

An Introduction to Facility Based Injection & Infusion Coding and Billing



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Agenda

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

Definitions

- ***IV Infusion*** – any substance infused through any type of line for greater than 15 minutes
- ***IV or IA 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) , subcutaneous (SQ) or intra-arterial injection (IA)

Definitions (con't.)

- **Initial** – primary reason for the encounter, *regardless* of the order of drugs given
 - 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
- **Additional** – infusion of same drug or substance for greater than one hour

Definitions (further)

- ***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 (final)

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

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

The Hierarchy – Type of Therapy

Chemotherapy

*Therapeutic, prophylactic
& diagnostic*

Hydration

The Hierarchy – Route of Administration

IV Infusions

IV Pushes

Injections

Rules & Guidelines

- 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 (con't)

- Infusion & Injection To Do's (cont.):
 - Bill with appropriate CPT/HCPCS code to represent drug or substance
 - Review CPT/HCPCS description to convert administered units appropriately to billing units
 - 100mg of drug A given
 - HCPCS is *per 50mg*
 - Units billed = 2

Rules & Guidelines (further)

- 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)

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 4 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 4 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 (con't)

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 additional to code for primary procedure)*

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

Scenario #2 Answers (further)

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)
 - Start/Stop Times
 - Best practices by AMA is to document start/stop time (*not required*)
 - MAC guidance
 - 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.”

Thank You!