The record must include the physician or non-physician practitioner responsible for and providing the care of the patient.
3. Hospital, outpatient, nursing facility or office records should clearly document the reason(s) and medical necessity for hydration therapy. The volume of hydration therapy and the doses of non-chemotherapy drugs administered should be documented in the medical record.
4. Hydration therapy services are time-based services and must be documented with start and stop times. The physician performing the direct supervision of these services may not report for any other services to that patient, concurrent with the time represented by these services. However, the physician may provide other services to other patients during that time, as long as the physician remains available in the office/suite in accordance with the requirements for direct supervision. Refer to CMS IOM Publication 100-02, *Medicare Benefit Policy Manual*, Chapter 15, Section 60.1 for additional information.
5. If more than one "initial" service is performed on the same date of service (patient has to come back for a separately identifiable service on the same day or has two IV lines per protocol), the medical record must clearly describe the circumstances requiring an additional "initial" service.

Novitas LCD Hydration Therapy (L34960)

<https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=34960>

Scenario #1

- A 40-year-old female presents to the ED with nausea and vomiting for 15 hours. Patient is given an IV Infusion of D5W for four hours and two IV pushes of Phenergan. The patient is diagnosed with gastroenteritis and dehydration.
- How is this coded?

Scenario #1 Answers

A 40-year-old female presents to the ED with nausea and vomiting for 15 hours. Patient is given an IV Infusion of D5W for four hours and two IV pushes of Phenergan. The patient is diagnosed with gastroenteritis and dehydration.

Initial IV Push x 1: 96374 – *Therapeutic, prophylactic or diagnostic injection; intravenous push, single or initial substance/drug*

Additional IV Push x 1: 96376 - *Therapeutic, prophylactic or diagnostic injection; each additional sequential intravenous push of the same substance/drug provided in a facility*

Hydration x 4: 96361 – *Intravenous infusion, hydration; each additional hour*

Scenario #2

- A 52-year-old male presents to the ED with bilateral flank pain, nausea and vomiting. The patient has an IV started with Ringers Lactate, an IV push of Phenergan and Hydromorphone. The patient has a CT Scan with an IV push of contrast and is diagnosed with bilateral pyelonephritis. IV Rocephin is infused for 45 minutes at 10am and again at 10pm.
- How is this coded?

Scenario #2 Answers

IV Rocephin is infused for 45 minutes at 10am and again at 10pm.

Initial IV Infusion x 1: 96365 – *Intravenous infusion, for therapy, prophylaxis or diagnosis (specify substance or drug); initial, up to 1 hour*

Additional IV Infusion x 1: 96366 – *Intravenous infusion, for therapy, prophylaxis or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)*

Scenario #2 Answers

IV push of Phenergan and Hydromorphone. The patient has a CT Scan with an IV push of contrast

IV Push X 2*: 96375 – *Therapeutic, prophylactic or diagnostic injection (specify substance or drug); each additional sequential intravenous push or a new substance/drug (List separately in addition to code for primary procedure)*

**Nothing should be coded/billed for the IV push of contrast during the CT Scan*

Scenario #2 Answers

IV started with Ringers Lactate

IV Hydration 96361 should not be coded/billed!

The medical record documentation did not mention dehydration or volume loss and thus the documentation did not support the medical necessity of coding/billing the hydration services.

Where to go for help?

- Medicare Claims Processing Manual Chapter 4 Section 230
- CPT Manual – *Hydration, therapeutic, prophylactic, diagnostic injection and infusions, and chemotherapy and other highly complex drug or highly complex biologic agent administration*
- CPT Assistant & Coding Clinic
- Medicare Administrative Contractor (MAC) - *Novitas*
 - Start/stop times
 - Best practices by AMA is to document start/stop time (*not required*)
 - MAC guidance, Novitas explicitly requires start/stop times (see previous slides)
 - If no MAC guidance then adhere to CPT Manual, “use the actual time over which the infusion is administered to the beneficiary for time-specific drug administration codes.”

Questions?

Thank You!

Disclosure

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