UCLA Health System
Office of Compliance and Privacy

Disclaimer:
Please be advised that this guideline is a compilation of information from various sources as enumerated in the reference section. While every effort has been made to ensure the accuracy of the information provided according to the most current CMS transmittals, CPT Coding Manual, CPT Changes, and CPT Assistant advices pertaining to the subject, periodic change to rules and coverage may occur. ICD-9-CM diagnosis codes are updated on the 1st of October and HCPCS codes on the 1st of January annually.

DRUG ADMINISTRATION GUIDELINES
For Calendar Year 2010

CMS DRUG ADMINISTRATION INSTRUCTIONS:

Hospitals are instructed to:
- Use full set of drug administration CPT codes, including those codes referencing concepts of initial, concurrent, and sequential, to bill for drug administration services furnished in the Hospital Outpatient Department.
- Continue to use C8957, Intravenous infusion for therapy/diagnosis; initiation of prolonged infusion (more than 8 hours), requiring the use of portable or implantable pump.
- Report all drug administration CPT codes in a manner consistent with:
    1. CPT code descriptors
    2. CPT instructions, and
    3. Correct coding principles
- Hospitals should report all HCPCS codes that describe the drug administration services provided, regardless of whether or not those services are separately paid or their payment is packaged.
- Hospitals are to bill a separate Evaluation and Management code (with modifier -25) <u>only</u> if a significant, separately identifiable E/M service is performed in the same encounter with OPPS drug administration services.

Group of Drug Administration Codes
- Hydration: 96360-96361
- Therapeutic, Prophylactic, and diagnostic Injections and Infusions (Excludes Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration): 96365-96379, C8957
- Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration: 96401-96549

DRUG ADMINISTRATION DEFINITIONS AND REPORTING INSTRUCTIONS:

INITIAL SERVICE
General Instructions:
- <u>Initial service code is reported only 1 time per encounter</u> and the subsequent, sequential, and concurrent codes are reported regardless of the subsection in which the initial service code appears.
- When administering multiple infusions, injections or combinations, only 1 "initial" service code should be reported, unless protocol requires that <u>2 separate IV sites</u> must be utilized
- To report <u>2 different "initial" service</u> codes use Modifier -59.

Instructions specific to <u>facility reporting</u>:
- The initial code should be selected using the following hierarchy:
    Drug Group
    1st Chemotherapy services
    2nd Therapeutic, prophylactic, and diagnostic services
    3rd Hydration services.

    Administration route:
    1st Infusions
    2nd Pushes
    3rd Injections

- The hierarchy is always followed, regardless of the apparent purpose of the visit.
- This hierarchy supersedes parenthetical add-on codes instructions that suggest an add-on code of a higher hierarchical position may be reported in conjunction with a base code of lower position.

- **Initial Service in Observation Services:**
  One <u>initial</u> drug administration service is to be reported per vascular access site per encounter, including during an encounter where <u>observations services</u> span more than one calendar day.

<u>Instructions specific to physician reporting</u>:
- The initial code that best describes the key or primary reason for the encounter should be always reported irrespective of the order in which the infusions or injections occur.

<u>CONCURRENT INFUSION:</u>
- **Concurrent Infusion** is the service in which <u>multiple infusions</u> are provided simultaneously through the <u>same venous access site,</u> or when two distinct infusions are given in two separate lumens in a multilumen catheter IV site.
- Concurrent infusion code is reported only <u>once per encounter</u>.
- In order to report a concurrent administration, the drugs cannot simply be mixed in 1 bag; <u>there must be more than 1 bag</u>. Multiple drugs mixed in one bag are considered one infusion and are not reported as concurrent infusion.
- If the drugs are being infused at the same time in <u>2 different bags</u>, an <u>initial infusion code and the concurrent code should be reported.</u>

<u>SEQUENTIAL:</u>
- Sequential Infusion/push is considered to be occurring one after the other.
- Sequential pushes of the same substance or drug must be at least 30 minutes apart. The 30-minute interval for the sequential intravenous push of the same drug commences with the end time of the previous IV push of that same drug.

<u>INTRAVENOUS OR INTRA-ARTERIAL PUSH:</u>

Intravenous or Intra-arterial Push is defined as:
- an injection in which the health care professional who administers the substance/drug is continuously present to administer the injection and observe the patient, or
- An infusion of 15 minutes or less.

<u>INJECTIONS:</u>

Injections, delivers a dosage in one "shot," rather than over a period of time.
- **Subcutaneous injections** are commonly administered in the upper arm, thigh, back, or buttock. Subcutaneous injections are given when immediate action of the substance being injected is required, or when a substance may not be administered using other routes.
- **Intra-muscular injections** are commonly administered in muscles located in the upper arm, buttock, hip, or thigh. When a drug may irritate the skin or a large quantity of a long-lasting drug is needed, the intramuscular route of administration may be appropriate.
- **Intra-arterial injection** describes an injection that is delivered into an artery.
- **Intra-venous injection** describes an injection that is delivered into a vein

<u>PACKAGED SERVICES</u>:
- If performed to facilitate the infusion or injection, the following services are included and are not reported separately:
    1. Use of local anesthesia
    2. IV start
    3. Access to indwelling IV, subcutaneous catheter or port
    4. Flush at conclusion of infusion
    5. Standard tubing, syringes and supplies
    6. Preparation of the chemotherapy agent(s)

<u>DOCUMENTATION:</u>
In order to appropriately bill for infusion services the Physician and Nurses must document:
- Drug administration services require an order from the physician.
- Reason for the service to ensure medical necessity
- Name of the drug/solution
    Method (route) of administration

> Amount of drug/substance
> - START and STOP time of each drug /substance infusion

INFUSION TIME

- The infusion time is defined as the <u>actual time</u> over which the infusion is administered. <u>Infusion time is calculated from the time the administration commences (i.e., the infusion starts dripping) to when it ends (i.e., the infusion stops dripping).</u>

- Intravenous or intra-arterial push administration are differentiated from the other infusion services and defined as "an infusion of 15 minutes or less."

ACTUAL TIME COUNT:

FIRST (initial) HOUR: Initial or first hour is from 16 minutes to 90 minutes.

ADDITIONAL HOURS: The additional hour (s), after the 1st hour, of sequential infusion as well as the second and subsequent hours for infusion services can be reported if the intervals are <u>greater than 30 minutes beyond 1 hour increments</u>.

Examples:
  90 minutes = 1 unit of the first (initial) hour code
  91 (1hour, 31 mins.) minutes = 1 unit of 1st (initial) hour code + 1 unit of each
                    Additional hour code
  2 hours and 30 mins. = 1 unit of 1st (initial) hour code + 1 unit of each additional
                    hour code.
  2 hrs, 31 minutes to 3 hours, 30 minutes = 1 unit of 1st (initial) hour code + 2 units
                    of each additional hour code.

DRUG ADMINISTRATION RELATED TO OPERATIVE PROCEDURES:

Hospital:
- Under the OPPS Drug administration <u>services</u> <u>related to operative procedures</u> are included in the associated procedural HCPCS/CPT codes, and <u>are not separately reported</u>.
  Examples of such drug administration services include, but are not limited to;
  1. Anesthesia (local or other),
  2. hydration, and
  3. medications such as anxiolytics (antianxiety agents) or antibiotics

Physician:
- Under Medicare Global Surgery Rules, drug administration services are not separately reported by the physician performing a procedure for drug administration services related to the procedure
- If a physician performing an operative procedure provides a drug administration service for a purpose for a purpose unrelated to anesthesia, intra-operative care, or post procedure pain management, the drug administration service may be reported with an NCCI associated modifier if performed in a non-facility site of service.

(NCCI Policy Manual for Medicare Services, Version 15.3, Chapter XI, Section B, paragraph 11)

INFUSIONS STARTED OUTSIDE THE HOSPITAL:

Hospitals may receive Medicare beneficiaries for outpatient services who are in the process of receiving infusion at their time of arrival at the hospital. For example, a patient who arrives via ambulance with an ongoing intravenous infusion initiated by paramedics during transport.

Hospitals should report all services provided using the HCPCS code(s) that most accurately describe the service(s) they provided. This includes hospitals reporting;
  1. **Initial hour of infusion,** even if the hospital did not initiate the infusion, and
  2. additional HCPCS codes for **additional or sequential infusion** services if needed.

(Medicare Claims Processing Manual, Chapter 4, Sect. 230.2, paragraph D)

E & M SERVICES:

If a significant, separately identifiable Evaluation and Management service is performed, the appropriate E/M service code should be reported using modifier -25 in addition to 96360-96549. For same day E/M service, a different diagnosis is not required.

NCCI Edits

Common NCCI edits that require a modifier in order to clarify a repeat or separately identifiable service:
- 96360 initial hydration with 96372 injection SQ or IM
- 96365 initial infusion with 96372 injection SQ or IM
- 96425 chemo infusion with 96360 initial hydration
- 96374 initial IV push with 96372 injection SQ or IM
- 96360 Initial hydration with 96374 initial IV push
- 96365 initial infusion with 96374 initial IV push

References:
CMS, Claims Processing Manual, chapter 4, Part B, Section 230, Revision: 7/30/09
CMS, Transmittal 1702, CR 6416, 3/13/09
CMS, Transmittal 1445, CR 5946, 02/08/08
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CPT Changes 2006, 2007, 2008, 2009
CPT Assistant, February 2009, Pages: 17-21
Palmetto GBA /Articles-Infusion/Injection/Hydration Services, July 15, 2009
http://www.cms.hhs.gov
http://palmettoGBA.com
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