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Maxine Collins, MBA, CPA,
CMC, CMIS, CMOM

On the topic:
Coding for Infusions and Injections
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CODING FOR INFUSIONS AND INJECTIONS

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INJECTIONS

• There are three main routes of injections

• Each type targets a different skin layer:
  1. Intradermal (ID)
  2. Subcutaneous (SC) injections
  3. Intramuscular (IM) injections

Source: https://pressbooks.education/about/

INTRADERMAL (ID) INJECTION

• A shallow or superficial injection of a substance into the dermis, in between the epidermis and the hypodermis (sub cutis, subcutaneous or adipose layer).

• May be given for diagnostic purposes such as allergy or tuberculosis testing and can be used for vaccinations.

• Equipment used for ID injection:
  – a tuberculin syringe calibrated in tenths and hundredths of a milliliter
  – ¼ to ½ inch 26 or 27 gauge needle
EXERCISE

• Please assign the appropriate CPT code for this service:
  – Patient presents for an intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micro pigmentation, 15 sq cm.

ANSWER

• 11921 - Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micro pigmentation; 6.1 to 20.0 sq cm.
  – The tattoo site is outlined by the physician with a pen. A colored dye is then injected using a tattoo instrument that is specifically designed to create artificial
  – Use code 11920 for tattooing 6.0 sq cm or less
  – Use code 11921 for 6.1-20.0 sq cm
  – Use add-on code 11922 for each additional 20.0 sq cm or any number of additional square centimeters within that amount

SUBCUTANEOUS (SC) INJECTIONS

- Administered in the fat layer, underneath the skin
  - “A subcutaneous injection or shot is one into the fatty tissues just beneath the skin.”
  - “These injections are shallower than those injected into muscle tissues.”
  - “Providers often use subcutaneous injections for medications that must be absorbed into the bloodstream slowly and steadily, such as insulin.”

Source: Medical News Today; Is a subcutaneous injection painful? Last reviewed Wed 8 August 2018, By Zawn Villines; Reviewed by Deborah Weatherspoon, PhD, RN, CRNA

- Equipment used for subcutaneous injections:
  - Medication: Vials of liquid medication can be single-use or multiuse
  - Syringes: The needles are short (5/8 inch long)
  - Auto-injector pen: Some medications are available in a “pen” with a short single-use needle screwed onto the end of a pen-shaped, multiuse vial.

Source: https://www.healthline.com/health/subcutaneous-injection; “What is a subcutaneous injection?”; Medically reviewed by Carissa Stephens, RN, CCRN, CPN on August 13, 2017 — Written by Christine Case-Lo

EXERCISE

- Please assign the appropriate CPT code for this service:
  - Patient presents to office for a subcutaneous injection of collagen, 10 cc.
ANSWER

- 11952 - Subcutaneous injection of filling material (eg, collagen); 5.1 to 10.0 cc.
  - The filling material is injected subcutaneously with material such as collagen to treat conditions such as acne scars, facial wrinkles as well as other dermatological issues.
  - Use code 11950 for injection of 1 cc or less
  - Use code 11951 for injection of 1.1 to 5.0 cc
  - Use code 11952 for injection of 5.1 to 10.0 cc
  - Use code 11954 for injection of over 10.0 cc

INTRAMUSCULAR (IM) INJECTIONS

- Delivered into the muscle:
  - “An intramuscular injection is a technique used to deliver a medication deep into the muscles”
  - “This allows the medication to be absorbed into the bloodstream quickly.”
  - “You may have received an intramuscular injection at a doctor’s office the last time you got a vaccine, like the flu shot.”
  - “The needle size and injection site will depend on many factors. These include the age and size of the person receiving the medication, and the volume and type of medication.”
  - “The needle should be long enough to reach the muscle without penetrating the nerves and blood vessels underneath.”
  - “Generally, needles should be 1 inch to 1.5 inches for an adult, and will be smaller for a child. They’ll be 22-gauge to 25-gauge thick, noted as 22g on the packaging.”
    Source: http://www.healthline.com/health/intramuscular-injection; "What are intramuscular injections". Medically reviewed by Deborah Whethamson, PhD, RN, CRNA on August 17, 2017 — written by Jacquelyn Cafasso
EXERCISE

• Please assign CPT code(s) and ICD-10-CM code(s) for the services:

  – A 72 year-old Medicare beneficiary is seen for a right wrist contusion, initial visit for injury. After providing and documenting a Level 3 E/M follow up visit to assess the contusion, the physician decides to take the opportunity to administer Fluzone High-Dose vaccine (0.5-mL, single-dose syringe) at the visit.

ANSWER

• CPT code(s):
  – 99213 – 25 Office visit
  – 90662 – High-dose influenza vaccine
  – G0008 – Medicare required HCPCs for Administration of vaccine

• ICD-10-CM code(s):
  – S60.211A
  – Z23
Therapeutic Joint Injections

- **Therapeutic joint injections** are a minimally invasive pain relief treatment commonly used to relieve the discomfort caused by inflammatory conditions such as arthritis, gout, and tendonitis.

  Source: [https://www.bicrad.com](https://www.bicrad.com), March 5, 2018

- Please assign the appropriate CPT/HCPCS code(s) for the services rendered:

  - 72 year-old female patient with Original Medicare presents to the office for trigger point injections into 3 muscles of the right shoulder due to pain from cervical degenerative disc disease that is radiating into the right arm. Physician injected 20 mg of Kenalog-40 and 10cc of 0.5% Bupivacaine using a 27-guage, ½ inch needle into the trapezius and rhomboids. Patient was observed for 20 minutes post injection and stated to be experiencing 50% less pain. The patient tolerated the procedure well without complications. When discharge criteria had been met, the patient was discharged in good condition in the care of a responsible adult with standard discharge instructions and medication information.

  Source: [https://www.pinterest.com/kevinhayles/skin-anatomy/](https://www.pinterest.com/kevinhayles/skin-anatomy/)
ANSWER

- **CPT 20553** - Injection(s); single or multiple trigger point(s), 3 or more muscle(s)
  - AMA Guidelines: (If imaging guidance is performed, see 76942, 77002, 77021)

- **HCPCS J3301 – X 2** - Injection, triamcinolone acetonide, not otherwise specified, 10 mg

Note: Bupivacaine is not covered by Medicare or other carriers who follow Medicare.

EXERCISE

- “The patient presented with trigger points in the upper right shoulder and neck region. Injections of lidocaine 2% were injected into three areas of the neck and two areas of the right shoulder into the previously located trigger points. The patient tolerated the procedure well.”

ANSWER

• “In this scenario, the patient had five injections (three in the neck and two in the shoulder) but these only covered two muscle groups.
• Some coders might be confused and code 20553 for 3 or more muscle groups because they were counting the injections rather than the actual muscle groups.
• This report should be coded 20552 for shoulder and neck.”


INFUSION THERAPY

• Typically, “infusion therapy” means that a drug is administered intravenously, but the term also may refer to situations where drugs are provided through other non-oral routes, such as intramuscular injections and epidural routes (into the membranes surrounding the spinal cord).
**INTRAVENOUS INJECTION OR INFUSION**

- Some medications must be given by *intravenous (IV)* injection or infusion. “This means they're sent directly into your vein using a needle or tube. In fact, the term "intravenous" means “into the vein.”
- With IV administration, a thin plastic tube called an *IV catheter* is inserted into your vein.
- The catheter allows your healthcare provider to give you multiple safe doses of medication without needing to poke you with a needle each time.
- In most cases, you won’t give yourself an intravenous medication. While you can take some infusion medications yourself at home, you’ll likely receive your therapy from a healthcare provider.
- Two main tools used for IV administration
  1. standard IV lines
  2. central venous catheters

Source: https://www.healthline.com/health/intravenous-medicine-administration; “Intravenous Medication Administration: What to Know”; Medically reviewed by Aleah Rodriguez, PharmD on November 30, 2016 — Written by Christine Case-Lo

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**USES of IV MEDICATIONS**

- **IV medication is often used to provide control over the dosage given**
  - In some situations individuals must receive medication very quickly. *This would include conditions such as as a heart attack, stroke, or poisoning.*
  - For these type of situations, taking pills or liquids by mouth may not be fast enough to get these drugs into the bloodstream. *IV administration, however, can quickly get the medications directly into the bloodstream.*
- In other situations, **medications may need to be given slowly but constantly over a period of time.** IV administration can also be used to deliver the drugs in a controlled manner over time.
- In some instance, **some medications may be given by IV administration because taking them orally (by mouth), could result in enzymes in your stomach or liver to break them down and prevent the drugs from being effective when they finally do reach the bloodstream.** As a result, some drugs can be much more effective if sent directly into your bloodstream by IV administration.

Source: https://www.healthline.com/health/intravenous-medicine-administration; “Intravenous Medication Administration: What to Know”; Medically reviewed by Aleah Rodriguez, PharmD on November 30, 2016 — Written by Christine Case-Lo
### STANDARD IV LINES

- **Typically used for short-term needs**
  - During a short hospital stay to administer medication during surgery or to give pain medications, nausea medications, or antibiotics.
  - A standard IV line can typically be used for up to 4 days

- **Standard IV administration**
  - A needle is usually inserted into a vein in the wrist, elbow, or the back of the hand.
  - The catheter is then pushed over the needle.
  - The needle is removed, and the catheter remains in the vein.
  - All IV catheters are typically given in a hospital or clinic.

Source: [https://www.healthline.com/health/intravenous-medication-administration; “Intravenous Medication Administration: What to Know”; Medically reviewed by Aleah Rodriguez, PharmD on November 30, 2016 — Written by Christine Case-Lo](https://www.healthline.com/health/intravenous-medication-administration; “Intravenous Medication Administration: What to Know”; Medically reviewed by Aleah Rodriguez, PharmD on November 30, 2016 — Written by Christine Case-Lo)

### STANDARD IV CATHETER

- **Used for 2 kinds of IV Administration:**
  1. **IV push**
     - An IV “push” or “bolus” is a rapid injection of medication.
     - A syringe is inserted into the catheter to quickly send a one-time dose of drug into the bloodstream.
  2. **IV infusion - a controlled administration of medication** into the bloodstream over time.

Source: [https://www.healthline.com/health/intravenous-medication-administration; “Intravenous Medication Administration: What to Know”; Medically reviewed by Aleah Rodriguez, PharmD on November 30, 2016 — Written by Christine Case-Lo](https://www.healthline.com/health/intravenous-medication-administration; “Intravenous Medication Administration: What to Know”; Medically reviewed by Aleah Rodriguez, PharmD on November 30, 2016 — Written by Christine Case-Lo)
TWO MAIN METHODS OF IV INFUSION

1. Gravity – Drip infusion:
   - Uses gravity to deliver a constant amount of medication over a pre-determined, set period of time.
   - The medication and solution drip from a bag through a tube and into your catheter.

2. Pump infusion:
   - Most common in the United States.
   - Pump attached to IV line which sends the medication and solution (i.e. sterile saline) into the catheter in a slow, steady manner.
   - Pumps used when dosage must be precisely as prescribed and controlled.

Source: https://www.healthline.com/health/intravenous-medications-administration; "Intravenous Medication Administration: What to Know"; Medically reviewed by Aleah Rodriguez, PharmD on November 30, 2016 — Written by Christine Case-Lo)

CENTRAL VENOUS CATHETERS

- Three types:
  1. Peripherally inserted central catheter (PICC)
     - A long line sends medication from the area of insertion, through the blood vessels, all the way to a vein near the heart.
     - PICC line is typically placed in a vein above the elbow in the upper arm.
  2. Tunneled catheter
     - Medication sent directly into blood vessels in the heart.
     - One end of the catheter is placed into a vein in the neck or chest during a short surgical procedure.
     - The rest of the catheter is tunneled through the body, with the other end coming out through the skin.
     - Medications can then be given into that end of the catheter.

Source: https://www.healthline.com/health/intravenous-medications-administration; "Intravenous Medication Administration: What to Know"; Medically reviewed by Aleah Rodriguez, PharmD on November 30, 2016 — Written by Christine Case-Lo)
2019 CPT CODE CHANGES FOR PICC LINE INSERTIONS

- Existing CPT codes to report PICC line insertions have been revised:
  - Codes 36568 - Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; younger than 5 years of age revised to:
    - and 36569 - Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; age 5 years or older are revised to add:
      - placement without subcutaneous port or pump, and without imaging guidance.
- Two new codes will be added: (one for a patient younger than age 5, the second for age 5 and older)
  - To describe PICC line procedures that bundle imaging guidance, image documentation, and all associated radiological supervision and interpretation.
  - The codes will include documentation of evaluation of the potential puncture sites, patency of the entry vein, real-time ultrasound visualization of needle entry into the vein, and confirmation of catheter tip location.
  - If confirmation of the catheter tip location is not performed, you’ll need to report a reduced service.
  - Code 36584 - Replacement, complete, of a peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, through same venous access will be revised to include imaging guidance, image documentation, and radiological supervision and interpretation required to perform the replacement.
- CPT guidelines for central venous access procedures guidelines will be updated to reflect these changes.
- The central venous access procedure guidelines will be updated to include the saphenous vein as an example of an entry site for a PICC and to clarify the instructions for reporting imaging guidance used for centrally inserted central venous catheters.


CENTRAL VENOUS CATHETERS

3. Implanted Port

- Like a tunneled catheter, an implanted port inserts a catheter into a vein in the neck or chest.
- This device is also placed during a short surgical procedure.
- But unlike a tunneled catheter, an implanted port is located completely beneath the skin.
- To use this device, a healthcare provider injects medication through the skin into the port, which sends the medication into the bloodstream.

Source: https://www.healthline.com/health/intravenous-medications-administration; "Intravenous Medication Administration: What to Know"; Medically reviewed by Aleah Rodriguez, PharmD on November 30, 2016 — Written by Christine Case-Lo
DRUGS TYPICALLY GIVEN BY IV

- Chemotherapy drugs (i.e., doxorubicin, vincristine, cisplatin, and paclitaxel)
- Antibiotics (i.e., vancomycin, meropenem, and gentamicin)
- Antifungal drugs (i.e., micafungin and amphotericin)
- Pain medications (i.e., hydromorphone and morphine)
- Drugs for low blood pressure (i.e., dopamine, epinephrine, norepinephrine, and dobutamine)
- Immunoglobulin medications (IVIG)

Source: https://www.healthline.com/health/intravenous-medication-administration; “Intravenous Medication Administration: What to Know”; Medically reviewed by Aleah Rodriguez, PharmD on November 30, 2016 — Written by Christine Case-Llo

WHAT IS AN AUTOMATIC INTRAVENOUS “PIGGYBACK”?  

- An intravenous (I.V.) “piggyback,” or secondary infusion, is the administration of medication that is diluted in a small volume of I.V. solution (i.e., 50–250 ml in a minibag) through an established primary infusion line.
- The piggyback can be administered by gravity or by I.V. infusion pump.
- The information that follows focuses on piggyback administration by the automated method of I.V. infusion pump
  - Piggyback set-up involves halting infusion of the primary solution while the piggybacked solution infuses - and then resuming infusion of the primary solution when infusion of the piggybacked solution is completed.
    - Although the two solutions do not infuse simultaneously (i.e., “tandem” infusion), they must be compatible because the piggyback is connected to and infuses through the primary tubing
INTRAVENTOUS “PIGGYBACK”

- Piggyback solution is typically hung higher than the primary infusion bag and is connected by a short length of tubing to the upper Y-port on the primary infusion line
  - The pump is programmed to deliver the piggyback at the prescribed rate, which is usually over a period of 30–90 minutes.
  - Depending on the model, the infusion pump can be programmed to automatically revert to a rate that is appropriate for the primary infusion or the nurse can change the rate manually
- Piggybacks can be used in any location where I.V. infusions are administered
- Nurse clinicians are principally responsible for setting up and monitoring the infusion of piggybacks. Assistive personnel can alert the nurse of abnormalities in patient presentation that may signal complications associated with I.V. infusion, but the responsibility of setting up or maintaining I.V. infusions should not be delegated to assistive personnel


SYMPTOMS OF DEHYDRATION

- Reduced urine output
- Dry lips and tongue
- Dry eyes
- Dry wrinkled skin
- Rapid breathing
- Cool and blotchy feet and hands
- Headache or migraine – may feel like a “hangover headache”
- Other symptoms include severe pain on one side of the head, nausea, a visual aura, thirst, dry or sticky mouth, not urinating much, darker yellow urine, cool, dry skin, muscle cramps
INTRAVENOUS REHYDRATION

• Physician may prescribe intravenous (IV) rehydration to treat moderate to severe cases of dehydration
• More commonly used to treat children than adults. Children are more likely than adults to become dangerously dehydrated when they’re ill.
• Exercising vigorously without drinking enough fluids can also lead to dehydration.

Source: https://www.healthline.com/health/intravenous-medication-administration; “Intravenous Medication Administration: What to Know”; Medically reviewed by Aleah Rodriguez, PharmD on November 30, 2016 — Written by Christine Case-Lo
MEDICINE SECTION

- Hydration, Therapeutic, Prophylactic, Diagnostic Injections and Infusions, and Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration
  - Physician or other qualified health care professional work related to hydration, injection and infusion services predominantly involves affirmation of:
    - Treatment plan, and
    - Direct supervision of staff
  - Direct Supervision - means the physician must be present and immediately available to furnish immediately available to furnish assistance and direction throughout the performance of the procedure. It does not mean that the physician must be present in the room when the procedure is performed.

HYDRATION, INJECTIONS AND INFUSIONS

- CPT© codes:
  - 96360-96379, 96401, 96402, 96409-96425, 96521-96523 are not intended to be reported by physician in a facility setting.
  - If a significantly, separately identifiable office or other outpatient E/M service is performed, the appropriate E/M service (99201-99215, 99241-99245, 99354-99355) should be reported using modifier 25 in addition to 96360-96549.
  - For the same day E/M service, a different diagnosis is not required.
HYDRATION, INJECTIONS, INFUSIONS

- If performed to facilitate the infusion or injection, the following services are included and should not be reported separately:
  a) Use of local anesthesia;
  b) IV start;
  c) Access to indwelling IV, subcutaneous catheter or port;
  d) Flush at conclusion of infusion
  e) Standard tubing, syringes, and supplies.

For declotting a catheter or port, use 36593

HYDRATION, INJECTIONS, DIAGNOSTIC INJECTIONS/INFUSIONS

- Per CPT®:
  - When multiple drugs are administered, report the service(s) and the specific materials or drugs for each.
  - When administering multiple infusions, injections, or combinations:
    - Only one “initial” service code should be reported for a given date, unless protocol requires that two separate IV sites must be used.
    - Do not report a second initial service on the same date due to an intravenous line requiring a re-start, or an IV rate not being able to be reached without two lines, or for accessing a port of a multi-lumen catheter.
    - If an injection or infusion is of a subsequent or concurrent nature, even if it is the first such service within that group of services, then a subsequent or concurrent code from the appropriate section should be reported (e.g., the first IV push given subsequent to an initial one-hour infusion is reported using a subsequent IV push code.)
CPT ASSISTANT ARCHIVES
QUESTION

• Medicine: Hydration, Therapeutic, Prophylactic, Diagnostic Injections and Infusions, and Chemotherapy (Q&A) (May 2014)
  – CPT code 96360
  – May 2014 page 11
  – Medicine: Hydration, Therapeutic, Prophylactic, Diagnostic Injections and Infusions, and Chemotherapy
  – “Question: When reporting code 96360 Intravenous infusion, hydration; initial, 31 minutes to 1 hour, is it only the administration of the fluids included or are the intravenous fluids included in the code as well?”

ANSWER FROM CPT ASSISTANT

• Basic intravenous fluids are included in these codes, as well as their administration.
• As indicated on page 593 of the CPT Professional 2014 codebook:
  – “Codes 96360-96361 are intended to report a hydration IV infusion to consist of a pre-packaged fluid and electrolytes (e.g., normal saline, D5-1/2 normal saline+30mEq KCl/liter), but are not used to report infusion of drugs or other substances.
  – Hydration IV infusions typically require direct supervision for purposes of consent, safety oversight, or intraservice supervision of staff.
  – Typically such infusions require little special handling to prepare or dispose of, and staff that administer these do not typically require advanced practice training.
  – After initial set-up, infusion typically entails little patient risk and thus little monitoring.
  – These codes are not intended to be reported by the physician or other qualified health care professional in the facility setting.”

Source: Medicine: Hydration, Therapeutic, Prophylactic, Diagnostic Injections and Infusions, and Chemotherapy (Q&A) (May 2014). CPT® Assistant. 2014; May 2014 page 11
INITIAL INFUSION

- For physicians or other qualified health care professional reporting:
  - An initial infusion is the “key or primary reason for the encounter” reported irrespective of the temporal order in which the infusion(s) or injection(s) are administered.
    (Temporal – relating to time, a sequence of events, chronological order).
  - For facility reporting, an initial infusion is based using the “hierarchy”.
    (Hierarchy – an arrangement of things according to relative importance; ranking)
  - For both physician and facility reporting, only one initial service code (e.g., 96365) should be reported unless the protocol or patient condition requires that two separate IV sites must be utilized.
    - The difference in time and effort in providing this second IV site access is also reported using the initial service code with modifier “59” appended (e.g., 96365, 96365-59).

SEQUENTIAL INFUSION

- An infusion or IV push of a new substance or drug following a primary or initial service.
  - All sequential services require that there be a new substance or drug
    - Except that facilities may report a sequential intravenous push of the same drug using 96376
CONCURRENT INFUSION

• An infusion of a new substance or drug infused at the same time as another substance or drug.
  – A concurrent infusion service is not time based and is only reported once per day regardless of whether an additional new drug or substance is administered concurrently.
  – Hydration may not be reported concurrently with any other service.
  – A separate subsequent concurrent administration of another new drug or substance (the third substance or drug) is not reported.

CONCURRENT INFUSION

• In order to determine which service should be reported as the “initial” service when there is more than one type of service – hierarchies have created.
  – These vary by whether the physician or other qualified health care professional or a facility is reporting.
  – The order of selection for reporting is based upon the provider’s knowledge of the clinical condition(s) and treatment(s).
FACILITIES and HIERARCHY

• The hierarchy that facilities are to use is based upon a structured algorithm with the following instructions:
  – The “initial” code should be selected using hierarchy (ranking) whereby:
    1. Chemotherapy services are primary to therapeutic, prophylactic, and diagnostic services – which are primary to hydration services.
    2. 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.
    • For example, the hierarchy would not permit reporting 96376 with 96360, as 96376 is a higher order code
    • IV push is primary to hydration

FACILITIES

• When reporting multiple infusions of the same drug/substance on the same date of service:
  – The “initial” code should be selected.
    • The initial code should be the code that best describes the key or primary reason for the encounter. The order in which infusions and injections occurs, does not effect which code is the initial.
  – 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.
EXERCISE

• In the outpatient observation setting, a patient receives one-hour intravenous infusions of the same antibiotic every 8 hours on the same date of services through the same IV access.

ANSWER

– The hierarchy for facility reporting permits the reporting of code 96365 for the first 1 hour dose administered.

– Add-on code 96366 would be reported twice (once for the second and third 1-hour infusions of the same drug).
CPT CODES FOR THERAPEUTIC, PROPHYLACTIC AND DIAGNOSTIC INJECTIONS AND INFUSIONS

• Excludes chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration.

• 96365 – Intravenous infusion for therapy prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour.

• + 96366 - each additional hour (List separately in addition to code for primary procedure.)
  – (Report 96366 in conjunction with 96365, 96367)
  – (Report 96366 for infusion intervals of greater than 30 minutes beyond 1 hour increments)
  – (Report 96366 in conjunction with 96365 to identify each second and subsequent infusions of the same drug/substance)

• + 96367 - additional sequential infusion of a new drug/substance, up to 1 hour (List separately in addition to code for primary procedure)
  – (Report 96367 in conjunction with 96365, 96374, 96409, 96413 to identify the infusion of a new drug/substance provided as a secondary or subsequent service after a different initial service is administered through the same IV access. Report 96367 only once per sequential infusion of same infusate mix.

HYDRATION

• **Hydration** is the process of replacing water in the body.

• This can be done through drinking water, eating ice chips, eating foods that have high water content, drinking other fluids or an intravenous or IV line.

• Being dehydrated is when your body is lacking the water levels necessary to function optimally.

HYDRATION

• Why It's So Important -
  – Your body depends on water to survive
• Every cell, tissue, and organ in your body needs water to work properly.
• For example, your body uses water to maintain its temperature, remove waste, and lubricate your joints.

WATER IS ESSENTIAL FOR LIFE

From the National Institutes of Health:

• Water comprises from 75% body weight in infants to 55% in elderly and is essential for cellular homeostasis and life.
• When we speak of water we are essentially focusing first and foremost on all types of water, be they soft or hard, spring or well, carbonated or distilled water.
• Furthermore we get water not only directly as a beverage but from food and to a very small extent also from oxidation of macronutrients (metabolic water).
  – The proportion of water that comes from beverages and food varies with the proportion of fruits and vegetables in the diet.
  – We present the ranges of water in various foods (Table 1).
  – In the United States it is estimated that about 22% of water comes from our food intake while it would be much higher in European countries, particularly a country like Greece with its higher intake of fruits and vegetables or South Korea.
  – The only in-depth study of water use and water intrinsic to food in the US found a 20.7% contribution from food water; however as we show later, this research was dependent on poor overall assessment of water intake.

Source: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2008954/
Table 1
The Water Content Range for Selected Foods

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Food Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>100%</td>
<td>Water</td>
</tr>
<tr>
<td>90–99%</td>
<td>Fat-free milk, cantaloupe, strawberries, watermelon, lettuce, cabbage, celery, spinach, pickles, squash (cooked)</td>
</tr>
<tr>
<td>80–89%</td>
<td>Fruit juice, yogurt, apples, grapes, oranges, carrots, broccoli (cooked), pears, pineapple</td>
</tr>
<tr>
<td>70–79%</td>
<td>Bananas, avocados, cottage cheese, ricotta cheese, potato (baked), corn (cooked), shrimp</td>
</tr>
<tr>
<td>60–69%</td>
<td>Pasta, legumes, salmon, ice cream, chicken breast</td>
</tr>
<tr>
<td>50–59%</td>
<td>Ground beef, hot dogs, feta cheese, tenderloin steak (cooked)</td>
</tr>
<tr>
<td>40–49%</td>
<td>Pizza</td>
</tr>
<tr>
<td>30–39%</td>
<td>Cheddar cheese, bagels, bread</td>
</tr>
<tr>
<td>20–29%</td>
<td>Pepperoni sausage, cake, biscuits</td>
</tr>
<tr>
<td>10–19%</td>
<td>Butter, margarine, raisins</td>
</tr>
<tr>
<td>1–9%</td>
<td>Walnuts, peanuts (dry roasted), chocolate chip cookies, crackers, cereals, pretzels, taco shells, peanut butter</td>
</tr>
<tr>
<td>0%</td>
<td>Oils, sugars</td>
</tr>
</tbody>
</table>

HYDRATION CPT CODES

- **96360** – Intravenous infusion, hydration, initial, 31 minutes to 1 hr.
  - (Do not report 96360 if performed as a concurrent infusion service.)
  - (Do not report intravenous infusion for hydration of 30 minutes or less). Medicare Allowable - $ 44.85 Non-Fac.

- **+ 96361** each additional hour (List separately in addition to code for primary procedure). Medicare Allowable – $ 13.32 Non-Fac.
  - (Use 96361 in conjunction with 96360.)
  - (Report 96361 for hydration infusion intervals of greater than 30 minutes beyond 1 hour increments.)
  - (Report 96361 to identify hydration if provided as a secondary or subsequent service after a different initial service (96360, 96365, 96374, 96409, 96413) is administered through the same IV access).

- How?
  - An intravenous line is placed into a vein, usually in the arm, and fluid is administered to provide additional fluid levels and electrolytes to counteract the effects of dehydration or supplement deficient oral fluid intake.
  - The physician provides direct supervision of the fluid administration and is immediately available to intervene should complications arise.
  - The physician provides periodic assessments of the patient and documentation of the patient's response to treatment.
CHEMOTHERAPEUTIC AND OTHER THERAPEUTIC AGENTS

- Some chemotherapeutic agents and other therapeutic agents require pre- and/or post-hydration to be given in order to avoid specific toxicities.
  - A \textit{minimum time duration of 31 minutes of hydration infusion is required} to report the service.
  - \textit{However, the hydration codes 96360 or 96361 are not used when the purpose of the intravenous fluid is to “keep open” an IV line prior or subsequent to a therapeutic infusion, or as a free-flowing IV during chemotherapy or other therapeutic infusion.}

Source: AMA 2018 Professional CPT©

WHEN REPORTING CODES FOR WHICH TIME IS A FACTOR

- \textbf{Use the actual time over which the infusion is administered.}
- \textbf{Intravenous or intra-arterial push is defined as:}
  - An injection in which the individual who administers the drug/substance is continuously present to administer the injection and observe the patient, or
  - An infusion of 15 minutes or less.
EXERCISE

• If intravenous hydration (96360, 96361) is given from 11 PM to 2AM

• ANSWER:
  – 96360 would be reported once, and
  – 96361 reported twice

• For continuous services that last beyond midnight, use the date in which the service began and report the total units of time provided continuously

EXERCISE

• However, if instead of a continuous infusion, a medication was given by intravenous push at 10 PM and 2 AM, how would you code?
ANSWER

– As the service was not continuous, the two administrations would be reported as an initial service (96374) and a sequential (96376) because:
  1. No other infusion services were performed, and
  2. The push of the same drug was performed more than 30 minutes beyond the initial administration.

– A “keep open” infusion of any type is not separately reported.

CHEMOTHERAPY VS NON-CHEMOTHERAPY vs HYDRATION

• Chemotherapy administration codes are for the administration of:
  – Non-radionuclide anti-neoplastic drugs
  – Anti-neoplastic agents for treatment of non-cancer diagnosis
  – Certain monoclonal antibodies
  – These services require direct physician supervision/
THERAPEUTIC, PROPHYLACTIC AND DIAGNOSTIC INJECTIONS AND IV INFUSIONS (NON-CHEMOTHERAPY)

• Category of codes is for the administration of:
  – Therapeutic
  – Prophylactic
  – Diagnostic substances/drugs

• These services typically require direct physician supervision
THERAPEUTIC, PROPHYLACTIC, AND DIAGNOSTIC INJECTIONS AND INFUSIONS

Note: (Excludes Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration)

- Therapeutic, prophylactic, or diagnostic IV infusion or injection (other than hydration) is for the administration of substances/drugs.
- When fluids are used to administer the drug(s), the administration of the fluid is considered incidental hydration, and is not separately reported.
- These services typically require direct supervision for any and all purposes of:
  - Patient assessment
  - Provision of consent
  - Safety oversight, and intra-service supervision of staff
- 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.
- These codes are not intended to be reported by the physician or other qualified health care professional in the facility setting.

See codes 96401-96549 for the administration of chemotherapy or other highly complex drug or highly complex biologic agent services.

These highly advanced services require:
- Advanced practice training and competency for staff who provide these services,
- Special considerations for:
  ▪ Preparation,
  ▪ Dosage or disposal, and
  ▪ Commonly services entail significant patient risk and frequent monitoring.
- Examples are:
  ▪ Frequent changes in infusion rate,
  ▪ Prolonged presence of nurse administering the solution for patient monitoring and infusion adjustments, and
  ▪ Frequent conferring with the physician or other qualified health care professional about such issues.
- (Do not report 96365-96379 with codes for which IV push or infusion is an inherent part of the procedure (e.g., administration of contrast material for a diagnostic imaging study))
CODING TIP

- **Instructions for Reporting Medication Administration With Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration:**
  - The administration of medications (e.g., antibiotics, steroidal agents, antiemetic, narcotics, analgesics) administered independently or sequentially as supportive management of chemotherapy administration, should be separately reported using 96360, 96361, 96365, 96379 as appropriate.

CPT CODES

- **96365** Intravenous infusion for therapy, prophylaxis, or diagnosis (specify substance or drug), initial, up to 1 hour. (Medicare Allowable - $ 69.83 Non-Fac.)
- **+96366** each additional hour (List separately in addition to code for primary procedure. (Medicare Allowable - $ 21.29 Non-Fac.)
  - (Report 96366 in conjunction with 96365, 96367).
  - (Report 96366 for additional hour(s) of sequential infusion).
  - (Report 96366 for infusion intervals of greater than 30 minutes beyond 1 hour increments).
  - (Report 96366 in conjunction with 96365 to identify each second and subsequent infusions of the same drug/substance).
- **+96367** additional sequential infusion of a new drug/substance, up to 1 hour (List separately in addition to code for primary procedure). (Medicare Allowable - $ 30.38 Non-Fac.)
  - (Report 96367 in conjunction with 96365, 96374, 96409, 96413 to identify the infusion of a new drug/substance provided as a secondary or subsequent service after a different initial service is administered through the same IV access. Report 96367 only once per sequential infusion of same infusate mix).
CPT CODES

- **+96368 concurrent infusion** (List separately in addition to code for primary procedure). (Medicare Allowable - $20.25 Non-Fac.)
  - (Report 96368 only once per date of service).
  - (Report 96368 in conjunction with 96365, 96366, 96413, 96415, 96416).
- **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). Medicare Allowable –
  - $ 166.11 Non- Fac.
  - (For infusions of 15 minutes or less, use 96372)
- **+96370 each additional hour** (List separately in addition to code for primary procedure) (Medicare Allowable - $ 15.21 Non-Fac.)
  - (Use 96370 in conjunction with 96369).
  - (Use 96370 for infusion intervals of greater than 30 minutes beyond 1 hour increments).
- **+96371 additional pump set-up with establishment of new subcutaneous infusion site(s).** (List separately in addition to code for primary procedure). (Medicare Allowable - $ 60.78 Non-Fac.)
  - (Use 96371 in conjunction with 96369).
  - (Use 96369, 96371 only once per encounter).

CPT CODES

- **96372 Therapeutic prophylactic, or diagnostic injection (specify substance or drug), subcutaneous or intramuscular.** (Medicare Allowable - $ 19.91 Non-Fac).
  - (For administration of vaccines/toxoids, see 90460, 90461, 90471, 90472).
  - (Report 96372 for non-antineoplastic hormonal therapy injections).
  - (Report 96401 for anti-antineoplastic nonhormonal injection therapy).
  - Report 96042 for anti-neoplastic hormonal injection therapy).
  - (Do not report 96372 for injections given without direct physician or other qualified health care professional supervision. To report, use 99211.)
  - (Hospitals may report 96372 when the physician or other qualified health care professional is not present).
  - (96372 does not include injections for allergen immunotherapy. For allergen immunotherapy injections, see 95115-95117).
- **96373 intra-arterial** (Medicare Allowable - $ 18.56 Non-Fac).
- **96374 intravenous push, single or initial substance/drug** (Medicare Allowable –
  - $ 44.94 Non-Fac.)
- **+96375 each additional sequential intravenous push of a new substance/drug.** (List separately in addition to code for primary procedure). (Medicare Allowable - $ 17.39 Non-Fac.)
  - (Use 96375 in conjunction with 96365, 96374, 96409, 96413).
  - (Report 96375 to identify intravenous push of a new substance/drug if provided as a secondary or subsequent service after a different initial service is administered through the same IV access.)
- **+96376 each additional sequential intravenous push of the same substance/drug provided in a facility.** (List separately in addition to code for primary procedure) (Medicare Allowable - $ 0.00.)
  - (Do not report 96376 for a push performed within 30 minutes of a reported push of the same substance or drug).
  - (96376 may be reported by Facilities only.)
  - (Report 96376 in conjunction with 96365, 96374, 96409, 96413).
CPT CODES

• **96377**  *Application of on-body injector* (includes cannula insertion) **for timed subcutaneous injection.**  
  Mcr. Allow. $19.91 Non-Fac.

• **96379**  *Unlisted* therapeutic, prophylactic, or diagnostic intravenous or intra-arterial injection or infusion. (Mcr Allow. – $0.00).
  – (For allergy immunology, see 95004 et seq)

CODING EXERCISES

• Patient with abdominal pain and dehydration is given the following:
  – Normal saline @125 cc/hour. Start time 2:30 p.m.; Stop time – Not documented.
  – Pepcid @20mg IV – Start time 2:30 p.m.; Stop time – Not documented.
  – Toradol @30 mg IV – Start time 2:30 p.m.; Stop time – Not documented.”

• How would you code the CPT code(s) for these services?

Source: HcPro; https://www.hcpro.com/content/249157.pdf.
ANSWER

1. Code each of the drugs as an IV push. Why? Because there are no stop times documented.
   - Code 96374- Pepcid @ 20m IV
   - Code 96375 – Toradol @ 30 mg IV

2. Do not code for the saline hydration because hydration infusions that are 30 minutes or less or concurrent are not separately reportable.

Source: HcPro; https://www hcpro com/content/249157.pdf
CHEMOTHERAPY ADMINISTRATION CODES 96401-96549

• Codes apply to:
  – Parenteral administration of non-radionuclide anti-neoplastic drugs; and also to
  – Anti-neoplastic agents provided for treatment of noncancerous diagnoses (eg, cyclophosphamide for auto-immune conditions); or to
  – Substances such as certain monoclonal antibody agents, and
  – Other biologic response modifiers.

TERMINOLOGY

• Parenteral administration - means any non-oral means of administration, but is generally interpreted as relating to injecting directly into the body, bypassing the skin and mucous membranes.
  – The common parenteral routes are:
    • intramuscular (IM)
    • subcutaneous (SC)
    • intravenous (IV)
  – The name Parenteral comes from:
    “para” = aside + “enteral” = intestine
  • A method of delivering the drug directly into the blood stream without having to pass the oral or alimentary mucous layer. i.e., the drug by passes the gut and enter the blood stream.

Source: https://www.studyread.com/parenteral-drug-administration/; “Parenteral Drug Administration| Their Types, Advantages and Disadvantages”
TERMINOLOGY

• **Radionuclide testing:**
  - A procedure that involves injecting a radioactive isotope, typically thallium or cardiolyte, into the patient's vein after which an image of the patient's heart becomes visible with a special camera. The radioactive isotopes are absorbed by the normal heart muscle.
  

• **Anti-neoplastic agent:**
  - Acting to prevent, inhibit or halt the development of a neoplasm (a tumor).
  - An agent with antineoplastic properties. For example, oxaliplatin (Eloxatin) is an antineoplastic used in the treatment of metastatic colon cancer.


• **Monoclonal antibody agent:**
  - A type of protein made in the laboratory that can bind to substances in the body, including cancer cells. There are many kinds of monoclonal antibodies. A monoclonal antibody is made so that it binds to only one substance. Monoclonal antibodies are being used to treat some types of cancer.


• **Clonal:**
  - DNA sequence, such as a gene, that is transferred from one organism to another and replicated by genetic engineering techniques; one that copies or closely resembles another in appearance or function


• **Autoimmunity:**
  - The immune system defends the body against infections and certain other diseases. It is made up of different organs, cells, and proteins known as antibodies. ... Sometimes the immune system makes a mistake and attacks the body’s own tissues or organs. **One example of an autoimmune disease** is type 1 diabetes, in which the immune system destroys the cells in the pancreas that produce insulin.

CHEMOTHERAPY ADMINISTRATION
CODES 96401-96549

• Requires:
  – Physician or other qualified health care professional work; and/or
  – Clinical staff monitoring well beyond that of therapeutic drug agents (96360-
    96379) because the incidence of severe adverse patient reactions are typically
greater.
  – Can be provided by any physician or other qualified health care professional.
  – Typically require advanced practice training and competency for staff who
    provide services and special considerations for:
    • Preparation
    • Dosage and disposal
    • Services will entail significant patient risk and frequent monitoring
  – Typically highly complex and require direct supervision for any or all purposes of:
    • Patient assessment
    • Provision of consent
    • Safety oversight
    • Intraservice supervision of staff

CHEMOTHERAPY ADMINISTRATION
CODES 96401-96549

• Examples of highly complex nature of services:
  – Frequent changes in the infusion rate,
  – Prolonged presence of the nurse administering the solution for patient
    monitoring and infusion adjustments, and
  – Frequent conferring with the physician or other qualified health care professional about
    these issues.
CHEMOTHERAPY ADMINISTRATION
CODES 96401-96549

• When performed to facilitate the infusion of injection, preparation of chemotherapy agent(s), highly complex agent(s), or other highly complex drugs is included and is not reported separately.
• To report infusions that do not require this level of complexity, see 96360-96379.
• Codes 96401-96402, 96409-96425, 96521-96523 are not intended to be reported by individual physician or other qualified health care professional in the Facility setting.
• The term “chemotherapy” in 96401-96549 includes other highly complex drugs or highly complex biologic agents.
  – Biologic agent - A substance that is made from a living organism or its products and is used in the prevention, diagnosis, or treatment of cancer and other diseases.
  – Biologic agents include antibodies, interleukins, and vaccines.


CHEMOTHERAPY ADMINISTRATION
CODES 96401-96549

• Report separate codes for each parenteral method of administration employed when chemotherapy is administered by different techniques.
• The administration of medications (eg, antibiotics, steroidal agents, antiemetic, narcotics, analgesics) administered independently or sequentially as supportive management of chemotherapy administration, should be separately reporting using 96360, 96361, 96365, 96379 as appropriate.
• Report both the specific services as well as code(s) for the specific substance(s) or drug(s) provided. The fluid used to administer the drug(s) is considered incidental hydration and is not separately reportable.
CHEMOTHERAPY ADMINISTRATION CODES 96401-96549

- Regional (isolation) chemotherapy perfusion should be reported using the codes for arterial infusion (96420-96425).
  - (Perfusion - the passage of fluid through the circulatory system or lymphatic system to an organ or a tissue, usually referring to the delivery of blood to a capillary bed in tissue.)
- Placement of the intra-arterial catheter should be reported using the appropriate code from the Cardiovascular Surgery section.
- Placement of arterial and venous cannula(s) for extracorporeal circulation via a membrane oxygenator perfusion pump should be reported using 36823. Code 36823 includes dose calculation and administration of the chemotherapy agent by injection into the perfusate. Do not report 96409-96425 in conjunction with 36823.
  - (For home infusion services, see 99601-99602).
  - (Cannula - a thin tube inserted into a vein or body cavity to administer medicine, drain off fluid, or insert a surgical instrument.)
  - (Extracorporeal membrane oxygenation (ECMO) is a treatment that uses a pump to circulate blood through an artificial lung back into the bloodstream .......This system provides heart-lung bypass support outside of the body)

Source: Medline Plus; https://medlineplus.gov/ency/article/007234.htm
CPT CODES

- Intravenous or intra-arterial push is defined as:
  - 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.
- 96401 Chemotherapy administration, subcutaneous or intramuscular, non-hormonal anti-neoplastic (Medicare Allowable - $ 76.87 Non-Fac.)
- 96402 hormonal anti-neoplastic (Medicare Allow. -$ 29.75 Non-Fac.
- 96405 Chemotherapy administration; intralesional, up to and including 7 lesions. (Medicare Allow. - $ 78.34 Non-Fac.)
- 96406 intralesional, more than 7 lesions (Mcr. Allow - $114.94 Non-Fac.)
- 96409 intravenous, push technique, single or initial substance/drug (Medicare Allow. $ 104.86 Non-Fac)
- +96411 intravenous, push technique, each additional substance/drug.(List separately in addition to code for primary procedure). (Medicare Allow - $ 56.35 Non-Fac.)
- (Use 96411 in conjunction with 96409, 96413)

CHEMOTHERAPY ADMINISTRATION

- It is important to distinguish the treatment of a lesion by injecting a steroidal drug (11900-11901), from intralesional chemotherapy, which is reported with the codes listed below.
  - 11900 - Injection, intralesional; up to and including 7 lesions
  - 11901 - Injection, intralesional; more than 7 lesions
- AMA Guidelines:(11900, 11901 are not to be used for preoperative local anesthetic injection)
  - (For veins, see 36470, 36471)
  - (For intralesional chemotherapy administration, see 96405, 96406)
- 96405 Chemotherapy administration, intralesional; up to and including 7 lesions
- 96406 more than 7 lesions
- You should note that the intralesional injection codes are not intended to be used to report the injection of local anesthetic agents prior to another surgical procedure, such as lesion excision or biopsy.
INJECTION TYPES AND THEIR RESPECTIVE CODES

- **Injection Type**  |  **Code:**
- Steroid                      | 11900, 11901
- Chemotherapy Agent           | 96405, 96406
- Preoperative Anesthesia      | Not coded separately (included in listed surgical procedure)
- Diagnostic/therapeutic Anesthetic Agent | 64400, 64530


CPT CODES

- **96413**  Chemical administration, *intravenous infusion technique, up to 1 hour, single or initial substance/drug.* (Medicare Allow. - $135.96 Non-Fac.)
  - (Report 96361 to identify hydration if administered as a secondary or subsequent service in association with 96413 through the same IV access).
  - (Report 96366, 96367, 96375 to identify therapeutic, prophylactic, or diagnostic drug infusion or injection, if administered as a secondary or subsequent service in association with 96413 through same IV access).
- **+96415**  each additional hour (List separately in addition to code for primary procedure). (Medicare Allow. - $ 30.04 Non-Fac.)
  - (Use 96415 in conjunction with 96413).
  - (Report **96415 for infusion intervals of greater than 30 minutes beyond 1 hour increments**).
- **96416**  *initiation of prolong chemotherapy infusion (more than 8 hours), requiring use of portable or implantable pump.* (Medicare Allow. - $138.17 Non-Fac)
  - (For refilling and maintenance of a portable pump or an implantable infusion pump or reservoir for drug delivery, see 96521-96523)
- **+96417**  each additional sequential infusion (different substance/drug), up to 1 hour.  (List separately in addition to code for primary procedure). (Medicare Allow. $ 65.44 Non-Fac.)
  - (Use 96417 in conjunction with 96413)
  - (Report only once per sequential infusion. Report 96415 for additional hour(s) of sequential infusion).
INTRA-ARTERIAL CHEMOTHERAPY AND OTHER HIGHLY COMPLEX DRUG OR HIGHLY COMPLEX BIOLOGIC AGENT ADMINISTRATION

CPT CODES:

- **96420** Chemotherapy administration, *intra-arterial, push technique* (Medicare Allow. - $101.27 Non-Fac.)
- **96422** infusion technique, *up to 1 hour* (Medicare Allow. - $176.71 Non-Fac)
- +**96423** infusion technique, *each additional hour* (List separately in addition to code for primary procedure). (Medicare Allow. - $80.44 Non-Fac.)
  - (Use 96423 in conjunction with 96422)
  - (Report 96423 for infusion intervals of greater than 30 minutes beyond 1 hour increments)
  - (For regional chemotherapy perfusion via membrane oxygenator perfusion pump to an extremity, use 36823)
- **96425** infusion technique, *initiation of prolonged infusion (more than 8 hours), requiring the use of a portable or implantable pump*. (Medicare Allow. – $184.71 Non-Fac.)
  - (For refilling and maintenance of a portable pump or an implantable infusion pump or reservoir for drug delivery, see 96521-96523)

OTHER INJECTION AND INFUSION SERVICES

- **Code 96523 does not require direct supervision.**
- **Codes 96521-96523 may be reported when these devices are used for therapeutic drugs other than chemotherapy.**
  - (For collection of blood specimen for a completely implantable venous access device, use 36591)
- **96440** Chemotherapy administration into pleural cavity, *requiring and including thoracentesis*. (Medicare Allow. – $756.21 Non-Fac.)
- **96446** Chemotherapy administration into the peritoneal cavity via indwelling port or catheter. (Medicare Allow. – $198.39 Non-Fac.)
- **96450** Chemotherapy administration, into CNS (eg, intrathecal), *requiring and including spinal puncture*. (Medicare Allow. - $178.06 Non-Fac.)
EXERCISE

• Please assign the appropriate CPT/HCPCS codes for this service:

  – **Chemotherapy with Hydration:**
    • Infusion – Start time: 8:00 a.m.; Stop time: 10:40 a.m.
    • Chemo medication – Remicade – 100 mg
    • Normal saline – 1000 ml

ANSWER

1. 96413 - Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug
   AMA Guidelines: (Report 96361 to identify hydration if administered as a secondary or subsequent service in association with 96413 through the same IV access)(Report 96366, 96367, 96375 to identify therapeutic, prophylactic, or diagnostic drug infusion or injection, if administered as a secondary or subsequent service in association with 96413 through the same IV access).

2. 96415 x 2 - Chemotherapy administration, intravenous infusion technique; each additional hour (List separately in addition to code for primary procedure)
   AMA Guidelines: (Use 96415 in conjunction with 96413 – (Report 96415 for infusion intervals of greater than 30 minutes beyond 1-hour increments)

3. J1745 x 10 - Injection, infliximab, excludes biosimilar, **10 mg** (NDC Remicade)

4. J4070 x 2*** - Infusion, normal saline solution, sterile (500 ml=1 unit)
   * *Note:* Normal saline may or may not be paid. Status code E for Medicare – Excluded from Physician Fee Schedule by Regulation: These codes are for items and/or services that CMS chose to exclude from the fee schedule payment by regulation. No RVUs are shown, and no payment may be made under the fee schedule for these codes. Payment for them, when covered, generally continues under reasonable charge procedures
INJECTIONS IN THE OTHER SECTIONS OF CPT

• Extracranial Nerves, Peripheral Nerves and Autonomic Nervous System – Code Range 64400-64530)
  – Introduction/Injection of Anesthetic Agent (Nerve Block), Diagnostic or Therapeutic
    • (For destruction by neurolytic agent or chemodenervation, see 62280-62282, 64600-64681)
    • For epidural or subarachnoid injection, see 62320, 62321, 62322, 62323, 62324, 62325, 62326, 62327)
    • (64479-64487, 64490-64495 are unilateral procedures. For bilateral procedures, use modifier 50)

• Note: A future presentation for Pain Management and Anesthesia procedures, including the above, will be presented to cover additional services. Monitor www.pmimd.com for this and other training topics.

QUESTIONS?

• Q&A ?
• Comments?

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  mcollins@coremdpartners.com

THANK YOU!