INFUSION CONFUSION

LEARNING TO CODE COMPLEX INFUSIONS

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Agenda

- Infusion / Injection History
- Changes → 2016 Updates
- Administration Services: Categories Defined
- Route of Administration
- Necessary Documentation for Accurate Reporting
- Modifiers
- Case Examples

History, Changes & 2016 Updates

- 2010-2016: Minor changes since implementation in 2005
- Minor administration rule updates or code changes
- CPT guidance provides instruction for reporting the "hierarchy" of infusion categories by provider type:
  - 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 and bundling rules

Administration Hierarchy (Facility)

- "When these codes are reported by the facility, the following instructions apply.

- The initial code should be selected using a hierarchy whereby 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.

- 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."

Administration Hierarchy (Physician)

- "When these codes are reported by the physician or other qualified healthcare professional,

- The "initial" code that best describes the key or primary reason for the encounter should always be reported irrespective of the order in which the infusions or injections occur."

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

Administration Categories & CPT® Codes

Category	CPT Codes
Hydration	**96360-96361**
Therapeutic, Prophylactic, Diagnostic	**96365-96379**
Chemotherapy • **Anti-Neoplastic Agents** • **Biological Response Modifiers** • **Monoclonal Antibodies**	**96401-96549**

Hydration

CPT® Codes 96360-96361

- ☆ Includes pre-packaged fluid and electrolytes
    - ☆ D5W, normal saline, D5-1/2 normal saline + 30mEq KCl
- ☆ Hydration must run at least 31 minutes in order to bill, otherwise it is not reported
- ☆ 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)

CPT® Codes 96365 – 96379

- ☆ Used with non-chemo substances/drugs;
- ☆ Administration types include:
  - ☆ Intravenous Infusion
  - ☆ Subcutaneous Infusion
  - ☆ Intravenous Push (IV Push)
  - ☆ Intra-arterial Injection
  - ☆ Subcutaneous (SQ)
  - ☆ Intramuscular (IM) Injection

Chemotherapy
& Other Highly Complex; Drug or Biological Agent

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 justify code use
- ★ Categories are Insurance Carrier specific
- ★ Infusion therapy of a highly complex nature requiring work far beyond what is required for therapeutic drug agents
- ★ Preparation (drug provision) of agents is included in the administration codes

Facility Administration Hierarchy

1st Consider the TYPE

- Chemotherapy
  - Therapeutic/Prophylactic
    - Hydration

2nd Consider the Route of Administration

- Infusion
  - Push
    - Injection

Code Assignment Concepts

- ☆ 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

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**

Code Assignment Concepts

- ➢ 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 bag are considered to be one infusion and not reported as a concurrent infusion.
      - ➢ Each substance can be reported separately, but only one administration is reported.
        - ▢ 21

CPT Assistant; June 2007

Documentation Requirements

<u>The following elements are essential to the correct reporting of the administration codes</u>

- Detailed Physician Order for infusions & 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 (or qualified practitioner) name and credentials
  - Signature of ordering physician (or qualified practitioner) at the time of order.

Documentation Requirements

<u>The following elements are essential to the correct reporting of the administration codes</u>

- 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 08:00 TKO ("to keep open")

➢ Ordered medication starts at 08:10 infusing until 11:20

➢ Normal saline runs until 11:35 and the IV is disconnected.

How much time can be reported?

CODE STRUCTURE

ORGANIZED

	Chemotherapy: including... Monoclonal Antibody Agents; & Biological Response Modifiers	Therapeutic; Prophylactic; or Diagnostic	Hydration
INITIAL CODES	96413 - IV infusion up to 1 hour **INITIAL**	96365 - IV infusion up to 1 hour **INITIAL**	96360 - IV infusion 31 min to 1 hour **INITIAL**
	96409 - IV Push **INITIAL**	96374 - IV Push **INITIAL**	
Add-on Codes	+96415 - IV infusion each additional hour ** [Used with: 96413 or 96417]	+96366 - IV infusion each additional hour ** [Used with: 96365 or 96367]	+96361 IV infusion Each Additional Hour [Used with: 96360, 96365, 96374, 96409, 96413]
	96417 - IV infusion: 1st hour of an additional Different drug [Can be used with: 96413]	96367 - IV infusion: 1st hour of Additional Sequential drug [Used with: 96365, 96374, 96409, 96413]	
		96368 - IV infusion Additional Separate Admixture Concurrent Therapeutic drug Only ONCE per encounter [Used with: 96365, 96366, 96413, 96415,	
	96411 - IV Push: Additional *different drug* , EACH [Used with: 96409, 96413]	96375 - IV Push: Additional *Different Drug,* EACH [Used with: 96365, 96374, 96409, 96413]	
		FACILITY USE ONLY: + 96376 - IV PUSH: Additional Sequential SAME Drug *provided in a facility setting*	

Chemotherapy: including... Monoclonal Antibody Agents; & Biological Response Modifiers	Therapeutic; Prophylactic; or Diagnostic	Hydration
96402- **IM/SQ**: Injection **Hormonal anti-neoplastic**	96372- **IM/SQ**: Injection	
96401- **IM/SQ**: Injection **Non-hormonal anti-neoplastic**		
96416- **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)		
96405- **Intralesional** < 7 lesions		
96406- **Intralesional** > 7 lesions		
96420- **Intra-arterial** Push	96373- **Intra-arterial** Push	

<u>Use these codes as needed per drug:</u>
- ➤ Codes may require a (such as modifier -59) when used in combination with additional therapy time.
- ➤ Verify CCI edit & appropriate modifier usage supported by documentation

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 @ 11:45
- IV Infusion 09:00-11:45 (2 hours, 45 minutes)

- **Start infusion of normal saline at 0900 running at 250CC/H**

- **Compazine given at 09:30 IVP**

- **Infusion stopped at 11:45**

- 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 (0300-0322)

What are the correct administration codes?

Sample #4

- A 30 y/o female presents with severe post-partum hemorrhage.
- A larger bore IV is started in the LAC and RAC
- Normal Saline is attached to both and is running w/o due to hypotension.
- The patient is in severe pain and nauseated
    - Toradol 30mg (RAC) IVP and Dilaudid (LAC) 1mg IVP are given per order.
- In the end, the patient has 3000ml of normal saline infused on top of the blood products over a 45-min time frame before being loaded on the helicopter for transport.

What administration codes are assigned to this encounter?

Now apply all you've learned…

Sample #5 (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)

Step by Step

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)

Consider creating a grid of the injections to help you organize the infusions, injections, medications and time.
Then determine the correct codes and quantities based on the times documented.
Be mindful of overlapping service times.

Medication	Route	Type	Total Time	CPT Code
Hydration	IV Infusion	Hydration		
Diphenhydramine	IV Infusion	Therapeutic		
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		

Step by Step – Some Reminders

- Code for the drug administered
  - HCPCS Codes
- Report wasted amounts for Single Dose Vials (SDV) according to Carrier policy
  - With Modifier JW
- Report drugs without a charge if provided at 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

- ✓ AMA Current Procedural Terminology® (CPT®) 2016

- ✓ CPT Assistant

  - ✓ Nov. 2005, May, June & September 2007, Feb. 2009

- ✓ CMS Claims Processing Manual (100-04)

  - ✓ Chapter 4, Section 230

  - ✓ Chapter 12, Section 30

  - ✓ Chapter 17

Contact Information

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