Billing For Infusion Services

A Brief Discussion

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Infusion Documentation

Document accurately and specifically

- The diagnosis for the service
- Medical Necessity
- The drug(s) or substance(s) provided
- The route (e.g., injection, push, infusion) into the patient
 - Flush or clearing of line(s)between sequential administrations
 - Clarify drugs mixed in single bag or administered simultaneously
- The length of time for infusions, according to start and stop times
 - Patient reactions, Nursing Action, Restart /stop times
- Instructions given to patient



The Code Hierarchy

Chemo infusions
Chemo injections
Non-chemo, therapeutic infusions
Non-chemo, therapeutic injections
Hydration infusions

Injection vs. Infusion

Injections

- last 15 minutes or less
- Can be therapeutic, chemo, or immunizations
- Includes IV Push, IM, SQ, IA
- Document type, site, duration, substance, purpose, tolerance
- Code per injection, not per medication
- Example CPT codes: 96411, 96372, 96374, 96375, 96376



Infusion Coding Example

Patient complains about nausea during her one hour methylprednisolone one gram infusion:

Prescriber orders Ondansetron HCL 4mg IVP, may repeat x1

96365 x 1 for the hour long methylprednisolone infusion J2930 x 8 for the medication

J2405 x 1 for the medication

96375 x 1 (subsequent IVP or "injection add on")

because it is secondary to the therapeutic infusion/lower in the hierarchy this is the case whether the anti-emetic was given prior to, during or post and the primary reason for the visit is corticosteroid for her MS/340.

Basic Infusion Guidelines per CMS

- Only one initial service may be coded per encounter.
- A bolus of prepackaged fluids or other specific medications should be coded as therapeutic.
- Start and stop times determine how to calculate the hour(s).
- The additional hour can be included only when the infusion has lasted more than 30 minutes into the second hour.
- The fluid used to administer drug(s) is incidental hydration and is not separately payable.

Start and Stop Times Simplified

1st hour

16-90 minutes

(exception for hydration 31-90 min) initial hour

2nd hour

91-150 minutes =

1 unit of additional subsequent service code

3rd hour

151-210 minutes =

2 units of additional subsequent service code

Secondary Infusion Services

Sequential Infusion CPT 96367

- lines are flushed after each (prior) infusion
- each drug is sequentially administered (one right after the other)
- You can only report the sequential infusion code once per infusate mix
- Different drug or infusate mix given >15 mins and <91 mins

Example: two pre-medications (<u>not</u> compatible, <u>not</u> mixed in a single bag) is billed at two units, or 96367 X 2;

Example: two pre-medications (compatible and mixed in same bag) is billable at one unit or 96367 X 1.

Example: new medication infused over 90 minutes, report 96366 (each additional hour), not sequential

Secondary Infusion Services

Concurrent Infusion CPT 96368

Use for multiple infusions at the same time through the same access site.

It's not the number of meds or bags hanging that matter, it's the number of access sites!

Example: None I can think of for MS Care!

Example: Initial and Sequential Benadryl 25 mg IVP and Methylprednisolone 1000mg given prior to Alemtuzumab/chemo infusion

96413 (1st hour chemo)

96415 x 3 (assuming chemo took 4 hrs total)

96367 (sequential infusion for the methylprednisolone, assuming it went in >15 mins and <91 mins)

96375 (subsequent or add-on/different med IVP; <15mins)

^{*}you could bill 96366 if methylprednisolone runs in >91 mins

When is it okay to use two initial codes at the same time?

Hydration of Normal Saline Time: 1010-1310

Meperidine 25mg Time: 1010

Diphenhydramine 25mg Time: 1014

Ondansetron IV

separate IV access site Time: 1115-1215

96365 x 1 Initial IV Therapeutic Infusion

96374 -59 x 1 Initial IV Push

96375 x 1 IV Push Each Addt'l (Different/New Drug)

96361 x 3 Addt'l Hydration Infusion

Infusion Codes - Hydration

96360© IV infusion therapy, 1 hour 96361© IV infusion, additional hour

J7030 Infusion, normal saline solution 1,000 cc J7040 Infusion, normal saline solution, sterile, 50 ml J7042 5% dextrose/normal saline 500 ml J7050 Infusion, normal saline solution 250 cc J7060 5% dextrose/water 500 ml J7070 Infusion, D5W, 1,000 cc J7120 Ringer's lactate, infusion, up to 1,000 cc

Infusion Guidelines - Hydration

- With chemotherapy, these CPT codes are covered only when infusion is prolonged and done sequentially (done hour(s) before and/or after administration of chemotherapy); and you should append modifier 59.
- When the patient's volume status is compromised or will be compromised by side effects of chemotherapy or an illness.

*When the sole purpose of fluid administration (e.g., saline, D5W) is to maintain patency of the access device, the infusion is neither diagnostic nor therapeutic; therefore, hydration therapy should not be billed.

"Port Flush"

Medicare will consider payment for code 96523©, irrigation of implanted venous access device for drug delivery systems, if it is the only service provided that day. If there is a visit or other injection or infusion service provided on the same day, payment for 96523 is included in the payment for the other service.

For declotting a catheter or port, see CPT code 36593.

Infusion and E & M Services

The appropriate E&M CPT code (other than 99211) should be reported utilizing **modifier 25** in addition to IV administration if a the patient's condition required a significant separately identifiable E & M service.

For an E&M service provided on the same day, a different diagnosis is not required.

Modifier - 59

Modifier 59 is used to identify procedures/services that are commonly bundled together, but are appropriate to report separately under some circumstances. (i.e.,) a different location, different anatomical site, and/or a different session.

The -59 modifier may be appended when infusions or injections have been provided in two separate visits in the same calendar day. Example: Natalizumab infused at 9a, patient seen by neurologist at 1p, and methylprednisolone IV is ordered and administered at 3p. Prescriber documents reason and medical necessity.

A different diagnosis is not required.

Patient Responsibilities

Patient responsible for *current* insurance information:

Notify PRIOR to visit
Include third party funding source information
Rx benefit plans/Spec pharmacy options/Part D plans

Payment Plans:

Balance reconciliation

Financial Hardships

Co-pays

Waivers

Referrals/Auths/Pre-D

Signed and Dated by Patient/Guardian and Staff Witness

Business Staff Responsibilities

Keeping track of billing and third party responsibilities

Clean claims

Timely payments

Researching rejected claims or denials

Keeping track of patient responsibilities

Patient Balances

Payment Plans

Financial Hardships

Uncollectable

^{*}Educating clinical staff, clerical staff, patients and colleagues

Clinical Staff Responsibilities

Documentation

Specifics

Detail

Include times on everything!