Infusion Confusion:  
Learning to Code Complex Infusions

By Kelly Loya, CPhT, CPC-I, CRMA  
Associate Partner
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(303) 801-0111

Agenda

• How did we get here?  
  • Infusion / Injection coding and documentation history
• Changes - 2019 updates
• Injection/Infusion Administration Services: categories defined
• Route of Administration
• Documentation Required for Accurate Reporting
• When Modifiers are Needed
• Case Study Examples

April 2019
History, Changes including 2019 Updates

• 2005 – 2019:
  • Implementation of existing concept
  • Only minor rule updates and code changes
• Current Procedural Terminology® (CPT®) guidance provides instruction for reporting a “hierarchy” of infusion categories:
  • Facilities: report administration hierarchal based upon structural algorithm
  • Physicians: report the initial service best describing the primary encounter reason
• Medicare manual supports CPT® published administration, but additional bundling rules have been added
• Significant changes to guidance:
  • Elimination of 99211 w/administration
  • Addition of new SQ Infusion category
  • Bundling edit changes

Administration Hierarchy (Facility)

CPT Hierarchy Reporting:

In the facility the following instructions apply (Structural Algorithm):

• The initial code category is selected whereby:
  • Chemotherapy services are primary to therapeutic, prophylactic, and diagnostic services
  • Therapeutic, prophylactic, and diagnostic services are primary to hydration services
• The administration type hierarchy:
  • Infusions are primary to pushes
  • Pushes are primary to injections
• “This hierarchy is to be followed by facilities and supersedes parenthetical instructions for add-on codes that suggest an add-on of a higher hierarchical position may be reported in conjunction with a base code of a lower position.”
Physician Office “Non-Facility” CPT® Reporting Order

• The ‘initial’ code that best describes the *key or primary reason for the encounter* is reported irrespective of the order infusions or injections actually occur

• Often the reason for the encounter is to treat with the highest category, however this must be supported in the medical record documentation to allow the initial category reported

• Categories
  • Chemotherapy- infusion or IV push
  • Therapeutic- infusion or IV push
  • Hydration

Administration Categories & CPT® Codes

<table>
<thead>
<tr>
<th>Category</th>
<th>CPT® Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hydration</strong></td>
<td>96360 - 96361</td>
</tr>
<tr>
<td><strong>Therapeutic, Prophylactic, Diagnostic</strong></td>
<td>96365 – 96379</td>
</tr>
<tr>
<td><strong>Chemotherapy</strong></td>
<td>96401 - 96549</td>
</tr>
</tbody>
</table>
  • Anti-neoplastic agents
  • Biological response modifiers
  • Monoclonal antibodies
Hydration

HYDRATION CPT® Codes 96360-96361

• Includes pre-packaged fluids, with or without electrolytes
  • Example: D5W, normal saline, D5-1/2 normal saline + 30mEq KCl
• Hydration must infuse for at least 31 minutes to bill for hydration, otherwise it is not reportable
• Not be reported when hydration is running concurrently with drug infusions
• When ordered and medically necessary; such as
  • Volume depletion
  • Required pre-hydration for certain medications
• Infused solutions to maintain the IV line is considered incidental hydration and not separately reported.
Therapeutic, Prophylactic, Diagnostic (Therapeutic)

‘THERAPEUTIC’ CPT® Codes 96365 – 96379

• Used for non-chemo substances/drugs

• Administration types include:
  • Intravenous Infusion
  • Subcutaneous Infusion
  • Intravenous Push (IV Push)
  • Intra-arterial Injection
  • Subcutaneous (SQ)
  • Intramuscular (IM) Injection

• Does not include vaccine administration

Chemotherapy, Other Highly Complex Drugs & Biological Agents

‘CHEMO’ CPT® Codes 96401 - 96549

• Highly Complex Drug/Biologic Agents
  • Anti-neoplastic Chemotherapy (non-radionuclide and treatment of noncancerous diagnoses)
  • Biological Response Modifiers (“BRM”)
  • Monoclonal Antibodies (“MCA”)

• Medication classification and administration risk can also justify code use

• Categories are determined and can be insurance carrier specific

• “...requires physician (or other qualified healthcare professional) work and clinical
Infusion therapy of a highly complex nature requiring work and/or clinical staff monitoring well beyond
that of therapeutic drug agents because the instance of severe adverse patient reaction are typically
greater.”
  • More risk
  • More training
  • Closer observation or more monitoring

• Preparation (drug provision) of agents is included in the codes
Facility Administration Hierarchy

1st...Consider the TYPE
• Chemotherapy
  • Therapeutic
  • Hydration

2nd...Consider the ROUTE of administration
• Infusion
  • Push
  • Injection

Initial
• The order DOES NOT determine the “initial” CPT code
• The highest category and route in the hierarchy is chosen as the initial service

• ONLY 1 “initial” service allowed per encounter or IV site

Additional or Subsequent Drug
• Are “add-on” codes for each ‘infusate’ mix
• Are reported for additional infusions or injections beyond the “initial” code administration
Infusion Confusion

# of Initial codes per encounter or site?

How Many?

ONLY 1
**Code Assignment Concepts**

- **Intravenous / Arterial Infusion v. Push**
  - Push = “an injection in which the healthcare professional
  - who administers the substance/drug is continuously present to
    administer the injection and observe the patient
  - **OR**
  - an infusion of 15 minutes or less”

- **Each additional hour**
  - These codes are reported for infusion intervals greater than
    30 minutes **beyond 1 hour increments**

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**Concurrent Infusion (96368)**

- Only available in the therapeutic category
- Can use only **ONCE per encounter**
- **Know the ‘Ground Rules’ for concurrent infusion**
  - Concurrent infusion occurs when multiple infusions are provided simultaneously through the same venous access site, or when two distinct infusions are given in two separate lumens in a multi-lumen catheter IV site
  - Multiple substances mixed in one (1) bag are considered to be one (1) infusion and not reported as concurrent
    - **Each substance can be reported separately, however only one (1) administration is reported**
The following elements are essential to the correct reporting of the administration codes

- **Detailed Physician Order for infusions and injections including:**
  - Medical condition necessitating the medication ordered
  - Medical condition necessitating the need for hydration (if ordered)
  - Name of drug, dosage, length and route of administration
  - Frequency of administrations
  - Ordering physician’s (or qualified practitioner) name and credentials
  - Signature of ordering physician (or qualified practitioner) at the time of the order.

- **Medication Administration Record ("MAR") or Infusion Log**
- **Nursing documentation**
  - Route of administration
  - Medication Dosage prepared
  - Wasted amount from single dose vials (if applicable)
  - Volume of fluids used in the final preparation
  - Time documentation
    - Actual start and stop time of each infusion
    - Actual time each injection is given
Infusion Time Example

Normal saline started at 0800 TKO (“to keep open”)

- Ordered medication starts at 0810 infusing until 1120
- Normal saline runs until 1135 and the IV is disconnected

How much time can be reported?

Billable time = 0810 - 1120 (3 hours, 10 min)

*Not billable: 1000 - 1010 & 1320 - 1335 (25 minutes)*

Also note the normal saline was run “TKO”, not for therapeutic hydration purposes.

No hydration would be reported regardless of the time...
# Code Structure - Organized

<table>
<thead>
<tr>
<th>Code Structure</th>
<th>April 2019</th>
</tr>
</thead>
</table>

## Initial Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Hydration</th>
</tr>
</thead>
<tbody>
<tr>
<td>96413</td>
<td>IV Infusion up to 1 hour</td>
<td>96360 – IV Infusion 31 min to 1 hour</td>
</tr>
<tr>
<td>96401</td>
<td>IV Push</td>
<td>96372 – IV Push</td>
</tr>
</tbody>
</table>

## Add-On Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Hydration</th>
</tr>
</thead>
<tbody>
<tr>
<td>+96415</td>
<td>IV Infusion each additional hour** (Used with: 96413 or 96417)</td>
<td>+96361 – IV Infusion each additional hour (Used with: 96360, 96365, 96409, 96413)</td>
</tr>
<tr>
<td>96417</td>
<td>1st hour of additional Different drug (Can be used with: 96413)</td>
<td>96836 – IV Infusion of additional Sequential drug (Used with: 96360, 96365, 96409, 96413)</td>
</tr>
<tr>
<td>+96411</td>
<td>IV Push additional Different drug, EACH (Used with: 96409, 96413)</td>
<td>96375 – IV Push additional Different drug, EACH (Used with: 96360, 96365, 96409, 96413)</td>
</tr>
</tbody>
</table>

**Note:** Multiple drugs can be provided through add-on codes, but only one code can be used for each infusion. Additional infusions and push doses may be reported only once per encounter in facility settings.
## Code Structure - Organized

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Hydration</th>
<th>Therapeutic; Prophylactic; or Diagnostic</th>
</tr>
</thead>
<tbody>
<tr>
<td>96402</td>
<td>IM/SQ: Injection Hormonal anti-neoplastic</td>
<td>96372</td>
<td>96372 – IM/SQ: Injection</td>
</tr>
<tr>
<td>96401</td>
<td>IM/SQ: Injection Non-hormonal anti-neoplastic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>96416</td>
<td>Prolonged infusion: &gt;8 hours (requiring portable inf pump)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>96405</td>
<td>Intraleisonal ≤ 7 lesions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>96406</td>
<td>Intraleisonal &gt; 7 lesions</td>
<td>96373</td>
<td>96373 – Intra-arterial Push</td>
</tr>
<tr>
<td>96420</td>
<td>Intra-arterial Push</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Use these codes as needed per drug**

- Codes may require a (such as modifier -59 or -XS) when used in combination with additional therapy time.
- Verify CCI edit & appropriate modifier usage supported by documentation

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## Sample #1 – Single Injection

- **Patient presents for SQ injection of a therapeutic medication...**
  - What is the correct CPT code to assign?
Sample #2

- Patient presents to the emergency room dehydrated with severe nausea and vomiting.
- The physician orders IV hydration over two hours; and Compazine® IV push

Time:
- IVP @ 0930
- IV Infusion 0900-1145
  (2 hours, 45 minutes)

Start infusion of normal saline @ 0900 running at 250CC/H
- Compazine given @ 0930 IVP
- Infusion stopped @ 1145
- Patient feeling better and was discharged

Sample #3

- A 50- y/o male presents with severe abdominal pain and nausea x 4-days.
- An order is written by the treating physician for a 500ml saline bolus to treat for dehydration. (0200-0335)
- Also 50mg Phenergan and 1mg Dilaudid is given for nausea and pain (@ 0205)
- The Phenergan does not relieve nausea, so the physician orders for Zofran 8mg in 50ml IVPB and infused over 20-min (0300-0320)

What are the correct administration codes?
Sample #4 (WARNING... Trick Question)

- A 80- y/o male presents with a severe upper respiratory infection and nausea x 3-days.
- An order is written by the treating physician for cefazolin 1gm in D5w to treat the infection three times daily (TID) while in an observation hospital status.
- Nursing puts the patient on a schedule to be administered IV @ 2200, 0600 and 1400.
- The patient receives the three infusions with start/stops as follows:
  - 0200-0228
  - 1000-1026
  - 1800-1824

What are the correct administration codes?

Sample #5

- A 30 y/o female presents with rheumatoid arthritis and symptoms of nausea and vomiting.
- An IV is started in the RAC
- Normal Saline is attached and running w/o for 1 hour before her infusions begin due to volume depletion. The infusion continues at a reduced rate, but still therapeutic level throughout the course of her infusion treatment.
- Total infusion time was 0800 - 1200
- An IV push of Phenergan 25mg is given @ 0830.
- Infliximab (Remicaid®) is then infused 0900-1200.

What administrative codes are assigned to this encounter?
NOW APPLY ALL THAT YOU’VE LEARNED

Sample #6 (Wait, WHAAAT???)

- **Hydration (prophylactic)**
  - 0800-1030 (2 hours)

- **Therapeutic**
  - Diphenhydramine (IV) 1000-1018 (18 min)
  - Dexamethasone IM 1015 (IM)
  - Aloxi® IV (therapeutic) 1025-1045 (20 min)
  - Leucovorin 1100-1300 (concurrent)
  - Iron Dextran 1305-1341 (1h 36 min)

- **Chemotherapy**
  - Oxaliplatin 1100-1300 (2 hours)
  - Avastin 1345-1423 (38 min)
  - 5-FU 1430 (IVP)
  - 5-FU 1440 (portable pump)
Coding Infusions/Injections, Step-by-Step. **NO MORE CONFUSION!**

1. **Separate the medication categories**
2. **Determine and code the primary service “initial”** (and additional hours as appropriate)
3. **Code additional sequential infusions** (and additional hours as appropriate)
4. **Code IV Pushes**
5. **Consider overlapping “concurrent” time and code**
6. **Identify and code any SQ/IM injections given**
7. **Combine the same codes reported and submit with the correct quantity** (or on separate line items as required by the Carrier)
8. **Consider and code additional services not noted above** (such as prolonged infusions)

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Take it Step-by-Step

<table>
<thead>
<tr>
<th>Medication</th>
<th>Route</th>
<th>Type</th>
<th>Total Time</th>
<th>CPT Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hydration</td>
<td>IV Infusion</td>
<td>Hydration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diphenhydramine</td>
<td>IV Infusion</td>
<td>Therapeutic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dexamethasone</td>
<td>IV Infusion</td>
<td>Therapeutic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aloxi</td>
<td>IV Infusion</td>
<td>Therapeutic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leucovorin</td>
<td>IV Infusion</td>
<td>Therapeutic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Iron Dextran</td>
<td>IV Infusion</td>
<td>Therapeutic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oxaliplatin</td>
<td>IV Infusion</td>
<td>Chemotherapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Avastin</td>
<td>IV Infusion</td>
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<td></td>
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<td>5-FU</td>
<td>IV Infusion</td>
<td>Chemotherapy</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Creating a grid of the injections helps organize the infusions, injections, medications and time.
- Second determine the correct codes & quantities based on the times documented.
- Be mindful of overlapping service times.
Step by Step – Some Reminders

- **Code for the drug administered**
  - HCPCS Codes

- **Report wasted amounts for Single Dose Vials (SDV) per Carrier policy**
  - With Modifier -JW

- **Report drugs without a charge if no cost to the provider**
  - $0.00

Bundled Services

When facilitating the infusion / injection these services are part of the administration code:

- Use of local anesthesia
- IV start
- Access to indwelling IV, SQ catheter or port
- Port flush at conclusion of infusion
- Standard tubing, syringes and supplies
- Preparation of chemotherapy agent
Source Information

- CPT Assistant
- CMS Claims Processing Manual (100-04)
  - Chapter 4, Section 230
  - Chapter 12, Section 30
  - Chapter 17

Contact Information

THANK YOU!

KELLY LOYA, CPhT, CPC-I, CRMA
ASSOCIATE PARTNER
Pinnacle Enterprise Risk Consulting Services, LLC

KLOya@AskPHC.com
(704) 287-4545