# **Injections and Infusions Coding Handbook**



**Hospital Outpatient Edition** 

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#### just Jcoding

# Injections and Infusions Coding Handbook



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## About the Reviewer ====

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# Introduction $\equiv$

xperienced and novice outpatient facility coding professionals alike struggle with coding drug administration services. Even though the American Medical Association hasn't made major changes to the CPT codes and guidelines for these services since 2009, coding professionals often question whether they are reporting these services correctly.

*JustCoding's Injections and Infusions Coding Handbook* will help reduce the worry by clearly and concisely reviewing common drug administration terms and concepts, including the drug administration hierarchy. This easy-to-use handbook also covers concurrent and subsequent infusions, hydration, and proper use of modifier -59 (distinct procedural service). In addition, the handbook includes a chapter on documentation requirements for both physicians and nurses.

The handbook then lets coding professionals put their knowledge to the test with 15 drug administration case studies. The case studies range from simple to complex and cover a wide range of topics addressed in the earlier chapters of the handbook. The answers and explanations appear in the following chapter.

The handbook closes with some frequently asked questions about drug administration reporting. Coding professionals can refer back to the concepts and case studies to refresh their knowledge or help them solve a confusing case.

## Drug Administration Basics

oding for drug administration services can be confusing for both veteran and new coding professionals because the drug administration guidelines are very different from how CPT® requires coding professionals to report most other services. Additionally, some of the drug administration information in the *CPT Manual* is only intended for facility reporting, and some of the guidance from CPT is not applicable at all for facility coding, as CMS has provided different guidance.

In addition, coding professionals often receive conflicting information and in some cases, lack clear guidance altogether.

Coding professionals must be savvy and put information from CPT, CMS, and their Medicare Administrative Contractor (MAC) together to arrive at a complete picture for how to report drug administration services. Most of the confusion surrounding drug administration services centers around reporting intravenous (IV) injection and infusion services. Therefore, this book is focused on the nuances related to reporting those services completely and accurately.

Physician and nursing documentation may also create problems with being able to report drug administration services, especially for

time-based services such as chemotherapy, therapeutic infusions, and hydration. IV drug administration services provided in the outpatient setting are delivered using two routes of administration:

- Infusion: involves the administration of IV fluids and/or drugs over a period of time for diagnostic or therapeutic purposes.
- Injection: delivers a dosage in one 'shot,' either very quickly
  or in some cases over a period of time where the healthcare
  provider is continuously present to administer the injection
  either subcutaneously, intramuscularly, intra-arterially, or
  intravenously.

The types of drugs and medication are divided into three main categories:

- Chemotherapy: the use of medicine or drugs to treat cancer delivered by various routes of administration. The *CPT Manual* also includes other highly complex drugs and highly complex biological agents in this category.
- Nonchemotherapy: includes therapeutic, prophylactic, and diagnostic medicines and drugs delivered by a variety of routes.
- Hydration: solution may include a combination of sugar and carbohydrates (for energy), electrolytes, and trace elements delivered by infusion (hanging a bag with fluids).

Medication that is given for an immediate effect (typically within 3-5 minutes) is an injection. Medication or solution that is provided through saline or other solutions given over a period of time is an infusion.

The rules and guidelines for coding drug administration services differ slightly between physician and facility. In this handbook, we will look specifically at the coding for IV infusion and injection drug administration services subject to the CPT coding hierarchy provided in hospital outpatient departments or facilities.

The hierarchy sets out how coding professionals should report multiple injections and infusions provided on the same day or during the same encounter.

# CPT Coding for Drug Administration

The CPT Manual divides drug administration services into three different categories:

- Hydration (CPT codes 96360–96361)
- Therapeutic, prophylactic, and diagnostic injections and infusions (96365–96379)
- Chemotherapy and other highly complex drug or highly complex biologic agent administration (96401–96549)

Each section of codes includes some that have the word "initial" as part of the code description, while others do not. Coding professionals will find add-on codes that may be used in conjunction with what is usually thought of as the parent code, usually the code that comes right before the add-on code in the *CPT Manual*. In the case of drug administration codes, these add-on codes may be used alongside other codes that are not necessarily the parent code.

What is critical to note is that the IV injection and infusion drug administration CPT codes are subject to a coding hierarchy that is applicable to the facility setting and not the physician-office setting.

According to the facility CPT coding hierarchy, chemotherapy services are primary to therapeutic, prophylactic, and diagnostic services, which are primary to hydration services. Infusions are primary to pushes, which are primary to injections.

Note that IV push injections are subject to the hierarchy. Subcutaneous (SQ) and intramuscular (IM) injections are not, as they do not contain the word "initial" in their descriptors nor are they IV services, which is what the facility coding hierarchy focuses on.

#### IV Infusion and Injection Facility Coding Drug Administration Hierarchy

Remember, the hierarchy applies to all IV injection and infusion services. Chemotherapy services are primary and should be selected as initial when provided in conjunction with therapeutic, prophylactic, or diagnostic services.

This hierarchy also supersedes parenthetical instructions for add-on codes that in some cases may suggest an add-on of a higher hierarchical position to be reported in conjunction with a base code of a lower position, according to the CPT Manual.

In other cases, information may be missing from the parenthetical instructions. Use parenthetical notes in conjunction with the hierarchy, but allow the hierarchy to take precedence as that will lead to correct coding each time. If you have questions, check with CPT, submit a question to the American Hospital Association, and reach out to your MAC.

One code in each of the drug administration categories below, as directed by the CPT Manual, has been designated as the "initial" service:

- Chemotherapy and other highly complex drug or highly complex biologic agent administration
  - Infusion (initial)
  - IV push (initial)
  - IM/SQ (no mention of initial)
  - Others (many other codes exist in the section, but there is no use of the word "initial" since they are not IV services)
- Therapeutic/prophylactic/diagnostic injection and infusion
  - Infusion (initial)
  - IV push (initial)
  - IM/SQ (no mention of initial)
- Hydration (initial)

Services can be provided concurrently or sequentially.

A concurrent service CPT code exists for an infusion service. Report this code when a new substance or drug is infused at the same time as another substance or drug. Concurrent infusions (CPT add-on code 96368) are only reported once per day regardless of whether the concurrent infusion lasts for multiple hours or whether additional drugs or substances are administered concurrently.

Sequential services can be thought of as services that occur before or after another. They can be infusions or injections. Coding professionals need to know whether the same substance or drug is being administered because CPT includes different codes for reporting an

infusion or injection of the same substance or drug versus a new substance or drug.

Coding professionals also need to remember that the order of the service delivery does not determine what's initial. Even if a patient receives hydration first, followed by a therapeutic infusion, and then finally chemotherapy, the chemotherapy would be reported as the initial service according to the hierarchy.

Typically, coding professionals will report only one initial service per visit, unless the patient has more than one access site. So if a patient receives hydration with IV pushes, with therapeutic infusions, or with chemotherapy, coding professionals can report hydration, but not as an initial service unless a separate IV line was started for it.

#### **Subsequent and Sequential Infusions**

The codes for subsequent and sequential infusions are add-on codes. Think of these infusions as ones occurring one after another or an infusion that comes before or after an initial service.

Sequential infusions denote the administration of either a new drug or substance or the same drug or substance; knowing this is critical in selecting the correct code. Coding professionals can report these codes once per encounter for the same drug or infusate. If multiple different drugs or infusates are administered, then coding professional can report multiple sequential infusion codes.

Coding professionals can report 96366 (intravenous infusion, therapy, prophylaxis, or diagnosis; each additional hour) for additional hours of an initial infusion or additional hours of an infusion of a different substance or drug. This is an important concept because a single code is used to report two different things—additional hours as well as additional infusions.

If the same drug is infused multiple times, CPT code 96366 must be used to report these infusions. This is not intuitive, since coding professionals usually think of this code as being used to report additional hours, yet 96366 is also used to report additional infusions of the same drug. In summary, use CPT 96366 to report each of the following:

- Additional hours of the initial service infusion
- Additional hours of a sequential infusion, which means additional hours of an infusion of a new drug
- Additional infusions of the same substance or drug

For a sequential infusion of a new nonchemotherapy drug or infusate, report 96367 (intravenous infusion, therapy, prophylaxis, or diagnosis; additional sequential infusion, [list separately in addition to code for primary procedure] up to one hour), and for a chemotherapy sequential infusion, use 96417.

Coding professionals can report codes that include subsequent/ sequential in their descriptions even if those codes are the first service in a group of services (e.g., an IV push given in addition to an initial one-hour infusion must be reported with the subsequent IV push code even though there is no initial IV push code).

It is not intuitive to report a subsequent service add-on code from one drug administration section of the CPT Manual, such as in the example given about with an IV push and a therapeutic infusion or in the case with hydration and other IV drug administration services. It is necessary in order to be compliant with the CPT coding hierarchy that facilities must follow. When a patient receives a chemotherapy infusion and prehydration, coding professionals should report hydration code 96361, essentially a subsequent service add-on code, even though they do not report what may be considered the parent code, 96360. In this case, the parent code is actually the

chemotherapy infusion CPT code 96413. This may seem counterintuitive because it comes from the chemotherapy section of CPT rather than the hydration section.

This is often not intuitive to those new to reporting facility drug administration services because it does not follow traditional CPT coding convention of add-on codes, but it is necessary to be compliant with the CPT coding hierarchy rules.

For example, facilities may report a sequential IV push of the same drug using CPT code 96376. This code is used to report multiple IV pushes of the same substance or drug, only if 30 minutes elapse between the reported pushes. This code is also used to report an infusion and an injection of the same substance or drug.

In other words, if a nonchemotherapy drug is infused and then the same drug is given by IV push, facilities would report 96376 for the injection and 96365 for the infusion. Note that 96376 is only for facility reporting of each additional sequential push of the same substance or drug.

Coding professionals should hone in on the phrase 'new substance or drug.' Various codes are available for reporting sequential infusion and injection services. Coding professionals will determine which code to use based on whether the drug is the same or different.

For example, multiple infusions of the same substance or drug are reported with add-on code 96366, which may not be intuitive since this code is typically used to report additional hours of an infusion but can also be used to report additional infusions of the same substance or drug.

If the provider is not infusing a new substance, coding professionals should not report the sequential infusion code, but instead should follow the CPT instruction that points to using the additional hours code to report additional infusions of the same substance or drug if the time requirements are met.

#### Concurrent Infusions

Unlike subsequent infusions that can run before or after an initial infusion, concurrent infusions run at the same time as another infusion. The CPT code for a concurrent infusion is also an add-on code and should be reported when multiple infusions are running simultaneously through the same line. CPT includes only one concurrent code, and it is for nonchemotherapy infusion. If a patient receives concurrent chemotherapy infusions, coding professionals should report unlisted chemotherapy administration code 96549.

Substances mixed together in one bag are considered one infusion not concurrent. In addition, there is no concurrent infusion code for hydration. In fact, if hydration is provided at the same time as another infusion, it cannot be reported separately with a CPT code. In other words, there is no separate payment available for hydration running concurrently to another infusion.

Coding professionals can assign the concurrent code when a patient receives chemotherapy and a therapeutic infusion simultaneously into the same line. They can also report it when the patient receives two different nonchemotherapy drugs at the same time through the same line.

Reporting the concurrent infusion code has raised many questions, including whether the infusions have to run for exactly the same time or whether a certain amount of overlap qualifies in reporting the concurrent infusion code.

The CPT Manual doesn't provide guidance on this, but CPT Assistant archives (4th Quarter 1990-present) 2009 Coding Update: Infusion

/ *Injection Services* (February 2009, Volume 19, Issue 2, pages 17–21), provides some insight.

The answer there indicates that if the majority of one of the infusions is sequential in nature, not running at the same time as the other infusion, then reporting the sequential infusion service code would be more appropriate.

This essentially indicates that either the concurrent or the sequential code can be reported but that the sequential code may be more appropriate if the majority of the time is not concurrent.

Coding professionals should recall that when the concurrent code is reported, it is reported with a unit of one, signifying that the service being reported is concurrent in nature. Remember that additional hours of a concurrent infusion cannot be reported.

#### Infusion and IV Push of Same Substance

When a patient receives a therapeutic infusion of a drug for one hour, coding professionals know to report CPT code 96365 (intravenous infusion, for therapy, prophylaxis, or diagnosis [specify substance or drug]; initial, up to 1 hour).

That same patient receives an IV push of the same drug. Coding professionals know they should report an IV push code; however, they don't always know which one is appropriate.

Many coding professionals are confused about whether to report CPT code 96375 (therapeutic, prophylactic, or diagnostic injection [specify substance or drug]; each additional sequential intravenous push of a new substance/drug) or 96376 (therapeutic, prophylactic or diagnostic injection [specify substance or drug]; each additional sequential intravenous push of the same substance/drug in a facility).

CPT instructs that 96376 should be reported for the push even though an initial push code is not present. The key to understanding the guideline is to remember that it's the same drug—first as an IV infusion and then as an IV push.

Coding professionals may also be confused by CPT's clarification involving multiple infusions.

#### According to CPT guidelines:

When reporting multiple infusions of the same drug/substance on the same date of service, the initial code should be selected. The second and subsequent infusion(s) should be reported based on the individual time(s) of each additional infusion(s) of the same drug/substance using the appropriate add-on code.

Coding professionals should focus on the terms "multiple infusions," "same drug or substance," and "based on the individual time(s)." Coding professionals know to report the sequential infusion code (i.e., 96367 or 96417) when reporting an additional or subsequent infusion of a different substance or drug, but when it's the same drug, confusion often occurs and questions arise about adding together the times.

In cases where the same drug is being infused multiple times, coding professionals must examine the time of each individual infusion as stated in CPT and report them using the additional hours infusion code. Because each individual infusion must be looked at in terms of time, the time requirements for reporting infusions should be utilized (i.e., was the infusion 15 minutes or less or more than 15 minutes).

Remember, add-on codes for drug administration services don't necessarily follow the standard way that coding professionals normally think about using add-on codes, which usually involves the main or

parent code before using the add-on code. That is not the case for drug administration services.

The *CPT Manual* illustrates how the guideline is applied: In the outpatient observation setting, a patient receives hourlong IV infusions of the same antibiotic every eight hours on the same date of service through the same IV access. Coding professionals should report CPT code 96365 for the first one-hour dose administered and add-on code 96366 twice (i.e., once for the second hourlong infusion and once for the third hourlong infusion of the same drug).

It might look to coding professionals like CPT is adding up the times of the three infusions of the same substance or drug, but that is not what is happening. CPT guidelines state, 'the second and subsequent infusion should be reported based on the individual times of each infusion.'

If the patient receives the same drug infused multiple times, each infusion must be reported according to its own time. Moreover, if one of the infusions is longer and meets the time requirement of reporting an additional hour, then it would be reported with 96366, and the additional time would also be reported using the same 96366 add-on code.

Again, this may not seem intuitive, but for now it's the only code available to report both additional hours of an infusion as well as multiple infusions of the same substance or drug.

Coding professionals need to remember to report additional infusions of that same substance or drug using the additional hours code, not the sequential infusion code, as that is for a different substance or drug. They also need to remember that the add-on code has multiple uses.

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## Injections and Infusions Coding Handbook

#### **Hospital Outpatient Edition**

Drug administration is one of the most common services provided in the outpatient setting, and while the rules and codes have not changed significantly since 2009, coders still have questions about how to apply the  $CPT^{\circ}$  guidelines and follow CMS' guidance.

This handbook begins with a review of drug administration concepts, including definitions of common terms. It then walks through the hierarchy that outpatient facility coders use to select the initial drug administration service. The handbook also explains how to properly determine when to report concurrent, subsequent, and additional hours of substances and when to report hydration.

Included are 15 case examples of varying complexity for coders to test their understanding of drug administration principles. The correct coding for each example is provided, along with explanations highlighting key code assignment concepts. The handbook concludes with some frequently asked questions about drug administration.



