



E-BRIEF SERIES



Eliminate Infusion Confusion - Coding Infusion Administrations



Lori Cox
CPC, CPMA, CPC-I, CEMC, CHONC

Before you can code an infusion encounter, the first thing to ask is, “Why is the patient here today?”

Just like with any services that are performed in any specialty, medical necessity must be met. In infusion services, we need to know the reason the patient is there in order to determine our initial code. Does the patient have cancer and is receiving chemotherapy? Are they receiving hydration only? This is our starting point. There are three types of infusion coding:

1. Chemotherapy (96401-96450)

a. If the patient is presenting today for chemotherapy, this is where you will begin coding even if the chemo drug was not the first drug that was given to the patient on that date. Chemotherapy obviously trumps other drugs since it is toxic.

b. HINT: How do you know if a drug is a chemotherapy drug?
The HCPCS code will start with J9XXX.

2. Therapeutic, Prophylactic & Diagnostic (TPD) (96365-96379)

a. If any other non-chemotherapy drug is being infused, you will begin in the TPD section of the CPT book.



3. Hydration (96360-96361)

a. If the patient is receiving a pre-packaged bag of fluids (such as normal saline, D5W) you will be using the hydration codes.

b. IMPORTANT! If the fluid is being given at the same time as any other drug, it is not billable. Many times, drugs cannot be given to the patient by themselves; it would be extremely toxic to the patient. Those drugs are given at the same time as saline for dilution purposes. You cannot bill hydration codes in that instance.

c. You can bill hydration separately if it was given before or after another drug to treat or prevent dehydration. The documentation must be clear with start and stop times and medical necessity.

What is our initial code?

As you look through the infusion coding section in the CPT codebook, you will see several codes with the word “initial” in the description. 90% of the time, no matter how many drugs were given during an encounter, you will only use one initial code. **ONLY ONE**, not one from each section. This is where the biggest area of confusion lies. Let’s take a look at the initial codes.

96413 Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug

96409 Chemotherapy administration; intravenous, push technique, single or initial substance/drug

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

96374 Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug

96360 Intravenous infusion, hydration; initial, 31 minutes to 1 hour

I cannot stress enough that you will only use one of these codes for an encounter (see the exception below). For example, if a patient receives infusions of vincristine sulfate (an anticancer drug) and Zofran (for nausea and vomiting) you will NOT use 96413 and 96365.

1. Follow these steps to pick your initial code:

- a. Did the patient receive a chemotherapy drug? If no, go to step b.
 - i. Was more than one chemotherapy drug given? If so, look at the start and stop times for each chemo drug and select the one with the longest time.

ii. How was the drug given?

1. IV for greater than 15 minutes = 96413
2. IV for 15 minutes or less = 96409
3. IVP (intravenous push) = 96409
4. Other – intraarterial, intrathecal, etc. Select codes from 96401-96406 or 96420-96450 appropriately.
5. Skip b and c below.

- b. Did the patient receive a non-chemo drug? If no, go to step c.
 - i. Was more than one drug given? If so, look at the start and stop times for each drug and select the one with the longest time.
 - ii. How was the drug given?

- IV for greater than 15 minutes = 96365
- IV for 15 minutes or less = 96374
- IVP (intravenous push) = 96374
- Skip step c below.

c. Hydration only

- i. Was hydration given for more than 30 minutes?
 - If yes, code 96360
 - If no, you cannot bill for hydration per CPT. You may be able to bill an E/M visit if the documentation supports.

EXCEPTION: Sometimes drugs are given through different IV sites.

A patient may have a port that is used, and another IV is started on another part of the body. If that is the case, you can code an initial code for each site.



I. How long was the drug given?

Time is a tricky thing in CPT. Looking at the initial codes above you can see that they may state “up to 1 hour.” Any person would consider 60 minutes to be one hour, but a coder realizes that CPT has its own definition of an hour. I won’t go into detail here, but the basic rule is that in order to bill an additional hour code, you must pass the 30 minute mark of the next hour. Let’s review the additional hour codes.

96415 Chemotherapy administration; intravenous infusion technique; each additional hour

96366 Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour

96361 Intravenous infusion, hydration; each additional hour

Now that you have your initial code from the steps above, use these handy charts to determine if you need an additional hour code for your initial drug, and how many units you can bill.

Chemotherapy		
(total time in minutes)	Code	Units
90 minutes or less	Not allowed	
91-150	96415	1
151-210	96415	2
211-270	96415	3
271-330	96415	4
331-390	96415	5
391-450	96415	6
451-510	96415	7
510-570	96415	8
...and so on		

TPD		
(total time in minutes)	Code	Units
90 minutes or less	Not allowed	
91-150	96366	1
151-210	96366	2
211-270	96366	3
271-330	96366	4
331-390	96366	5
391-450	96366	6
451-510	96366	7
510-570	96366	8
...and so on		

Hydration		
(total time in minutes)	Code	Units
30 minutes or less	Not allowed	
31-90	96360	1
91-150	96361	1
151-210	96361	2
211-270	96361	3
271-330	96361	4
331-390	96361	5
391-450	96361	6
451-510	96361	7
510-570	96361	8
...and so on		

II. What other drugs were given?

Whew – you’ve got the codes for your initial drug administration given on this encounter! Chances are, you’re probably not done. Chemo patients can receive several drugs on the same date, along with hydration. Here are the codes for additional drugs:

96417 Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour

96411 Chemotherapy administration; intravenous, push technique, each additional substance/drug

96367 Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour

96375 Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug

96368 Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion

96372 Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular

96416 Chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump



96377 Application of on-body injector (includes cannula insertion) for timed subcutaneous injection

New infusion coders can get tricked by the word “sequential” in the code descriptions. When coding infusions, sequential means “not at the same time.” It does not mean the next drug given to the patient, or the same drug infused several different times.



Follow these steps to pick your additional drug administration codes:

1. Did the patient receive an additional chemotherapy drug?
If no, go to step b.
 - A. For each additional chemo drug given, look at the start and stop times. Do any of the times overlap the initial chemo drug already coded, or each other? If no, continue.
 - i. If yes, you may be able to bill if the drug was given at a different site or via a different method. For example, if the patient is receiving an infusion of one chemo drug, and another chemo drug is given at the same time via IVP, you could bill an additional push. Otherwise, the overlapping chemo drugs cannot each have an administration fee. To define your time for the overlapping chemo drugs (more on that next), find the earliest start time and the latest stop time, and figure the total minutes. Do not add the times together.
 - b. How was the drug given?
 - i. IV for greater than 15 minutes = 96417
 - ii. IV for 15 minutes or less = 96411
 - iii. IVP (intravenous push) = 96411
 - iv. Pump (also known as CIV) that lasts longer than 8 hours = 96416
 - v. On-body applicator = 96377
 - vi. Other – intraarterial, intrathecal, etc.
Select codes from 96401-96406 appropriately.

c. Follow the above steps for each additional chemo drug given. We'll talk about the times next.

2. Did the patient receive a non-chemo drug? If no, continue to Section V.

a. For each additional drug given, look at the start and stop times. Do any of the times overlap any other drug (even if it's a chemo drug) already coded, or each other? If no, continue.

i. If yes, you'll have to do some research.

- Were the drugs mixed in the same bag or the same syringe? If so, no additional code can be billed.
- If it is an infusion (greater than 15 minutes), code 96368 can be billed one time for all the drugs that overlap. Note that this code can only be used one time per day, no matter how many drugs overlap. Also note that the drugs must be in a separate bag to use 96368. If the drugs are mixed in one bag and infused at the same time, no additional administration code can be billed.
- If it is an IVP, make sure that it is given from a different syringe.

b. How was the drug given?

- IV for greater than 15 minutes = 96367
- IV for 15 minutes or less = 96375
- IVP (intravenous push) = 96375
- IM or SQ = 96372

c. Follow the above steps for each additional non-chemo drug given. We'll talk about the times next.

3. Was the patient given hydration before or after the drug(s) If no, continue to Section III.

a. Hydration can be billed separately if not given at the same time as a drug. You will use code 96361 to bill the hydration, but the times/units will vary slightly from the chart above. You may also need to use a 59 modifier to indicate this as a separately identifiable procedure. See the next section on additional time.

How to code additional time for sequential drugs

Just as with our initial code, new drugs may have been infused for a long period of time. We can code the additional time on our sequential drugs and separate hydration. Use the chemo and TPD charts above and the hydration chart below to determine the correct amount of times and units to code your additional drug administration times. Note that the hydration chart differs from above because you do not use the initial hydration code 96360, and there is no sequential hydration code.

Add-on Hydration

(total time in minutes)	Code	Units
30 minutes or less	Not allowed	
31-90	96361	1
91-150	96361	2
151-210	96361	3
211-270	96361	4
271-330	96361	5
331-390	96361	6
391-450	96361	7
451-510	96361	8
510-570	96361	9
...and so on		

Outpatient Facility Infusion Coding

Infusion coding in an outpatient facility setting can differ slightly. Infusion codes are billed per “encounter” which means the entire span of dates equals one encounter. This means you’ll still have only one initial code, and the rest of the codes will be sequential or additional, even if they were on different dates.

Another difference is the ability to use code 96376, *Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of the same substance/drug provided in a facility*. When the same drug is pushed more than once (at least 30 minutes apart), you can bill this code as many times as necessary to cover each push of that same drug.

Infusion Coding Hints

- Always check the MUEs (Medically Unlikely Edits) on your infusion codes.
- Start and stop times are extremely important. Educate your chemo nurses/technicians/physicians that these must be documented to receive proper credit.
- Potassium chloride can be coded as hydration or therapeutic. It depends on why it is being given. If the patient has low potassium, this would be coded as therapeutic. If the patient is dehydrated, it is coded as hydration. Once again, documentation is key.
- One question I get asked frequently is in regards to code 96401-96402. How are coders to know if a drug is hormonal or not? My answer is to search the internet or ask the chemo department, then keep a list handy. Lupron and Faslodex are two common hormonal drugs.
- As with all coding, practice makes perfect. Find a mentor that is proficient in infusion coding and have them work through several charts with you. Attend webinars and keep updated on the constant changes with new cancer drugs. Having an external audit performed can also provide education and a different view. AAPC Services is here to help!



Lori Cox

CPC, CPMA, CPC-I, CEMC, CHONC

AUTHOR BIO

Lori has over 20 years of experience working in the business side of medicine. Lori began her career in patient accounts and then moved into billing and coding. She has served as a Billing Supervisor and Compliance Officer, where she wrote, maintained and trained employees and providers on fraud and abuse. In 2015, Lori received her MBA from Quincy University in Quincy, IL. Lori has traveled the country educating coders and physicians on complex coding topics such as Hem/Onc and E/M guidelines. Lori is the Member Relations Officer of AAPC's National Advisory Board and an active member of her local AAPC Chapter.

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