Outpatient Infusion Coding & Documentation: Take Your Skills to a Higher Level

Presented by

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Today’s Agenda

- 2014 CPT Coding Guidelines and Updates for reporting outpatient infusion services
  - Overview of CPT Codes
  - Review of Coding Hierarchy Rules
  - Documentation Components
  - Translation of Time to Billable Unit of Service
- Resolving Claim Edits
  - Review of Documentation for Claim Comparison
- Case Studies
- Questions and Answers
Today’s Challenges

- What are our biggest challenges?
  - Understanding the coding guidelines for injections, IV push, IV infusion.
  - Documenting and billing according to AMA CPT coding hierarchy.
  - Providing complete & accurate documentation in the patient record of all infusion times, mode of administration and line flushes.
  - Realizing that medical record documentation will determine which outpatient procedures are separately billable and payable versus those that are bundled.
  - Assuring consistent charge capture of administration procedure as well as drugs, fluids or substances.
Procedure - Definitions

- **Chemotherapy Administration**
  - These highly complex services require advanced practice training and competency for staff who provide these services; special considerations for preparation, dosage or disposal.
    - Commonly, these services entail significant patient risk and frequent monitoring.

- **Therapeutic / Diagnostic Drug Administration**
  - Typically, such infusions require special consideration to prepare, dose or dispose of, require practice training and competency for staff who administer the infusions, and require periodic patient assessment with vital sign monitoring during the infusion.
    - The administration typically requires minimal monitoring and minimal patient risk.

- **Hydration Therapy**
  - Typically such infusions require little special handling to prepare or dispose of, and staff that administer these do not typically require advanced practice training.
    - The infusion typically entails little risk and minimal or no monitoring.
Procedure - Definitions

- **Intravenous Infusion**
  - Intravenous infusion is defined as an infusion lasting more than 15 minutes through an IV access line, catheter, or pre-existing venous access device (VAD).

- **Intravenous Injection – Push**
  - An IV injection typically requires a commitment of time during which the healthcare professional administering the substance is *continuously present at the patient’s bedside* to administer and observe the patient.
  - The drug is administered from a syringe and “pushed” into a venous access site.

- **Injection – Subcutaneous or Intra-muscular**
  - An injection is generally a small volume of medication delivered in a single shot. The substance is given directly by subcutaneous (SQ), intra-muscular (IM), or intra-arterial (IA) routes, as opposed to an IV injection (IV push) that requires a commitment of time.
Procedure - Definitions

Assignment of Primary Service Code
- Instructions in the AMA CPT Code Book define the coding hierarchy that physicians and hospitals are to follow.
  - Hospitals – assign based upon coding hierarchy – regardless of the order of the infusion, chemotherapy administration is always primary over non-chemotherapy drug administration, which is always primary over hydration.
  - Intravenous infusion is primary to IV push.
  - This hierarchy is to be followed by facilities and supersedes any instructions which are intended as guidance for the physician office / clinic setting.

Subsequent or Secondary Service Code
- The two terms are used interchangeably in the coding guidelines issued by the AMA and are reported using the “sequential” or “each additional” codes.
  - The hierarchy is not impacted by Sub-Q, IM or IA injections.
  - The hierarchy is not impacted by transfusion of blood or blood product.
Procedure - AMA Code Hierarchy

- Select a single code for INITIAL CPT to assign to the encounter
  - 96413 Chemotherapy IV infusion initial hour
  - 96409 Chemotherapy IV push initial drug
  - 96365 Drug Admin IV infusion initial hour
  - 96374 Drug Admin IV push initial drug
  - 96360 Hydration IV infusion initial hour

- Select additional codes to represent the encounter
  - 96415 Chemotherapy IV infusion each additional hour
  - 96411 Chemotherapy IV push each additional substance/drug
  - 96366 Drug Admin IV infusion each additional hour
  - 96367 Drug Admin IV infusion sequential substance / drug 1 hour
  - 96368 Drug Admin IV infusion concurrent
  - 96375 Drug Admin IV push sequential new drug
  - 96376 Drug Admin IV push sequential same drug
  - 96361 Hydration IV infusion additional hour

- Select other procedures performed during the same encounter
  - 36430 Blood Administration per encounter
Procedure - AMA Defined Time Increments

- 15-minute rule
  - The AMA and CMS have defined a time requisite for IV infusions lasting 15 minutes or less, requiring the procedure to be billed as an intravenous push injection (IVP) rather than IV infusion.

- 30-minute rule
  - Hydration therapy requires a minimum of 31 minutes of time to be recorded before this becomes a billable service.
    - Administration of hydration fluids for 30 minutes or less is not billable.
  - Drug administration by intravenous injection requires that at least 30 minutes of time elapse between injections of the same drug. Documentation of time for IV injections occurring 31 minutes or greater for the subsequent injection of the same drug supports a billable procedure.

- 60-minute rule
  - The initial “hour” of hydration therapy is defined as an infusion lasting 31 minutes and up to 90 minutes.
  - The initial “hour” of drug administration is defined as infusions lasting 16 minutes and up to 90 minutes.
  - For IV infusion of greater than one hour but equal to or less than 90 minutes, report only one code to bill for the initial hour of service.
  - Report the CPT code for “each additional hour” only if 31 minutes or more has elapsed in addition to the prior 60 minutes of infusion (91 minutes or greater).
Procedure - Documentation and Coding

- Route (ensure only approved abbreviations are used):
  - Oral (PO)
  - Topical
  - Injection (IM/SQ)
  - Intravenous (IV)
  - Intravenous Push (IVP) – encourage staff to be specific
  - Intravenous Piggy Back (IVPB)
  - Intra-arterial (IA)
  - Intrathecal (IT)

- If performed to facilitate the infusion or injection, the following are included and are not reported separately:
  - Use of local anesthetic
  - IV start
  - Access to indwelling IV, subcutaneous catheter or port
  - Flush of line between fluids, drugs or substances
  - Flush at conclusion of infusion
  - Standard tubing, syringes and supplies
Procedure - Documentation and Coding

**Physician Order**

1. Name of drug
2. Route
3. Dosage
   a. Dose calculations where applicable
   b. Exact strength or concentration of the drug when applicable
4. Quantity and / or duration of infusion when applicable
5. Specific instructions for use, when applicable
6. Reason for service (medical necessity)

**Nursing Documentation**

1. Medication(s) administered
2. Mode of administration (Route)
3. Access site
4. Start and stop times per medication
5. Rate of administration
6. Dose / volume administered (and discarded)
   a. Addition / change of a bag of solution
   b. Flush or clearing of the line
7. Discontinuance of the therapy and removal of the IV
Common Documentation Issues

- **Infusion Services**
  - Lack of sufficient documentation to confirm administration through separate access site.
  - Unable to determine if compatible substances / drugs were administered concurrently or sequentially due to lack of documentation for line flush between drugs.
  - Unable to determine if compatible substances / drugs were mixed in same bag or syringe or if administered separately due to lack of documentation of access site and / or start & stop times for each drug.
  - Lack of standard use of abbreviations (IV, IVPB, IVP) or symbols { }
  - Lack start and / or stop times for each substance infused.
  - Lack documentation of infusion services started in the field by EMS and continuing in the ED.
  - Incomplete documentation of infusion services initiated in the ED and continuing upon admission to outpatient observation status.
Procedures - Hydration Therapy

<table>
<thead>
<tr>
<th>CPT</th>
<th>Description</th>
<th>SI</th>
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</thead>
<tbody>
<tr>
<td>96360</td>
<td>Intravenous infusion, hydration; initial, 31 minutes to 1 hour</td>
<td>S</td>
</tr>
<tr>
<td>96361</td>
<td>Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure)</td>
<td>S</td>
</tr>
</tbody>
</table>

- The key to coding for hydration therapy is the fluid and its clinical utility.
  - During blood transfusion it is standard practice for a primary line of saline to be initiated to aid in the administration and to maintain venous patency.
  - The “free-flow” line used during some chemotherapy regimens also does not qualify for billing of hydration therapy.
  - Administering intravenous fluids at a KVO (“keep vein open”) or TKO (“to keep open”) rate to maintain venous patency does not meet the definition of hydration therapy.
- The fluids are prepackaged with no additional drugs added to the bag.
- Use this series of CPT codes to report administration of a pre-packaged fluid and/or electrolytes (for example, D5 ½ normal saline + 30mEq KCl/Liter).
Procedures - Hydration Therapy

- Administration of hydration fluids for <30 minutes is not a billable service.
- **Initial hour** of hydration is billable for 31-90 minutes of documented administration time.
- Each **additional hour** beyond the initial hour is billable at 91 minutes.
Procedures - Initial, Additional, Continuous Hours

**Initial Hour Infusion**
- When hydration is the only intravenous service provided during an encounter, assign the “initial hour” to 96360.
- When any other intravenous administration of a drug occurs during the same encounter the initial hour CPT 96360 will not be assigned.

**Additional Hours infusion**
- When the primary intent of the encounter is hydration therapy, 96361 would be reported only if the time requirement for billing an additional hour has been met (the total time is more than 90 minutes).
- When hydration is secondary to another intravenous administration of a drug the initial hour of hydration and any additional hours will be assigned CPT 96361.

**Over the Midnight Hour**
- Continuation of hydration therapy over the midnight hour does not justify the billing of an additional “initial” hour. The date of service should be reported as the date the therapy began, and subsequent hours of hydration should be billed with the appropriate units of service using 96361.
Procedures - Initial, Additional, Continuous Hours

<table>
<thead>
<tr>
<th>Administration</th>
<th>Up to hours</th>
<th>Time lapsed</th>
<th>CPT 96360</th>
<th>CPT 96361</th>
</tr>
</thead>
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<tr>
<td>Initial hour</td>
<td>0.5</td>
<td>&lt;30 minutes</td>
<td>0 units</td>
<td>—</td>
</tr>
<tr>
<td>Initial hour</td>
<td>1.5</td>
<td>31–90 minutes</td>
<td>1 unit</td>
<td>—</td>
</tr>
<tr>
<td>Additional hour</td>
<td>2.5</td>
<td>91–150 minutes</td>
<td>1 unit</td>
<td>1 unit</td>
</tr>
<tr>
<td>Additional hour</td>
<td>3.5</td>
<td>151–210 minutes</td>
<td>1 unit</td>
<td>2 units</td>
</tr>
<tr>
<td>Additional hour</td>
<td>4.5</td>
<td>211–270 minutes</td>
<td>1 unit</td>
<td>3 units</td>
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<tr>
<td>Additional hour</td>
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<td>271–330 minutes</td>
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<td>4 units</td>
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<td>Additional hour</td>
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<td>8.5</td>
<td>451–510 minutes</td>
<td>1 unit</td>
<td>7 units</td>
</tr>
</tbody>
</table>
Rules - Hydration Therapy

If a patient is receiving an IV infusion for hydration and **the stop time is not documented** in the medical record, how should the service be coded?

According to Palmetto GBA Jurisdiction J1 Part A Medicare:

- Infusion times should be documented.
- Hydration of 30 minutes or less is not separately billable.
- When requested, providers should submit documentation indicating the volume, start and stop times and infusion rates of the solution provided.
- In the absence of the stop time, the provider should be able to calculate the infusion stop time with the volume, start time, and infusion rate and code accordingly.
Case Example - Hydration Therapy

- A 52-year-old male patient received an intravenous infusion of 500cc normal saline to treat dehydration. The infusion began at 9 a.m. and continued without interruption until 10:31 a.m. the same day.

- Answer the following questions:
  - Why was the patient treated?
  - What type of substance did the patient receive?
  - How was this administered?
  - What was the duration of this service?
  - What is the primary CPT code for this encounter?
  - Does this encounter qualify for assignment of an add-on code?
Case Example - Hydration Therapy

- **Observation**
  - Patient admitted 02/26/2014 – discharged 2/27/2014
  - Young male with moderate to severe dehydration and fever X 2 days
  - Unable to take fluids by mouth due to nausea and vomiting

- **Physician order**
  - Hydration therapy – Lactate Ringers
  - Phenergan 12.5 mg IM injection each 4 hours as needed

- **Fluids administered**
  - Lactate Ringer 13:58 to 14:40 on 2/26
  - Lactate Ringer 20:28 to 09:39 on 2/26
  - Lactate Ringer 09:39 to 16:12 on 2/27

- **Drugs administered**
  - Phenergan 12.5 mg IM injection 13:30 on 2/26
  - Phenergan 12.5 mg IM injection 19:40 on 2/26
Case Example - Hydration Therapy

- A patient presenting to the ED with moderate to severe dehydration is admitted to observation stay for hydration therapy.
  - In this example, the patient did not receive continuous/uninterrupted hydration.
- The patient received intravenous infusion of sodium chloride 4 different times on the same calendar day:
  - Start 08:10 – Stop 08:30 = 20 minutes,
  - Start 12:15 – Stop 12:45 = 30 minutes,
  - Start 14:00 – Stop 14:30 = 30 minutes,
  - Start 16:15 - Stop 16:30 = 15 minutes.

- Answer the following questions:
  - Would hydration therapy be coded for this encounter?
  - Would this encounter support assignment of the add-on code for hydration therapy?
Procedures - Administration Outside the Hospital

Infusions Started Outside the Hospital:

– CMS has clarified that infusions started outside the hospital and continued in the hospital setting can be charged – there needs to be documentation if the infusion is continuing and if any additional services are provided (i.e., more fluid hung for dehydration, pushes of additional medications, additional medications infused, etc.)

– This is seen most commonly in the setting of the Emergency Department.
### Procedures - Drug Administration

<table>
<thead>
<tr>
<th>CPT</th>
<th>Description</th>
<th>SI</th>
</tr>
</thead>
<tbody>
<tr>
<td>96365</td>
<td>Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, <strong>up to 1 hour</strong></td>
<td>S</td>
</tr>
<tr>
<td>96366</td>
<td>Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)</td>
<td>S</td>
</tr>
<tr>
<td>96367</td>
<td>Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion, up to 1 hour (List separately in addition to code for primary service)</td>
<td>S</td>
</tr>
<tr>
<td>96368</td>
<td>Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (List separately in addition to code for primary service)</td>
<td>N</td>
</tr>
<tr>
<td>96369</td>
<td>Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); up to one hour, including pump set-up and establishment of subcutaneous infusion site(s)</td>
<td>S</td>
</tr>
<tr>
<td>96370</td>
<td>Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); each additional hour (List separately in addition to code for primary service)</td>
<td>S</td>
</tr>
</tbody>
</table>
Procedures - Drug Administration

- **Therapeutic Infusion**
  - This category of administration procedures includes antibiotic therapy for treating active infection, and therapeutic drugs such as Digoxin or Phenytoin for treating a disease process.

- **Prophylactic Infusion**
  - The administration of a prophylactic agent is intended to prevent occurrence of a medical condition or development of a disease process if the patient is exposed to an infectious agent. An example of prophylactic infusion would be administration of antibiotics to prevent endocarditis in patients with congenital heart disease about to undergo a dental procedure.

- **Diagnostic Infusion**
  - Drug administration procedures for diagnostic studies are performed to obtain information that helps to assess a medical condition, identify a disease, or determine the nature and severity of an ailment or injury. Diagnostic drug administration includes but is not limited to evocative / suppression testing.
Procedures - Drug Administration IV Infusion

- Administration of drug / substance for < **15 minutes** is billable as IV push (IVP) injection.
- **Initial hour** of IV drug administration is billable for **16-90 minutes** of documented administration time.
- Each **additional hour** beyond the initial hour is billable at **91 minutes**.
Procedures - Initial, Additional, Continuous Hours

- **Initial Hour Infusion**
  - When Drug Administration is the *primary* intravenous infusion service provided during an encounter, assign the “initial hour” to 96365.

- **Additional Hours infusion**
  - When the primary intent of the encounter is drug administration, 96366 would be reported only if the time requirement for billing an additional hour has been met (the total time is more than 90 minutes).
  - When drug administration is secondary to another intravenous infusion service (chemotherapy) the initial hour of drug administration and additional hours will be assigned CPT 96366.

- **Over the Midnight Hour**
  - Continuation of intravenous infusion over the midnight hour does not justify the billing of an additional “initial” hour. The date of service should be reported as the date the therapy began, and subsequent hours should be billed as appropriate.
Procedures - Initial, Additional, Continuous Hours

<table>
<thead>
<tr>
<th>Administration</th>
<th>Time elapsed</th>
<th>96365 or 96367</th>
<th>96366</th>
<th>96374</th>
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<td>Initial hour</td>
<td>&lt;15 minutes</td>
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<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Initial hour</td>
<td>16–90 minutes</td>
<td>1</td>
<td>0</td>
<td>NA</td>
</tr>
<tr>
<td>Additional hour</td>
<td>91–150 minutes</td>
<td>1</td>
<td>1</td>
<td>NA</td>
</tr>
<tr>
<td>Additional hour</td>
<td>151–210 minutes</td>
<td>1</td>
<td>2</td>
<td>NA</td>
</tr>
<tr>
<td>Additional hour</td>
<td>211–270 minutes</td>
<td>1</td>
<td>3</td>
<td>NA</td>
</tr>
</tbody>
</table>
Rules - Intravenous Drug Administration

Palmetto GBA Jurisdiction J1 Part A Medicare:

- Following the completion of the first infusion, sequential infusions may be billed for the administration of a different drug or service through the same IV access.
- There must be a clinical reason that justifies the sequential (rather than concurrent) infusion.
Rules - Intravenous Drug Administration

Palmetto GBA Jurisdiction J1 Part A Medicare - Infusion Therapy:

- The medication administration record and/or the nursing documentation should coincide with the billing based on time of initiation, time of completion, and discharge from the outpatient facility.

- A provider can bill for the total time of the infusion using the appropriate add-on codes (i.e., the CPT/HCPC for each additional unit of time) if the times are documented.

- Upon initiation of the infusion, it is expected that the start time be documented as well as the stop time. The nursing documentation and/or medication administration record should indicate this information and be signed by the appropriate clinical staff.

- When requested, providers should submit documentation indicating the volume, start and stop times and infusion rates of any drugs and solution provided.

- In the absence of the stop time, the provider should be able to calculate the infusion stop time with the volume, start time and infusion rate.
Case Example - Hydration or Drug Administration

- A 60-year-old female patient presents to the ED and is determined to have an electrolyte imbalance. Lab results indicated a low potassium value.
- A primary intravenous infusion line of prepackaged normal saline is initiated at a KVO rate at 09:20am.
- An order for administration of 20 mEq of potassium chloride was written and the 20 mEq of potassium chloride was added to the IV fluid.
  - The administration of potassium chloride began at 10:00am and continued uninterrupted until 11:15am.
  - The IV infusion was returned to KVO rate at 11:15.
  - IV access was discontinued at 11:45am.
- Answer the following questions:
  - Would hydration therapy be coded for this encounter?
  - Is the primary service hydration therapy or drug administration?
Case Example - Drug Administration

- Patient is admitted to outpatient observation stay for administration of 6 separate doses of 500mg of ampicillin.
  - 1/6/14 21:35-22:00 25 min,
  - 1/7/14 2:10-2:40 30 min,
  - 1/7/14 8:27-8:57 30 min,
  - 1/7/14 14:19-14:49 30 min,
  - 1/7/14 21:20-21:50 30 min,
  - 1/8/14 2:06-2:36 30 min.

- What was the duration of this service?
- What is the primary CPT code for this encounter?
- Does this encounter qualify for assignment of an add-on code?
- What value(s) will be reported as the billable unit(s) for this encounter?
Procedure - Sequential / Concurrent

- **Sequential infusion** – Initiation of a different drug administered immediately following the initial infusion (requires a flush between substance / drug) is assigned CPT 96367.
  - Sequential infusion codes, are also reported for IV infusion procedures, that are determined to be the *secondary* or *subsequent* service provided during an encounter.
  - Billing units for sequential administration are determined by the number of different drugs.

- **Concurrent infusion** – Multiple infusions are provided through the same intravenous line (no flush between substance / drug) and will be assigned CPT 96368.
  - Billing units for concurrent administration is billable once per encounter regardless of the number of drugs infused.
Case Example - Concurrent / Sequential

- Observation Patient admitted 02/23/2014 – discharged 2/24/2014

- Fluids administered
  - Normal Saline – 05:43 to 20:26 on 2/23

- Drugs and Time/Date administered:
  - Cefepime-- 05:43 to 07:48 on 2/23
  - Vancomycin –10:43 to 13:42 on 2/23
  - Cefepime--16:38 to 17:33 on 2/23
  - Vancomycin—00:00 to 01:34 on 2/24
  - Cefepime--04:07 to 04:37 on 2/24
Case Example - Concurrent / Sequential


- Fluids administered
  - Normal Saline – 05:43 to 20:26 on 2/23

- Drugs and Time/Date administered:
  - Cefepime-- 05:43 to 07:48 on 2/23
  - Cefepime-- 16:38 to 17:33 on 2/23
  - Cefepime-- 04:07 to 04:37 on 2/24
  - Vancomycin – 10:43 to 13:42 on 2/23
  - Vancomycin -- 00:00 to 01:34 on 2/24
## Procedures - Drug Administration by Injection

<table>
<thead>
<tr>
<th>CPT</th>
<th>Description</th>
<th>SI</th>
</tr>
</thead>
<tbody>
<tr>
<td>96372</td>
<td>Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular</td>
<td>S</td>
</tr>
<tr>
<td>96373</td>
<td>Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intra-arterial</td>
<td>S</td>
</tr>
<tr>
<td>96374</td>
<td>Therapeutic, prophylactic or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug</td>
<td>S</td>
</tr>
<tr>
<td>96375</td>
<td>Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure)</td>
<td>S</td>
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<tr>
<td>96376</td>
<td>Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of the same substance/drug provided in a facility (List separately in addition to code for primary procedure)</td>
<td>N</td>
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<tr>
<td>96379</td>
<td>Unlisted therapeutic, prophylactic, or diagnostic intravenous or intra-arterial injection or infusion</td>
<td>S</td>
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</tbody>
</table>
Procedures - IV Infusion or IV Injection

- Administration of drug / substance by intravenous infusion for 15 minutes or less is billable as intravenous push (IVP) injection.
- Administration of drug/substance by IVP injection for 15 minutes or longer is not billable as an IV infusion.
  - An IVP injection is always an IVP injection.

**IV drug infusion**
9:30-9:45
Billed: IVP

**IV push injection**
9:30-9:32
Billed: IVP

**IV push injection**
9:30-9:50
Billed: IVP

- Intravenous administration of drug “A” initiates at 9:30;
  - Intravenous infusion ending at 9:45 equals 15 minutes and is billed as an IVP
  - Intravenous injection (push) ending at 9:32 equals 2 minutes is also billed as an IVP
  - **Sequential** IV injection of different drug occurs at 9:50 (20 minutes) = billable
  - **Additional** IV injection of same drug occurs at 9:50 (20 minutes) = non-billable
Case Example - Drug Administration

MAR Documentation

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dosage</th>
<th>Route</th>
<th>Date/Time</th>
<th>Notes</th>
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<tbody>
<tr>
<td>Ampicillin/Sulbactam/Sodium Chlorid 3 gm/Sodium Chloride</td>
<td>100 ml @ 400 mls/hr</td>
<td>IV</td>
<td>3/8/14 03:00</td>
<td>DC</td>
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<td></td>
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Expanded MAR

<table>
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<th>Discontinued MAR</th>
<th>DC'd by Discharge</th>
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</thead>
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<td>Total Dose</td>
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</tr>
<tr>
<td>Ampicillin/Sulbactam/Sodium Chlorid</td>
<td>3 gm (Vial)</td>
</tr>
<tr>
<td></td>
<td>Ampicillin Sodium/Sulbactam Na Unasyn</td>
</tr>
<tr>
<td>Sodium Chloride (IV Fluid)</td>
<td>100 ml (1 Bag)</td>
</tr>
<tr>
<td></td>
<td>Nacl 0.9% 100 ml</td>
</tr>
<tr>
<td></td>
<td>Sodium Chloride 0.9%</td>
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### Case Example - Drug Administration

#### Nursing Documentation Summary

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<th>Date/Time</th>
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<tr>
<td>3/9/14 05:00</td>
<td>400 MLS/HR IV</td>
</tr>
<tr>
<td>3/8/14 22:56</td>
<td>400 MLS/HR IV</td>
</tr>
<tr>
<td>3/8/14 17:20</td>
<td>400 MLS/HR IV</td>
</tr>
<tr>
<td>3/8/14 10:54</td>
<td>400 MLS/HR IV</td>
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<tr>
<td>3/8/14 03:24</td>
<td>400 MLS/HR IV</td>
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<thead>
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<td>IV Q8H</td>
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<td>IV Q8H</td>
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# Procedures - Chemotherapy Administration

<table>
<thead>
<tr>
<th>CPT</th>
<th>Description</th>
<th>SI</th>
</tr>
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<tbody>
<tr>
<td>96401</td>
<td>Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic</td>
<td>S</td>
</tr>
<tr>
<td>96402</td>
<td>Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic</td>
<td>S</td>
</tr>
<tr>
<td>96409</td>
<td>Chemotherapy administration; intravenous, push technique, single or initial substance/drug</td>
<td>S</td>
</tr>
<tr>
<td>96411</td>
<td>Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)</td>
<td>S</td>
</tr>
<tr>
<td>96413</td>
<td>Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug</td>
<td>S</td>
</tr>
<tr>
<td>96415</td>
<td>Chemotherapy administration, intravenous infusion technique; each additional hour (List separately in addition to code for primary procedure)</td>
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<tr>
<td>96417</td>
<td>Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour (List separately in addition to code for primary procedure)</td>
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</tr>
</tbody>
</table>
Procedures - Chemotherapy Administration

- The chemotherapy administration code range includes therapy for cancerous and non-cancerous diagnoses.
  - Methotrexate injection for incomplete spontaneous abortion
  - Monoclonal antibodies for treatment of rheumatoid arthritis
- The procedures for administration of chemotherapy include anti-neoplastic drugs and **highly complex drugs** which may be used in the treatment of non-cancer diagnoses.
  - Highly Complex Biologic Response Modifiers
  - Highly Complex Monoclonal Antibodies
- In most instances the highly complex drugs will be found in the J9XXX series of HCPCS – however, there are exceptions to this rule.
  - J1745 Injection Infliximab, 10 mg
  - J1300 Injection, eculizumab, 10 mg
Procedures - Chemotherapy IV Infusion

- Administration of drug / substance for < 15 minutes is billable as IV push (IVP) injection.
- Initial hour of IV drug administration is billable for 16-90 minutes of documented administration time.
- Each additional hour beyond the initial hour is billable at 91 minutes.

- Administration of IVIG placed the billing of 96365 versus 96413 on the approved list of RAC audit issues for hospitals in 2011.
- IVIG does not meet the definition for highly complex drug.
Procedures - Initial, Additional, Continuous Hours

- **Initial Hour Infusion**
  - When Chemotherapy is the primary intravenous infusion service provided during an encounter, assign the “initial hour” to 96413.

- **Additional Hours infusion**
  - When the primary intent of the encounter is chemotherapy, 96415 would be reported only if the time requirement for billing an additional hour has been met (the total time is more than 90 minutes).
  - Chemotherapy intravenous infusion will not be coded as secondary to another intravenous infusion service (hydration or drug administration).

- **Over the Midnight Hour**
  - Continuation of intravenous infusion over the midnight hour does not justify the billing of an additional “initial” hour. The date of service should be reported as the date the therapy began, and subsequent hours should be billed as appropriate.
Procedure - Sequential / Concurrent

- **Sequential infusion** – Initiation of a different chemotherapy agent by intravenous infusion administered immediately following the initial infusion (requires a flush between substance / drug) is assigned CPT 96417.
  - Billing units for *sequential* administration are determined by the number of different drugs.
  - Additional hours of infusion will be coded with CPT 96415.
- **Concurrent infusion** – There is not a CPT code for concurrent infusion of multiple chemotherapy agents.
### Procedures - Initial, Additional, Continuous Hours

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<tr>
<th>Administration</th>
<th>Up to hours</th>
<th>Time lapsed</th>
<th>Units reported</th>
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<td>96409</td>
</tr>
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<td>Initial hour</td>
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<td>&lt;15 minutes</td>
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<tr>
<td>Initial hour</td>
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<tr>
<td>Additional hour</td>
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<td>91–150 minutes</td>
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<td>Additional hour</td>
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<td>Additional hour</td>
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<tr>
<td>Additional hour</td>
<td>5.5</td>
<td>271–330 minutes</td>
<td>0</td>
</tr>
</tbody>
</table>
Case Example - Chemotherapy

Ectopic Pregnancy

- Patient presents to the facility Emergency Department with severe abdominal pain, cramping and bleeding.
  - Patient states she believes she is pregnant
    ▪ OTC pregnancy test performed 7 days ago was read as positive
  - Patient is examined by the Emergency Department physician and a serum bHCG test is ordered
    ▪ Test results of 2000 mIU/mL indicate early pregnancy
    ▪ Further examination reveals an ectopic pregnancy
    ▪ Lab tests are ordered and results return within normal limits
  - Medical intervention is discussed with the patient
  - Determination to administer methotrexate is made
    ▪ Based on a dose of 50mg/m2 a dose of 75mg is administered intramuscular
  - Emergency Department physician follows facility protocol for post injection monitoring and an order is written to place patient in an outpatient bed for monitoring and observation for 2 hours prior to discharge
    ▪ Patient is transferred to the Obstetrics Department for post injection monitoring
    ▪ Discharge instruction to follow-up with patient’s physician within 48 hours
Case Example - Chemotherapy

Ectopic Pregnancy

- Patient presents to the facility Emergency Department with severe abdominal pain, cramping and bleeding.

- **Billable Services for Outpatient Encounter**
  - Evaluation and Management Level
  - Serum bHCG
  - Renal function panel
  - Hepatic function panel
  - Complete Blood Count
  - methotrexate 75mg
  - Intramuscular injection
### Procedures - Portable or Implantable Pump

<table>
<thead>
<tr>
<th>CPT</th>
<th>Description</th>
<th>SI</th>
</tr>
</thead>
<tbody>
<tr>
<td>C8957</td>
<td>Intravenous infusion for therapy/diagnosis; initiation of prolonged infusion (more than 8 hours), requiring use of portable or implantable pump (non-chemo)</td>
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<tr>
<td>96416</td>
<td>Chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump</td>
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</tr>
<tr>
<td>96521</td>
<td>Refilling and maintenance of portable pump</td>
<td>S</td>
</tr>
<tr>
<td>96522</td>
<td>Refilling and maintenance of implantable pump or reservoir for drug delivery, systemic (eg, intravenous, intra-arterial)</td>
<td>S</td>
</tr>
<tr>
<td>96523</td>
<td>Irrigation of implanted venous access device for drug delivery systems</td>
<td>Q1</td>
</tr>
<tr>
<td>96549</td>
<td>Unlisted chemotherapy procedure</td>
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</tr>
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</table>

The National Correct Coding Policy Manual defines a drug delivery system as a pump or reservoir that must be capable of being programmed for release of a drug at a prescribed rate.
Procedures - Portable or Implantable Pump

Venous Access Device versus Drug Delivery Device

- Incorrect use of CPT codes 96416 and 96521-96523 for infusion and maintenance via implanted venous access device.
  - The codes 96416 & 96521-96523 should not be reported for accessing or flushing of an indwelling peripherally-placed intravenous catheter port (external to skin) or non-programmable subcutaneous pump.
  - Accessing and flushing of the VAD is an inherent service facilitating the infusion (s) and is not reported separately.
  - CPT code 96522 should not be reported for accessing a non-programmable implantable intravenous device for the provision of infusion (s) or chemotherapy administration.

- Documentation must clearly distinguish between a scheduled encounter for flush, irrigation or maintenance of a venous access device or drug delivery device.

- Assure that documentation indicates the type of device that is accessed and ensure that the correct code is assigned.
### National Correct Coding and Medically Unlikely

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<td>*</td>
<td>0</td>
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</tbody>
</table>
Procedures - Use of Modifier 59

Chemotherapy Regimen

- The problem cited during in 2011 for a RAC audit involved claims containing the following Healthcare Common Procedure Coding System (HCPCS) Codes:
  - 96413 Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug
- Billed with:
  - 96365 Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour;
  - 96369 Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); initial, up to 1 hour, including pump set-up and establishment of subcutaneous infusion site(s)
  - 96374 Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug
  - 96409 Chemotherapy administration; intravenous, push technique, single or initial substance/drug
- Providers should pay close attention to instruction for what constitutes an “initial” service code.
- Providers should pay close attention to the instructions for when to use modifier 59.
Use of Modifier 59

In the case of chemotherapy or non-chemotherapy infusion, modifier -59 is appended to administration HCPCS codes that meet the following criteria:

- The drug administration occurs during a distinct encounter on the same date of service of previous drug administration services.
  - The same HCPCS code has already been billed for services provided during a separate and distinct encounter earlier on that same day.
- There is medical indication to administer 2 different drugs at 2 different IV access sites during a single encounter.
Case Example - Chemotherapy

FOLFOX4 – Our facility is receiving denials for billing of 96416 and 96521. Why?

- **Day 1**
  - CPT 96367 J1100 IV (30 Minutes)
  - CPT 96367 J2405 IV (30 Minutes)
  - CPT 96368 J0640 IV (2 Hours Concurrent)
  - CPT 96413/96415 J9263 IV (2 Hours)
  - CPT 96411 J9190 IVP
  - CPT 96416/96521 DME bills 5FU portable pump cassette (22 Hours)

- **Day 2**
  - CPT 96367 J1100 IV (30 Minutes)
  - CPT 96367 J2405 IV (30 Minutes)
  - CPT 96366 X2 J0640 IV (2 Hours Concurrent)
  - CPT 96409 J9190 IVP
  - CPT 96416/96521 DME bills 5FU portable pump refill cassette (22 Hours)

- **Day 3**
  - CPT 99211 Discontinue Pump
Case Example - Portable or Implantable Pump

- Patient is receiving a multi-cycle infusion of 5-FU, and must return to the hospital infusion department for recurring visits to have the pump refilled; the pump is not discontinued.
- The first visit in which the chemotherapy IV pump is initiated is reported with CPT code 96416.
- The patient returns on a pre-determined regular basis to have the pump refilled and may have the tubing changed.
- Either code 96521, Refilling and maintenance of portable pump, or code 96522, Refilling and maintenance of implantable pump or reservoir for drug delivery, systemic (e.g., intravenous, intra-arterial) would be reported.
- The patient, at the conclusion of the prolonged chemotherapy infusion via the pump returns to the infusion department to have the pump removed.
  - Use of an E&M level code (9921X) would be appropriate for this hospital based visit.
Coding of Procedure - Questions to Ask

- What is the medical indication?
- Is this the primary service or a secondary service?
  - Primary service = initial code based on coding hierarchy
  - Secondary service = add-on code (sequential, additional, concurrent)
- What is the method of administration?
  - Sub-Q or IM injection
  - Intravenous injection (IVP)
  - Intravenous infusion – 15 minutes or less (IVPB, IV or Bolus)
  - Intravenous infusion – Greater than 15 minutes (IVPB or IV)
- What is the time interval of the infusion?
  - 15 minutes or less (code as intravenous injection)
  - Greater than 15 minutes, or
  - Greater than 31 minutes (hydration therapy)
  - Greater than 31 minutes beyond 60 minutes (additional hour)
  - Greater than 30 minutes between administration of same drug
- Which code or codes should be reported?
Coding of Procedure - Review of the Claim

- Report the administration procedure as well as code(s) for the specific substance(s) or drug(s) administered.
  - The administration procedure(s) and billing unit multiples must be supported by documentation in the medical record including start and stop time.
  - Start and stop time of administration is to be recorded separately from IV access time and IV discontinuance.
  - The fluid used to administer the drug is considered incidental hydration and is not separately reportable hydration therapy.
  - The fluid is billed with the appropriate HCPCS to represent the specific substance.
  - The fluid used as a diluent for reconstitution or mixing of substance / drug is billable as a supply item.
  - The flush procedure to clear the line at conclusion of the infusion is considered incident and part of the therapy and is not a separately billed procedure.
    - The heparin is billed with the appropriate HCPCS.
Coding of Procedure - Review of the Claim

- Drugs / substances represented by a unique HCPCS should be represented on the claim with the J-code, revenue code 636 and the accurate billing unit multiple to represent dose administered.

- Drugs / substances dispensed from a single dose vial (SDV) and properly documented may appear on the claim with a billing unit multiple to represent dose administered as well as volume discarded.

- Routine supplies such as IV start kit or IV tubing is recommended to be bundled to the charge reported for the procedure. However, depending on the supply cost threshold of the facility for bundling of routine supplies the items may appear on the claim with a revenue code to represent a packaged supply cost.
Internal Audits

- Concurrent / Peer Review
- Track and Trend
  - Physician order documentation
  - Clinical / Medical Record documentation
  - Lost / Risk Charges
    - Missing Documentation
    - Incorrect Drug / NDC
    - Incorrect HCPCS
    - Incorrect Billing Unit
    - Incorrect Revenue Code
    - Incorrect Patient
    - Other Error
  - Reimbursement
  - Contractual Limitations / Coverage Determinations
Thank you for your participation!

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