

Infusion Confusion:
Learning to Code Complex Infusions

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

Agenda

April 2019

- **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**

History, Changes including 2019 Updates

April 2019

- **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

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Administration Hierarchy (Facility)

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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.”

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Administration Hierarchy (Physician)

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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

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Administration Categories & CPT® Codes

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Category	CPT® Codes
Hydration	96360 - 96361
Therapeutic, Prophylactic, Diagnostic	96365 – 96379
Chemotherapy <ul style="list-style-type: none"> • Anti-neoplastic agents • Biological response modifiers • Monoclonal antibodies 	96401 - 96549

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Hydration

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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.**

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Therapeutic, Prophylactic, Diagnostic (Therapeutic)

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'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**

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Chemotherapy, Other Highly Complex Drugs & Biological Agents

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'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**

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Facility Administration Hierarchy

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1st...Consider the TYPE

- **Chemotherapy**
 - Therapeutic
 - Hydration

2nd...Consider the ROUTE of administration

- **Infusion**
 - Push
 - Injection

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Facility Administration Hierarchy

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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



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of Initial codes per encounter or site?



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ONLY



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Code Assignment Concepts

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- **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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Code Assignment Concepts

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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***

CPT Assistant, June 2007

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Documentation Requirements

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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 rout 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.

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Documentation Requirements

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The following elements are essential to the correct reporting of the administration codes

- **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**

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Infusion Time Example

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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?

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Infusion Time Example

April 2019

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...

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CODE STRUCTURE ORGANIZED

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	Chemotherapy: including... Monoclonal Antibody Agents & Biological Response Modifiers	Therapeutic; Prophylactic; or Diagnostic	Hydration
INITIAL CODES	<u>96413</u> – IV Infusion up to 1 hour INITIAL	<u>96365</u> – IV Infusion up to 1 hour INITIAL	<u>96360</u> – IV Infusion 31 min to 1 hour INITIAL
	<u>96409</u> – IV Push INITIAL	<u>96374</u> – IV Push INITIAL	
ADD-ON CODES	+96415 – IV Infusion <u>each additional hour**</u> (Used with: 96413 or 96417)	+96366 – IV Infusion <u>each additional hour**</u> (Used with: 96365 or 96367)	+96361 – IV Infusion <u>each additional hour</u> (Used with: 96360, 96365, 96374, 96409, 96413)
	<u>96417</u> – IV Infusion 1 st hour of additional Different drug (Can be used with: 96413)	<u>96367</u> – IV Infusion 1 st hour of additional Sequential drug (Used with: 96365, 96374, 06409, 96413)	
		<u>96368</u> – IV Infusion additional separate admixture <u>Concurrent</u> Therapeutic drug Only ONCE per encounter (Used with: 96365, 96366, 06413, 96415)	
	<u>96411</u> – IV Push additional Different drug, EACH (Used with: 96409, 96413)	<u>96375</u> – IV Push additional Different drug, EACH (Used with: 96365, 96374, 06409, 96413)	
		Facility Use Only: +96376 – IV Push additional Sequential SAME drug provided in a facility setting	

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Code Structure - Organized

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Chemotherapy: including... Monoclonal Antibody Agents & Biological Response Modifiers	Therapeutic; Prophylactic; or Diagnostic	Hydration
<u>96402</u> – IM/SQ: Injection Hormonal anti-neoplastic	<u>96372</u> – IM/SQ: Injection	
<u>96401</u> – IM/SQ: Injection Non-hormonal anti-neoplastic		
<u>96416</u> – Prolonged infusion: >8 hours (requiring portable inf pump)		
Refilling and maintenance of, for drug delivery, systemic (eg, IV, IA) 96521 – portable pump 96522 – implantable pump/reservoir (refill for brain or spine delivery see 95990/95991)		
<u>96405</u> – Intralesional ≤ 7 lesions	<u>96373</u> – Intra-arterial Push	
<u>96406</u> – Intralesional > 7 lesions		
<u>96420</u> – Intra-arterial Push		

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

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

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Sample #2

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

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

Time:

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

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Sample #3

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- 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?

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Sample #4 (WARNING... Trick Question)

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- 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?

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Sample #5

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- 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 (Remicoid®) is then infused 0900-1200.

What administrative codes are assigned to this encounter?

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NOW APPLY ALL THAT YOU'VE LEARNED

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Sample #6 (Wait, WHAAAT???)

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- **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)

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Coding Infusions/Injections, Step-by-Step. **NO MORE CONFUSION!**

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1. **Separate the medication categories**
2. **Determine and code the primary service “initial” (& additional hours as appropriate)**
3. **Code additional sequential infusions (& 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

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Medication	Route	Type	Total Time	CPT Code
Hydration	IV Infusion	Hydration		
Diphenhydramine	IV Infusion	Therapeutic	<ul style="list-style-type: none"> • 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. 	
Dexamethasone		Therapeutic		
Aloxi	IV Infusion	Therapeutic		
Leucovorin	IV Infusion	Therapeutic		
Iron Dextran	IV Infusion	Therapeutic		
Oxaliplatin	IV Infusion	Chemotherapy		
Avastin	IV Infusion	Chemotherapy		
5-FU	IV Infusion	Chemotherapy		
5-FU	IV Infusion	Chemotherapy		

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Step by Step – Some Reminders

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- **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

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Bundled Services

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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

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Source Information

April 2019

- **AMA Current Procedural Terminology® (CPT®) 2019**
- **CPT Assistant**
 - 10/2016, 5/2014, 1/2014, 1/2015, 10/2013, 1/2012, 12/2011, 10/2011, 5/2011, 1/2011, 5/2010, 2/2009, 5/2007, 6/2007, 9/2007 and more
- **CMS Claims Processing Manual (100-04)**
 - Chapter 4, Section 230
 - Chapter 12, Section 30
 - Chapter 17

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Contact Information

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Contact Information

THANK YOU!

	<p>KELLY LOYA, CPhT, CPC-I, CRMA ASSOCIATE PARTNER Pinnacle Enterprise Risk Consulting Services, LLC</p> <hr/> <p>KLoya@AskPHC.com (704) 287-4545</p>
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