



Correct Coding for Infusions and Injections

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Agenda

- The hierarchy facility vs. clinic for infusion coding
 - Initial, each additional, each sequential, concurrent
- Documentation of start and stop times
- Chemo and non-chemo infusion pumps
- Evaluation and Management (E/M) visits performed the same day as infusion services
- Coding hydration infusion with other infusion services
- Blood draws, phlebotomy, and port flushes

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Supervision Levels

- General Supervision - means the procedure is furnished under the physician's overall direction and control, but the physician's presence is not required during the performance of the procedure.
- Direct Supervision - means the physician must be present and 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.
- Personal Supervision - means a physician must be in attendance in the room during the performance of the procedure.

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Infusion/Injection Services performed in the facility setting

For all infusions reported by the facility, IV pushes and injections are coded based on a hierarchy. The hierarchy determines which infusion service will be coded as the "initial."

Chemotherapy services are primary to therapeutic, prophylactic and diagnostic services which are primary to hydration.

1. Chemotherapy
2. Therapeutic, prophylactic and diagnostic services
3. Hydration

Infusions are primary to IV pushes, which are primary to injections.

1. Infusion
2. IV Push
3. Injection

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Infusion/Injections performed in the clinic setting

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.

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Chemotherapy vs. Non-Chemotherapy vs. Hydration

Chemotherapy

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.

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Chemotherapy vs. Non-Chemotherapy vs. Hydration

Therapeutic, Prophylactic and Diagnostic Injections and IV Infusions (Non-Chemotherapy)

This category of codes is for the administration of:

- Therapeutic,
- Prophylactic,
- Diagnostic substances/drugs

These services typically require **direct** physician supervision.

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Chemotherapy vs. Non-Chemotherapy vs. Hydration

Hydration

Hydration IV infusions consist of pre-packaged fluid and electrolytes (examples: normal saline, D5-1/2 normal saline).

These services usually require **direct** physician supervision.

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Infusion vs. IV Push vs. Injection

Infusion

An infusion is defined as any substance infused through any type of line for greater than 15 minutes and up to one hour.

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Infusion vs. IV Push vs. Injection

IV Push

An infusion of 15 minutes or less

OR

An injection in which whomever administers the substance/drug is continuously present

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Infusion vs. IV Push vs. Injection

Injection

Any intramuscular, subcutaneous or intra-arterial injection

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Administration Code Categories

Each code in the infusion section of the code book is defined using one of the following terms:

- Initial
- Each additional hour
- Each additional sequential
- Concurrent Infusions

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Initial Infusion/IV Push

- The initial code may be chosen based on the hierarchy or based on the primary reason for the encounter-it depends on where the service was performed.
- The order in which drugs/substances are infused or injected does not reflect the code choice.
- Only one initial code is reported per encounter (no matter how many drugs are administered) unless protocol requires that two separate IV sites be used.
- There is one initial code in each category of codes (Chemo infusion, chemo IV push, Non-chemo infusion, Non-chemo infusion, Hydration)

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Each Additional Hour (Infusions only)

- These codes are used for any additional time beyond the first hour of an infusion.
- Time must be documented as greater than 30 minutes beyond the first hour of initial and/or sequential infusions.
- This code can be reported with any number of units depending on length of the infusion

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Each Additional Sequential (Infusions or IV Push)

- For each additional **drug** that is infused sequentially to the initial infusion, use the "each additional sequential" infusion code.
- This code can only be billed once **per drug** for the first hour of each sequential infusion. For any additional time past the first hour (greater than 30 minutes) use the "each additional hour" codes.

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Concurrent Infusions

- Use this code when two substances/drugs in **two separate bags/syringes** are infused at the same time through one access.
- This code can only be billed once per patient encounter.
- Only used for non-chemotherapy infusions.

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Infusion Services

	CHEMO	THERAPEUTIC	HYDRATION
INITIAL	96413	96365	96360
Each Additional Hour	+96415	+96366	+96361
Subsequent	+96417	+96367	
Concurrent		+96368	
Push Initial	96409	96374	
Subsequent Push New	+96411	+96375	
Subsequent Push Same		+96376 (Facility only – 30 min apart)	

CPT® Codes

Chemotherapy

Intravenous Infusion

- 96413-Chemotherapy administration intravenous infusion technique; up to 1 hour, single or ***initial*** substance or drug
- 96415-Chemotherapy administration intravenous infusion technique; ***each additional hour***
- 96417-Chemotherapy administration intravenous infusion technique; ***each additional sequential infusion*** (different substance/drug), up to 1 hour

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CPT® Codes continued

Chemotherapy cont.

Intra-Arterial Infusion

- 96422-Chemotherapy administration, intra-arterial; infusion technique, **up to one hour**
- 96423-Chemotherapy administration, intra-arterial; infusion technique, **each additional hour**
- 96420-Chemotherapy administration, intra-arterial; **push** technique

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CPT® Codes continued

Chemotherapy cont.

IV Push

- 96409-Chemotherapy administration intravenous, push technique, single or **initial** substance/drug
- 96411-Chemotherapy administration intravenous, push technique, **each additional** substance/drug

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CPT® Codes continued

Chemotherapy cont.

Injections

- 96401-Chemotherapy administration, subcutaneous or intramuscular, **non-hormonal anti-neoplastic**
- 96402-Chemotherapy administration, subcutaneous or intramuscular, **hormonal anti-neoplastic**
- 96405-Chemotherapy administration; intralesional, up to and including 7 lesions
- 96406-Chemotherapy administration; intralesional, more than 7 lesions

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CPT® Codes continued

Chemotherapy cont.

Other

- 96440-Chemotherapy administration into pleural cavity, requiring and including thoracentesis
- 96446-Chemotherapy administration into peritoneal cavity via indwelling port or catheter
- 96450-Chemotherapy administration into CNS (intrathecal), requiring and including spinal puncture
- 96542-Chemotherapy injection, subarachnoid or intraventricular via subcutaneous reservoir, single or multiple agents
- 96549-Unlisted chemotherapy procedure

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CPT® Codes continued

Therapeutic, Prophylactic and Diagnostic Injections and IV Infusions (non-chemo)

Intravenous Infusions

- 96365-Intravenous infusion, for therapy, prophylaxis, or diagnosis; ***initial***, up to one hour
- 96366-Intravenous infusion, for therapy, prophylaxis, or diagnosis; ***each additional hour***
- 96367-Intravenous infusion, for therapy, prophylaxis, or diagnosis; ***each additional sequential*** infusion, up to 1 hour
- 96368-Intravenous infusion, for therapy, prophylaxis, or diagnosis; ***concurrent infusion***

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CPT® Codes continued

Therapeutic, Prophylactic and Diagnostic Injections and IV Infusions (non-chemo)

Subcutaneous Infusions

- 96369-Subcutaneous infusion for therapy or prophylaxis; ***initial***, up to one hour, including pump set-up and establishment of subcutaneous infusion sites
- 96370-Subcutaneous infusion for therapy or prophylaxis; ***each additional hour***
- 96371-Subcutaneous infusion for therapy or prophylaxis; additional pump set-up with establishment of new subcutaneous infusion sites

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CPT® Codes continued

Therapeutic, Prophylactic and Diagnostic Injections and IV Infusions (non-chemo)

IV Push

- 96374-Therapeutic, prophylactic or diagnostic injection; intravenous push, single or ***initial*** substance/drug
- 96375-Therapeutic, prophylactic or diagnostic injection; ***each additional sequential*** intravenous push of a ***new*** substance/drug
- 96376-Therapeutic, prophylactic or diagnostic injection; ***each additional sequential*** intravenous push of the ***same*** substance/drug (facility only) (IV pushes must be greater than 30 minutes apart)

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CPT® Codes continued

Therapeutic, Prophylactic and Diagnostic Injections and IV Infusions (non-chemo)

Injections

- 96372-Therapeutic, prophylactic or diagnostic injection; subcutaneous or intramuscular (SQ/IM)
- 96373-Therapeutic, prophylactic or diagnostic injection; intra-arterial

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CPT® Codes continued

Therapeutic, Prophylactic and Diagnostic Injections and IV Infusions (non-chemo)

Other

- 96379-Unlisted therapeutic, prophylactic or diagnostic intravenous or intra-arterial injection or infusion

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CPT® Codes continued

Hydration

Intravenous Infusion

- 96360-Intravenous infusion, hydration; ***initial***, 31 minutes to 1 hour
- 96361- Intravenous infusion, hydration; ***each additional hour***

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Example # 1

Patient presents for weekly chemo outpatient treatment in the hospital. He receives:

- 2 hour infusion of 1st chemo drug
- 1 hour infusion of 2nd chemo drug
- 10 minute non-chemo IV push
- IM injection

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Example # 1

1. Determine which service will be the "initial" using the hierarchy.
2. Determine where the other services will fall; "each additional", "each sequential", or "concurrent".

Answer:

1. 2 hour infusion of 1st chemo drug = 96413 (initial) and 96415 (each additional hour)
2. 1 hour infusion 2nd chemo drug = 96417 (each sequential)
3. 10 minute non-chemo IV push = 96375 (each additional)
4. IM injection = 96372 (injection) modifier 59

Reminder to check CCI for bundled codes that may need a modifier

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Example # 2

Patient presents for weekly chemo in a clinic based infusion center, she receives:

- 50 minute infusion 1st chemo drug
- 2 hour, 45 minute infusion 2nd chemo drug
- 3 separate non-chemo IV pushes of different substances

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Example # 2

Chose the initial code based on the reason for the encounter.

Answer:

- 50 minute infusion 1st chemo drug = **96413** (initial)
- 2 hours, 45 minutes infusion 2nd chemo drug = **96417** (each sequential) and **96415 x 2** (each additional)
- 3 separate non-chemo IV pushes of different substances = **96375 x 3** (each additional sequential)

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Example # 3

Dehydrated patient sent to the infusion suite in their physician's office, he receives:

- Non-chemo IV push of an anti-emetic
- 2 hours of hydration infusion

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Example # 3

Chose the initial code based on the reason for the encounter.

Answer:

- Non-chemo IV push = **96375** (each additional)
- 2 hours hydration infusion = **96360 x1** (initial) and **96361 x 1** (each additional)

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Services Bundled into Infusion/Injection Services

- Any services leading up to the infusion or following the infusion are included in the infusion administration and are not separately reportable.
- Use of local anesthesia
- IV start
- Access to indwelling IV, subcutaneous catheter or port
- Flush at conclusion of infusion
- Standard tubing, syringes and supplies
- Preparation of chemotherapy agents

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Start and Stop Times

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Start and Stop Times

- When reporting codes for which infusion time is a factor, use the actual time over which the infusion is administered.
- The infusion time is calculated from the time the administration begins (the medication starts dripping) to when it ends (the medication stops dripping).

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Start and Stop Times

- Infusion codes are based on a time component so it is necessary to document the time of each drug infused.
- The best way to document time is to record the start and stop times of each drug administered.

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Start and Stop Times

Reminders:

- All “initial” infusion codes must be documented as more than 15 minutes. The exception is initial hydration infusion, which must be more than 30 minutes.
- “Each sequential” infusion codes must also be documented as more than 15 minutes
- All “each additional hour” codes must be documented as more than 30 minutes.

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Start and Stop Times

Example:

Drug A (Chemo): started 12:00 pm
 stopped 1:05 pm

Drug B (Non-Chemo): started 1:35 pm
 stopped 1:45 pm

Coding:
 Drug A - 1 hour, 5 minutes = 96413 (chemo, initial infusion)
 Drug B - 10 minutes = 96375 (non-chemo, IV push, each additional)

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Blood Draws, Phlebotomy and Port Flushes

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Blood Draws, Phlebotomy and Port Flushes

Blood Draws

- **36400**-Venipuncture, younger than age 3 years, necessitating physician's skill (separate procedure), for diagnostic or therapeutic purposes (not be used for routine venipuncture; femoral or jugular vein)
- **36405**-⁹⁹; scalp vein
- **36406**-⁹⁹; other vein
- **36410**-Venipuncture, age 3 years or older, necessitating physician's skill, for diagnostic or therapeutic purposes (not to be used for routine venipuncture)
- **36415**-Collection of venous blood by venipuncture
- **36416**-Collection of capillary blood specimen (e.g., finger, heel, ear stick)
- **36420**-Venipuncture, cutdown; younger than age 1 year
- **36425**-Venipuncture, cutdown; age 1 or over
- **36591**-Collection of blood specimen from a completely implantable venous access device (port)
- **36592**-Collection of blood specimen using established central or peripheral catheter, venous, not otherwise specified (PICC line)

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Blood Draws, Phlebotomy and Port Flushes

Blood Draws

Venipuncture

36415 - A needle is inserted into the skin over the vein to puncture the blood vessel and withdraw blood for venous collection. The blood is used for diagnostic study and no catheter is placed.

This is the most common type of blood draw

Ingenix® 2007 Coders' Desk Reference-Procedures

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Blood Draws, Phlebotomy and Port Flushes

Blood Draws

36591-Collection of blood specimen from a completely implantable venous access device (port)

36592-Collection of blood specimen using established central or peripheral catheter, venous, not otherwise specified (PICC line)

These services are bundled when reported with any other services performed the same day.

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Blood Draws, Phlebotomy and Port Flushes

Blood Draws

- There must be documentation of the blood draw
- If a patient is sent to an outside lab for the blood draw and test, the venipuncture cannot be reported

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Blood Draws, Phlebotomy and Port Flushes

Blood Draws

Example:

- Chemotherapy patient presents for treatment. Patient has an implantable venous port. Blood is drawn by the nurse through the port prior to chemo. Labs results are normal and chemotherapy is administered.
- No blood draw code is appropriate because patient had other infusion services performed that day. 36591 (collection of blood specimen from a completely implantable venous access device) is bundled into infusion services.

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Blood Draws, Phlebotomy and Port Flushes

Phlebotomy

- 99195-Phlebotomy, therapeutic (separate procedure)
- "Code 99195 represents a therapeutic phlebotomy, often used in the treatment of polycythemia vera (ICD-9 code 238.41) to reduce the hematocrit and red blood cell mass. Therapeutic phlebotomies are used in the treatment of other diseases as well."

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CPT Assistant®, June 1996, Volume 6, Issue 6

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Blood Draws, Phlebotomy and Port Flushes

Phlebotomy

Example:

- Patient with Polycythemia Vera (238.4) presents for monthly therapeutic phlebotomy
- 99195-Phlebotomy, therapeutic

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Blood Draws, Phlebotomy and Port Flushes

Phlebotomy

- Services necessary to perform the phlebotomy (CPT codes 36000, 36410, 96360-96376) are included in the procedure.
 - 36000-IV start
 - 36410-Venipuncture, age 3 years or older, necessitating physician's skill, for diagnostic or therapeutic purposes (not to be used for routine venipuncture)
 - 96360-96376-Hydration infusions and Therapeutic, prophylactic and diagnostic injections and infusions

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Blood Draws, Phlebotomy and Port Flushes

Port Flush

- 96523-Irrigation of implanted venous access device for drug delivery systems (port)
- This code is only to reported when no other infusion services are performed. If a port is flushed after an infusion, the flush is bundled into the administration code of the infusion and is not separately reportable.

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Blood Draws, Phlebotomy and Port Flushes

Port Flush

PICC line flush/dressing change

- Currently there is no specific CPT code

A low level E/M, 99211, may be billable if:

- Meets Incident-to guidelines (if performed in a clinic setting)
- There must be an established plan of care from a physician (MD, ARNP, PA)
- Medically necessary
- Service is documented in the medical record
- If the patient is not seen the same day by the physician
- If no other infusion services are performed the same day

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Evaluation and Management (E/M) Services with Infusion Services

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E/M Service Performed the Same Day as Infusion Services

- 99212-99215 - Established patient
- 99201-99205 - New patient
- 99241-99245 - Outpatient consultation
- E/M must be separately identifiable from the infusion service
- Documentation must support the E/M visit and the infusion service
- Modifier 25 is added to the E/M service

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E/M Services

- E/M services must be deemed separately identifiable and stand alone from the infusion/injection services rendered that day.
- Separate diagnosis codes may not be required, but can be a first line look for payers for audit reasons (right or wrong).

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E/M Service Performed the Same Day as an Infusion Service

The exception to this is CPT code 99211 (level one established patient visit)

The drug and chemotherapy administration CPT codes 96360-96375 and 96401-96425 include the work and practice expenses of CPT code 99211.

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E/M Service Performed the Same Day as an Infusion Service

99211 may be appropriate for the following scenarios:

- Infusion pump disconnect
- PICC line flush/dressing change
- Chemo teach
- Self administered drug teach
- Other teaching/instruction/counseling
- Nursing visit requiring decision making

**99211 can only be billed if the patient did not see a physician the same day, if no infusion services were performed that day, if incident-to guidelines are met (if performed in a clinic setting).

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Incident to Guidelines

- Direct supervision in the office setting does not mean that the physician must be present in the same room with his or her aide. However, the physician must be present in the office suite and immediately available to provide assistance and direction throughout the time the aide is performing services.

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Incident to Guidelines

- See Medicare Manual Benefit Policy Section 100-02 Chapter 15 Section 60.

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Hydration Infusion

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Hydration Infusion Clarification

Both the “initial” and “each additional hour” hydration codes require more than 30 minutes of infusion time be documented in order to bill services. If time is less then 31 minutes-no service is reported.

- 96360- initial, 31 minutes to one hour hydration infusion
- 96361- each additional hour, (31 minutes to one hour) hydration infusion

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Hydration Infusion Clarification

Per CPT, the following services are included and are not reported separately with hydration codes:

- 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

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Hydration Infusion Clarification

Hydration infusion services were developed to report therapeutic intervention of hydration.

- Most common example is to treat dehydration
- Appropriate diagnosis should be assigned to hydration infusion services (276.51 dehydration)

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Hydration Infusion Clarification

Hydration infusion codes are **NOT** separately reported when:

- Drugs are mixed with fluid and infused in the same bag/syringe
- A separate fluid bag is hung and run concurrently with another drug infusion
- Fluid is used to flush the line(s) after a drug infusion
- Fluid is used to keep a line open in between infusions

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Hydration Infusion Clarification

Per CCI hydration infusions are bundled into other infusion services when performed on the same day. Certain situations require hydration services to be billed with other infusion services.

- Some chemotherapeutic agents and other therapeutic agents require hydration infusions to be given as part of a regimen, per protocol or to avoid specific toxicities.
- In these circumstances, if hydration services are provided **before** or **after** the intravenous administration of the drug infusion, the hydration services may be separately reportable.
- If documentation supports all charges, a modifier 59 should be added to the hydration infusion.

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Hydration Infusion Clarification

Example:

Physician orders for cisplatin (J9060) for the patient, infusion orders include hydration infusion to keep the patient hydrated during chemo infusion and avoid kidney toxicity.

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Hydration Infusion Clarification

Example continued:

1. Hydration infusion # 1 (pre-chemo)-started at 10:00 am
 - Other drugs may be mixed with fluid such as potassium chloride, mannitol, sodium chloride. If physician orders are for hydration and include the fluid plus these drugs, then only the hydration codes would be reported.
 - If these additional drugs are not mixed with fluid but administered by IV push, they may be separately reported using the non-chemo, IV push code, 96375.

Hydration infusion # 1-stopped at 11:00 am
= 1 hour

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Hydration Infusion Clarification

Example continued:

- Hydration # 2- started at 11:05 am
Hydration # 2- stopped at 1:05 pm
= 2 hours
- Cisplatin infusion- started at 12:05 pm
Cisplatin infusion- stopped at 1:05 pm
= 1 hour

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Hydration Infusion Clarification

Example continued:

Coding:

- One hour of hydration
= **96361 (each additional hour) x 1**
- Two hours of hydration
(Hydration # 2 ran for 2 hours but the second hour was concurrent to the chemo infusion so only one hour of hydration infusion can be coded)
= **96361 (each additional hour) x 1**
- One hour chemo infusion
= **96413 (chemo infusion, initial, up to one hour) x 1**

Final Coding:

Hydration- **96361 x 2** (add 96361 x1 and 96361 x1 together)
Chemo infusion- **96413 x 1**

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Hydration Infusion Clarification

Example continued:

Other possible scenarios:

If a second chemo drug is given sequentially, add 96417 (chemo infusion, each additional sequential) for the first hour of infusion and 96415 (chemo, each additional hour) for any additional hours of the second drug

If additional hydration infusion is given before or after the drug infusions, add additional units to 96361 (hydration, each additional hour) for each additional 31 minutes-1 hour of hydration

If anti-emetics are administered by IV push, bill for each drug using 96375 (non-chemo, IV push, each additional) x the number of drugs pushed

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Chemotherapy with Hydration

Substance	Start	Stop	Code
Infusion	8:00 am	10:40 am	
Chemo Agent Remicade	100 mg		
Normal Saline	1000ml		

Chemotherapy with Hydration

Substance	Start	Stop	Code
Infusion	8:00 am	10:40 am	96413, 96415 x2
Remicade	100 mg		J1745 x 10
Normal Saline	1000ml		May or may not be separately billable

Coded Correctly?

Patient: Kim Smith
 Date: 10-8-2013
 CC: Non-Small Cell Lung cancer, nausea and vomiting, with hydration depletion
 Presentation: Chemotherapy services w/hydration

Substance	Start	Stop	Code
Docetaxel 75mg	8:00 am	9:00 am	96413, J9171 x 75
Saline 1000 ml	8:00 am	10:00 am	96361 x 2, J7030 x 1
Phenergan50 mg	9:15 am	9:18 am	96375, J2550 x 2

Coded Correctly?

Patient: Kim Smith
 Date: 10-8-2013
 cc: Non-Small Cell Lung cancer, nausea and vomiting, with hydration depletion
 Presentation: Chemotherapy services w/hydration

Substance	Start	Stop	Code
Docetaxel 75mg	8:00 am	9:00 am	96413, J9171 x 75
Saline 1000 ml	8:00 am	10:00 am	96361 x 1, J7030 x 1
Phenergan 50mg	9:15 am	9:18 am	96375, J2550 x 1

Coded Correctly?

Physician's order is for chemo therapy, hydration, and antiemetic therapy.

Substance	Start	Stop	Code
N Saline	8:00 am	2:00 pm	96361 x 6
Phenergan 100mg	8:40 am	9:20 am	96367, J2550 x 1
Taxol 180mg	9:20 am	12:20 pm	96413, 96415 x 2, J9265 x 6
Cisplatin 70mg	12:30 pm	1:40 pm	96415, J9060 x 7

Patient tolerated the chemo treatment well, with relatively little to report.

Coded Correctly?

Physician's order is for chemo therapy, hydration, and antiemetic therapy.

Substance	Start	Stop	Code
N Saline	8:00 am	2:00 pm	96361
Phenergan 100mg	8:40 am	9:20 am	96367, J2550 x 2
Taxol 180mg	9:20 am	12:20 pm	96413, 96415 x 2, J9265 x 6
Cisplatin 70mg	12:30 pm	1:40 pm	96417, J9060 x 7

Patient tolerated the chemo treatment well, with relatively little to report.

Chemo and Non-chemo Pumps

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Chemo and Non-chemo Pumps

Pumps are used for continuous infusion of a drug infused over an extended period of time and may be delivered at a constant or variable rate per physician orders.

- **Implantable Pump** -A fully implantable infusion pump provides long-term continuous or intermittent drug infusion. The pump is surgically placed under the skin below the clavicle area or in the abdominal wall.
- **Portable pump** -A portable pump is connected to a patient's central line which allows a controlled amount of the drug to be pumped into their bloodstream over a set period of time. The pump is worn around the waste on a belt or in a small pack.

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Chemo and Non-chemo Pumps

Initiation of a Pump

- 96416-Chemotherapy administration, intravenous infusion technique; **initiation** of prolonged chemotherapy infusion (more than 8 hours), requiring the use of a portable or implantable pump
- 96425- Chemotherapy administration, **intra-arterial** infusion technique; **initiation** of prolonged chemotherapy infusion (more than 8 hours), requiring the use of a portable or implantable pump
- C8957-Intravenous infusion (non-chemo) for therapy/diagnosis; **initiation** of prolonged infusion (more than 8 hours), requiring use of portable or implantable pump (**hospital only**)

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Chemo and Non-chemo Pumps

Refilling and Maintenance of a Pump

- 96521-Refilling and maintenance of a portable pump
- 96522-Refilling and maintenance of a implantable pump

Codes can be used for chemo or non-chemo drugs

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Chemo and Non-chemo Pumps

- CPT codes 96416, 96425 and C8957 (initial) include the initial filling and maintenance of a portable or implantable pump.
- CPT codes 96521 and 96522 (refill) are used to report subsequent refilling of the pump.

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Chemo and Non-chemo Pumps

Often times a patient will receive infusion services in the infusion suite and also be connected to a pump on the same visit. The pump codes and some infusion codes may bundle.

Check CCI to determine which codes are bundled and require a modifier 59.

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Diagnosis Coding

- V58.11-Encounter for antineoplastic chemotherapy
This ICD-9 code should be primary for chemotherapy/monoclonal antibody services for the treatment of cancer
- V58.12-Encounter for antineoplastic immunotherapy
This ICD-9 code should be primary for all infusions for the treatment of cancer using immunotherapy
Example: Interferon for pancreas cancer

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RAC Audits

- What can you do to prepare for potential requests and audits / recoupments?

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RAC Audits

- CMS recommends that providers follow some due diligence to find problems ahead of time, and educate themselves on the process involved with working with the contractor.

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RAC Audits

Per CMS:

To prepare for the start of the program, health care providers should consider conducting an internal assessment to ensure that submitted claims meet the Medicare rules. Other steps that providers should take include:

- Identifying where improper payments have been persistent by reviewing the RACs' Web-sites and identifying any patterns of denied claims within their own practice or facility.
- Implementing procedures to promptly respond to RAC requests for medical records.
- If the provider disagrees with the RAC determination, filing an appeal before the 120-day deadline.
- Keeping track of denied claims and correcting these previous errors.
- Determining what corrective actions need to be taken to ensure compliance with Medicare's requirements and to avoid submitting incorrect claims in the future.

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RAC Audits

IV Hydration Therapy

- Region D and Alabama, Florida, Georgia, Indiana, Michigan, Minnesota and South Carolina.
- Looking for a maximum of one unit per patient per date of service.
 - Medicare Claims Processing Manual 100-04 Chapter 12 Sections 31-32
 - Transmittal 419 page 7

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RAC Audits

Pegfilgrastim (Neulasta) (J2505)

- Regions C & D along with Florida, Georgia North and South Carolina
- Verifying documentation on units billed. 1 unit of J2505 = 6mg of the drug administered.

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Medical Necessity Guidelines

Check Medicare NCD's and LCD's for medical necessity coverage

Check drug compendia's for covered indications for drugs

Example:

National Comprehensive Cancer Network (NCCN) Drugs and Biologics Compendium

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Reminder

Bill for all services provided and documented, including:

- Drug administration
- Drugs
- E/M services
- Add modifiers when necessary

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References

AMA CPT® 2013 Professional Edition

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CCI Policy Manual, Chapter 11 Evaluation and Management Services, "Therapeutic or Diagnostic Infusions/Injections and Immunizations "

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Questions?



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