Infusion Coding
Initial Service

Best describes the key or primary reason for the encounter

- 96413 Chemotherapy infusion
- 96409 Chemotherapy IV push
- 96365 Intravenous Infusion
- 96374 IV push
- 96360 Hydration
Initial Service

• There should be only ONE initial service on a given day of infusion

• Unless......
  – A separate site is involved (rt arm & lt arm)
  – A separate encounter (9 am and later 6 pm)
Second or Subsequent Services

Are Coded separately:

• 96417 Chemotherapy infusion
• 96411 Chemotherapy IV Push
• 96367 Infusion
• 96375 IV push new drug
• 96376 IV push same drug
• 96361 Hydration
Different Codes for IV Push

• **SAME substance**
  – IV push of Demerol at 10:00
  – + IV push of Demerol at 10:45
  – = 96374 and 96376

• **NEW substance**
  – IV push of Demerol at 10:00
  – + IV push of Reglan at 10:05
  – = 96374 and 96375
Constant Attendance

• The healthcare professional must be present continuously to administer the IV injections
Concurrent infusion

- Multiple infusions provided through the same IV line
  - 96368 Concurrent infusion
  - (List separately in addition to code for primary procedure)
  - 96365 for the first antibiotic
  - 96368 for the concurrent infusion of antibiotic
  - 96375 for the sequential IV push drug
Hydration Codes

Must be **therapeutic** to be assigned:

- 96360 Intravenous infusion, hydration; initial, 31 minutes to 1 hour
- 96361 Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure)

(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)

(Do not report intravenous infusion for hydration of 30 minutes or less)
These are TIMED services

- documentation of time is required for infusion and hydration services
  - First hour infusion = 16 minutes or more
  - First hour hydration = 31 minutes or more
  - Second hour = first 60 minutes plus additional 31 minutes or more
• Do not report an Evaluation and Management visit code if the reason for the visit was to administer drugs

[This is an American Medical Association Current Procedural Terminology mandate]
Coding for E&M

When addressing a significantly, separate problem, assign an evaluation and management code along with modifier 25 and:

- Hydration
- Therapeutic or diagnostic injections and intravenous (IV) infusions (other than hydration), and
- Chemotherapy administration

[Claims must include an appropriate outpatient hospital visit E&M CPT code with revenue code 096X, 097X, or 098X on bill type 85X. For use with Method II and must be billed on the UB04 form.]
• Do not report 96523 if an injection or infusion is provided on the same day
  – 96523 Irrigation of implanted venous access device for drug delivery systems
Drugs in addition to Chemo

Report drug administration given additionally with chemotherapy

EXAMPLE:
• Chemotherapy infusion - 96413
• Non-chemotherapy injections 96375 + 96375
• Hydration for one hour - 96361
Chemotherapy services include non-radionuclide anti-neoplastic drugs, anti-neoplastic agents for treatment of noncancer diagnoses and substances such as certain monoclonal antibody agents and other biologic response modifiers.
Drug, dose, route and start and stop times

Chemotherapy start and stop times
Billing/Coding
Charge Description Master

• Line item should represent the same amount of the drug as listed with the HCPCS code
• Report the line item as often as necessary to report the amount of the drug that was needed.

Example:

• Code Description:
  – J9340 Thiotepa, 15 mg
Billing/Coding

Payment for Chemotherapy Drugs

• J9340, Thiotepa injection, 15 mg Code APC 1
  Payment Rate

• Assign code J9340 x 2

To receive payment for 30 mg of Thiotepa (2 units need to be reported)