

Injection and Infusion Coding



New York Health Information Management Association 5/26/2017

Introduction

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Overview

- Concepts
- Standards
- Hierarchy
- Guidelines
- Administration descriptions
- Tips
- Practice scenarios

Drug Administration Concepts

- Follow CPT guidelines and utilize the hierarchy
- There will be one code designated as the initial service
- The order of the administration does not determine what will be your initial service
- Normally there will be only 1 initial service per encounter. The exception is when there are clearly documented multiple intravenous access sites
- The hierarchy is for facility coding – not physician
- IM/SQ injections do not apply to hierarchy

Documentation Standards

- Physician order
- Medical necessity
- Substance
- Route medication given
- Site of administration
- Start and stop times for each drug/substance
- Volume and rate of administration

Hierarchy

For **Facility** reporting purposes the “hierarchy” is the methodology used to report correct drug administration.

- Chemotherapy Infusions
- Chemotherapy Injections
 - Chemotherapy services are always primary and will always be your initial administration when performed
- Therapeutic, prophylactic & diagnostic infusions
- Therapeutic, prophylactic & diagnostic intravenous pushes - IVP
- Hydration

Question #1

The patient receives an intravenous push of chemotherapy drug Vincristine and a 30 minute infusion of Zofran. Which drug is reported as the initial service?

- Vincristine
- Zofran

Question #1 - Answer

The patient receives an intravenous push of chemotherapy drug Vincristine and a 30 minute infusion of Zofran. Which drug is reported as the initial service?

- Vincristine - the initial service is the IVP chemotherapy drug Vincristine. Follow the hierarchy per CPT facility guidelines. Chemotherapy is always initial.

CMS vs CPT Guidelines

- CPT instructs the Coder based on Physician guidelines.
- CMS instructs the Coders on Facility guidelines.
- The difference is that CPT guidance states that if a patient receives services crossing over midnight during a single encounter – multiple initial administration codes would apply.
- CMS states that only one initial service per encounter is appropriate.
- **Per Medicare Claims Processing Manual, section 230.2, Coding and Payment for Drug Administration states that:**
 - Drug administration services are to be reported with a line item date of service on the day they are provided. In addition, only one initial drug administration service is to be reported per vascular access site per encounter, including during an encounter where observation services span more than 1 calendar day.

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Infusion Time

- **Documentation of time is required to assign administration services appropriately:**
 - IVP = < 15 minutes
 - Intravenous infusion = >16 minutes
 - 31 minutes to 1 hour
 - > 90 minutes
 - 30 minutes between IVP of same drug
 - The infusion time = “the actual time over which the infusion is administered”
 - START and STOP times for all drugs/substances are documented as best practice

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What is Initial, Sequential and Concurrent?

- **Decision needs to be made if a drug or substance administered is:**
 - Initial
 - Sequential/Subsequent
 - Concurrent

Initial

- Remember to utilize hierarchy for accurate administration code designation
- Only one “initial” coded per encounter - per each vascular access site
- The order in which injections or infusions are given does not matter
- Not always given first
- During most encounters –1 “initial” will be reported

Initial Codes

- 96413 – Initial infusion of chemotherapy – 1st hour
- 96422 – Initial intra-arterial infusion of chemotherapy – 1st hour
- 96409 – Intravenous push (IVP) of chemotherapy – single/initial drug
- 96365 – Initial therapeutic/diagnostic/prophylactic infusion – 1st hour
- 96369 – Initial SC therapeutic infusion – 1st hour, including pump set-up & establishment of SC infusion site(s)
- 96374 – Initial intravenous push (IVP) – single substance/drug
- 96360 – Initial hydration – 1st hour > 30 minutes

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Sequential/Subsequent

- Infusion of non-primary drug – different drug than primary
- Must be given prior to or after other drugs and not considered “concurrent”

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Sequential/Subsequent Codes

- 96417 – IV infusion - chemo, each add'l, sequential infusion of different drug – 1st hour
 - 96411 – IVP chemo, each add'l (different) substance/drug
 - 96367 – IV infusion - therapeutic/diagnostic/prophylactic infusion, each add'l sequential infusion of different drug – 1st hour
 - 96375 – IVP, each add'l, different substance/drug
 - 96361 – Hydration, each add'l hour > 30 minutes
- These codes are reported for non-primary drugs/substances given via IV or IVP

Additional Codes

- 96415 – IV infusion of chemo, each add'l hour
 - 96423 – IA infusion of chemo, each add'l hour
 - 96366 – IV therapeutic/diagnostic/prophylactic infusion, each add'l hour
 - 96370 – SC therapeutic infusion, each add'l hour
 - 96376 – IVP, each add'l sequential IVP of same drug > 30 minutes apart or not reportable
- These codes are used to report add'l administrations of the same drug/substance given by infusion or IVP

Question

Per the documentation a patient receives IVP of Benadryl at 11:04 and again at 11:26. Should both be reported?

- Yes
- No

Question - Answer

Per the documentation a patient receives IVP of Benadryl at 11:04 and again at 11:26. Should both be reported?

- No - Only report the initial IVP of Benadryl. If the 2nd dose of the same drug is not > 30 minutes apart – do not report that administration.

Concurrent

- Concurrent infusions are new substances or drugs infused at the same time as another substance or drug.
- Hydration is not considered a “concurrent” infusion.
- Concurrent infusions can only be reported once per encounter.
- MAR should specify if the medication is running concurrently; i.e. Mannitol running in a separate line with Cisplatin. If given after Cisplatin this would be a separate, additional infusion and coded as such based on times entered in MAR.

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Drug infusions – chemo and non-chemotherapy drugs

- The start and stop times should be entered in the MAR and be accurately reflected in administration codes assigned.
- Pause times for drugs should be documented clearly so that the Coder can calculate correctly. Times that a paused drug are running are added together and coded based on total time; NOT per each start and stop.
- If multiple medications are mixed in the same bag – there will be only 1 administration charge.

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Intravenous push drug administration - IVP

- An IVP is defined as an infusion of 15 minutes or less (i.e., less than 16 minutes)
- If the drug is ordered as an IVP and start and stop times are > 15 minutes – you will have documentation supporting an infusion administration and not an IVP
- Drugs given over a duration of 16+ minutes are an infusion and not an IVP

Hydration

- Hydration is used to report intravenous infusions of **pre-packaged fluids and electrolytes** (i.e., normal saline, D5-1/2 normal saline + 30mEq KCL/liter)
- If drugs are added to the pre-packaged hydration substance – this now becomes an infusion of the drug and not hydration; these are 2 separate categories and ranges of CPT codes/charges are different
- Medical necessity should be documented by physician
 - Examples of medical necessity are: Dehydration or volume depletion, nausea and vomiting, diarrhea – inability to maintain a hydrated state, glucose and electrolyte imbalances and pain

Subcutaneous and IM Injections

What documentation is needed for accurate reporting?

- Date and time of the injection, name of the medication, dosage administered and the site of injection along with the name of the person administering
- 96372 - Administration; therapeutic, prophylactic or diagnostic injection; subcutaneous or intramuscular; i.e. Neulasta (Report 96372 for non-antineoplastic hormonal therapy injections)
- 96401 – Administration of **anti-neoplastic non-hormonal injection** therapy; Vidaza or Oncovin
- 96402 – Administration of **anti-neoplastic hormonal injection** therapy; Faslodex or Lupron
- ***Create a list of commonly used drugs that fall within each of these categories indicating type and post for easy reference***

New Code in 2017

- 96377 – Application of an on-body injector (includes cannula insertion) for a timed subcutaneous injection
- **See CPT Assistant, October 2016 for On-body injector for therapeutic injections**
 - **Neulasta is one example of a drug that is administered in this way – post chemotherapy treatment it is applied to the skin and is set to be delivered to the patient the next day.**

Hydration and Infusion Coding Tips

- Key – 1 initial service unless 2 separate IV accesses are documented in the medication administration record
- Hydration is reported at 31 minutes of infusion. <= 30 minutes – do not report
- Concurrent service is only allowed once per encounter
- Infusion of <= 15 is reported as an IVP
- IM/SQ injections of medications are reported per each injection
- Each add'l sequential IVP of same drug/substance must not be reported if within 30 minutes of each other.
- Do not report hydration when infusion is running at the same time
- Hydration is not considered a concurrent service.
- KVO – Keep Vein Open – is not considered hydration and not coded

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Question 3

Documentation states that the patient received multiple drug infusions. Normal saline ran along with the medications and by itself for 26 minutes. Would the hydration be reported?

- Yes
- No

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Question 3 - Answer

Documentation states that the patient received multiple drug infusions. Normal saline ran along with the medications and by itself for 26 minutes. Would the hydration be reported?

- No - Hydration is reported at 31 minutes. If less than – you do not report it.

Packaged Services

Per CPT Guidelines - If performed to facilitate the infusion or injection, the following services are included and are not reported separately:

- Use of local anesthesia
- IV start
- Access to indwelling IV, subcutaneous catheter or port
- Flush at conclusion of infusion
- Standard tubing, syringes and supplies

Encounter 1

Patient presents to the ED with nausea and vomiting and is dehydrated. The Physician orders IVP Zofran and hydration. The RN administered IVP Zofran at 10 am and D5/Normal Saline was started at 10:30 am and ended at 12:30 pm.

- ***What administration codes do you use?***

Encounter 1 Answer

- 96374 for initial IVP of Zofran
- 96361 X 2 for the 2 hours of hydration

Encounter 2

The 72 year old female patient presents to the ED with a UTI. Per Physician orders the RN administers an intravenous infusion of an antibiotic from 1:00 pm – 2:45 pm. The patient also receives an IVP of the same antibiotic at 3:00 pm.

- ***What administration codes do you use?***

Encounter 2 Answer

- 96365 for the initial hour of infusion
- 96366 for the additional hour of infusion of same drug
- 96376 for IVP of same drug

Encounter 3

A 65 year old patient arrives with acute pain due to a fall. The patient experiences nausea as well. Per Physician orders the RN administers the following medications:

- Morphine IVP at 7:15 am
 - Morphine IVP at 7:35 am
 - Zofran IVP at 7:37 am
 - Zofran IVP at 8:15 am
- ***What administration codes do you use?***

Encounter 3 Answers

- 96374 for initial IVP of Morphine – doesn't need to be the Morphine but all were given IVP so same administration on hierarchy
- 96375 for different drug - Zofran
- 96376 for 2nd dose of Zofran
- No administration code for the 2nd dose of Morphine at 7:35 as it was within 30 minutes of the first administration time of 7:15

Encounter 4

The patient presents to the ED in respiratory failure. The patient receives IVP of Etomidate at 6:00 pm prior to being intubated. While on a ventilator the patient is stabilized. The patient shows signs of bradycardia and receives an IVP dose of Atropine at 8:15 pm. The patient then receives Vancomycin from 9:00 pm – 10:10. Levaquin is also infused from 9:15 pm – 10:00 pm.

- ***What administration codes do you use?***

Encounter 4 Answers

- 96365 for initial infusion of Vancomycin
- 96368 for Levaquin infusion that ran 45 minutes concurrently with Vancomycin
- 96375 for IVP of Atropine
- Etomidate was used to facilitate intubation and therefore is considered integral and administration is not coded

Encounter 5

The 17 year old female patient presents to the ED and per Physician orders the RN administers the following:

- Normal Saline: 11:35 – 12:35
- D5W-1/2 NS: 12:20 – 13:06
- Acetaminophen IV: 12:03 – 12:18
- ***What administration codes do you use?***

Encounter 5 Answers

- 96374 for intravenous administration of Acetaminophen (12:03-12:18 = 15 minutes = IVP)
- 96361 X 2 for total of 1 hour and 31 minutes (11:35 – 13:06)
 - CPT guidelines do not suggest or infer that the time of an IVP administration is to be deducted from the total hydration infusion. *See CPT Assistant, May 2010 Page: 8 **Infusion and injection services reporting – clarification***

Questions?

Presenter and Contact Information

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Thank you and enjoy the
conference!