

Coding Injections and Infusions

Audio Seminar/Webinar
January 31, 2008

Practical Tools for Seminar Learning

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The faculty has reported no vested interests or disclosures regarding this presentation.

Faculty

Lori Purcell, RHIA, CCS

As Director of Coding and Reimbursement for QHR, Ms. Purcell assists health care organizations with improving and monitoring the quality of coding and documentation to secure appropriate reimbursement. Ms. Purcell has extensive experience in ICD-9-CM and CPT-4 coding for hospitals. Ms. Purcell's passion lies in knowledge transfer. She develops and presents seminars based on needs identified through her consulting work. She has leveraged her 27+ years of coding specific experience to develop training materials and services assisting hospitals to improve the accuracy of coding and documentation. She conducts workshops to ensure hospitals are up-to-date on the ever-changing healthcare environment. Ms. Purcell led the development of QHR's Coding Community website, allowing hospitals to continue building their knowledge base.

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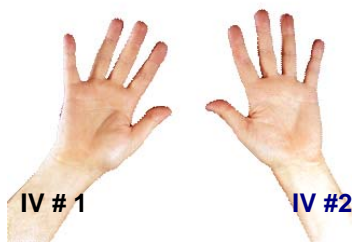
The initial service is the code that best describes the key or primary reason for the encounter

- ◆ 96413 Chemotherapy infusion
- ◆ 96409 Chemotherapy IV push
- ◆ 90765 Infusion
- ◆ 90774 IV push
- ◆ 90760 Hydration



1

Sometimes it's OK to have more than one initial or primary service code



Separate site



8:00 AM



4:00 PM

Separate encounter

2

Practice Makes Perfect



A patient presents with complaints of abdominal pain. An IV is started at KVO as a precautionary measure. Diagnostics are completed and the physician orders an IV antibiotic to be infused over 30 minutes.

The primary service is:

- A. Chemotherapy**
- B. Infusion**
- C. Injection**
- D. Hydration**

3

Practice #2



The same patient presents with abdominal pain. The patient is clinically dehydrated and hydration is given at 200 cc/hr. After the hydration, an IV infusion of antibiotics is given.

The primary service is:

- A. Chemotherapy**
- B. Infusion**
- C. Injection**
- D. Hydration**

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Practice #3



A patient presents with low blood pressure and tachycardia. Two IVs are started. A two liter bolus is given with minimal improvement. A dopamine drip is started in one line and the bolus continued in the other.

The primary service is:

- A. Chemotherapy
- B. Infusion
- C. Injection
- D. Hydration

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Once the primary service has been established, second or subsequent services are coded separately



- ♦ 96417 Chemotherapy infusion
- ♦ 96411 Chemotherapy IV push
- ♦ 90767 Infusion
- ♦ 90775 IV push new drug
- ♦ 90776 IV push same drug
- ♦ 90761 Hydration

6

There are different codes for IV push of the same substance and a new substance



**IV push of Demerol at 10:00
+ IV push of Demerol at 10:45
= 90774 and 90776**

**IV push of Demerol at 10:00
+ IV push of Reglan at 10:05
= 90774 and 90775**

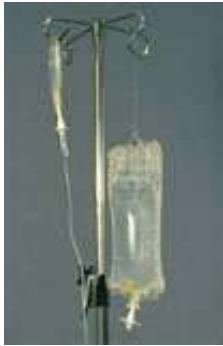
7

IV injections require the healthcare professional to be continuously present to administer the injection



8

A concurrent infusion occurs when multiple infusions are provided simultaneously through the same intravenous line



**90768 Concurrent infusion
(List separately in addition to
code for primary procedure)**

9



90765 for the first antibiotic

90768 for the concurrent infusion of antibiotic

90775 for the sequential IV push drug

10

Hydration Services must be therapeutic

- 90760** Intravenous infusion, hydration; initial, 31 minutes to 1 hour
- 90761** Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure)
(Report 90761 for hydration infusion intervals of greater than 30 minutes beyond 1 hour increments)
(Report 90761 to identify hydration if provided as a secondary or subsequent service after a different initial service [90760, 90765, 90774, 96409, 96413] is administered through the same IV access)
(Do not report intravenous infusion for hydration of 30 minutes or less)

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There is a HCPCS code for infusion services

- ◆ **C8957 Prolonged IV infusion, requiring pump**



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To code correctly, you must have documentation of the time for infusion and hydration services



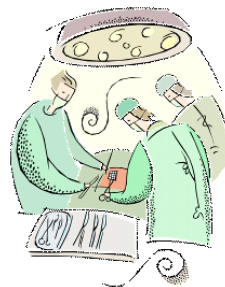
**First hour infusion =
16 minutes or more**

**First hour hydration =
31 minutes or more**

**Second hour =
first 60 minutes plus
additional 31 minutes or more**

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Drug administration services that are integral to a procedure are not reported separately



14

Hospitals may report infusions that are started outside the hospital



15

Some services included in drug administration codes are not reported separately with CPT codes

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

16

90772 Subcu or intramuscular injection is considered a component of infusion codes and will require modifier 59

**Codes 90760,
90765, 96401,
96402, 96409,
96413

+

90772

=

Modifier 59**

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Here are some additional services you may want to include

- 90471 Single vaccine administration
- 90472 Each additional vaccine
- G0008 Influenza
- G0009 Pneumococcal
- G0010 hepatitis B (CAH only)
- 92977 Coronary thrombolysis by intravenous infusion
- 36000 IV Start (do not use with any IV drug administration service)
- 36430 Blood administration (per encounter)

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Do not report an E/M visit code if the reason for the visit was to administer drugs



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Do not report 96523 if an injection or infusion is provided on the same day



96523 Irrigation of implanted venous access device for drug delivery systems

20

Chemotherapy codes follow most of the same coding guidelines as drug administration codes



21

Report drug administration given sequentially with chemotherapy

Chemotherapy infusion



96413

Non-chemotherapy injections



+ 90775 + 90775

Hydration for one hour



+ 90761

22

Chemotherapy services include non-radionuclide anti-neoplastic drugs, anti-neoplastic agents for treatment of noncancer diagnoses and substances such as certain monoclonal antibody agents and other biologic response modifiers



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SECTION I - PRIMARY SERVICES		Nursing	
	<i>Only ONE of the following primary services may be billed per encounter, unless the patient has two separate IV sites. The primary charge is selected based on the service which best describes the reason for the visit. Once one of the following is selected, any additional services should be billed using the charges listed in Section II or Section III below.</i>	IV #1	IV #2
<p>Primary services</p> <p>Start and stop times</p>	IV Drug Infusion - 90765 (INFUSION of IV Meds given over 16 minutes or more, i.e. piggyback, mini-infusor, etc). YOU MUST DOCUMENT START AND STOP TIMES WITH THIS SERVICE.	3780	
	IV Push Med - 90774 (Med is given IV Push OR the infusion of the Med is 15 minutes or less in duration)	3781	
	IV Hydration Therapy - 90760 (Prepackaged IV fluids and electrolytes with no other drugs or substances added. Use this charge when the primary reason for the visit is hydration and fluids are infused for more than 30 minutes.) YOU MUST DOCUMENT START AND STOP TIMES & RATES OF INFUSION WITH THIS SERVICE. DO NOT use this charge for KVO or TKO rates of infusion or for Heparin or Saline Locks.	3782	

Not for KVO, TKO, saline lock

24

SECTION II - ADDITIONAL HOURS OF INFUSION		Nursing	
<i>Bill additional hours only after 30 minutes or more have elapsed of each hour after the initial hour of infusion service.</i>			
IV Drug Infusion, each additional hour - 90766 - Select for each additional hour but only after more than 30 minutes has elapsed of each additional hour after the initial hour. (Bill in conjunction with 90765 or 90767). YOU MUST DOCUMENT START AND STOP TIMES WITH THIS SERVICE.	3780	# hrs	# hrs
IV Hydration Therapy, each additional hour - 90761 - Select for each additional hour of IV fluid infusion after more than 30 minutes has elapsed of each additional hour after the initial hour. (Bill in conjunction with 90760). YOU MUST DOCUMENT START AND STOP TIMES & RATES OF INFUSION WITH THIS SERVICE.	3781	# hrs	# hrs

Additional hours of infusion

More than 31 minutes

hours per day

25

SECTION III - ADDITIONAL CHARGES		Nursing	
IV Push, each additional sequential IV push of a <u>NEW</u> substance/drug - 90775 . Select this charge for each new drug that is given via an IV push method, i.e. when 90774 is selected as the primary service OR when a drug is administered via IV push and the primary service was an IV Drug Infusion (90765). DO NOT use this charge to bill additional IV pushes of the same drug as these would not be separately billable.	3785	#	
IV Push, each additional sequential IV push of the <u>SAME</u> drug - 90776 . Do not report 90776 for a push performed within 30 minutes of a reported push of the same substance or drug.	3786		

IV push of new drug

IV push of the same drug

Report # of injections

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SECTION III - ADDITIONAL CHARGES		Nursing	
<p>Concurrent infusions</p> <p>IM/SC injections</p>	<p>IV Drug Infusion, concurrent infusion - 90768. (List in addition to the code for the primary service in Section I). Select this charge when multiple infusions are provided at the same time in one site. This charge may only be billed once per encounter.</p>	3787	
	<p>IM / SC Injection - each injection - 90772. Bill for each IM / SC Injection EXCEPT Vaccine Administration</p>	3788	#
	<p>IV Hydration as a subsequent service - 90761. Report 90761 to identify hydration if provided as a secondary or subsequent service after a different initial service in Section I (90765, 90774) is provided. More than 30 minutes must be provided in order to use 90761 for the first hour of hydration as a secondary service. Use this charge for any additional hours (more than 30 minutes of each subsequent hour has elapsed since the initial hydration hour). YOU MUST DOCUMENT START AND STOP TIMES & RATES OF INFUSION WITH THIS SERVICE. DO NOT use this charge for KVO, TKO rates or for Heparin or Saline Locks.</p>	3789	# hrs

IV hydration as subsequent service

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CHEMOTHERAPY/BIOOTHERAPY/TREATMENT RECORD

Date _____ RN: _____ / _____
Primary RN Signature Chemotherapy RN Signature

Peripheral IV Start		Lab Draws																																																																	
#1 Site _____ Ga. _____	#2 Site _____ Ga. _____	Time Started _____ Time IV D/C'd _____ Catheter intact <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> CBC <input type="checkbox"/> CMP <input type="checkbox"/> BMP <input type="checkbox"/> LDH <input type="checkbox"/> Other _____																																																																
<p>Vascular Access Devices</p> <p>TYPE: Vascular Access Device (VAD) Port 20 gauge <input type="checkbox"/> 1 inch, <input type="checkbox"/> 1/4 inch, <input type="checkbox"/> 1-1/4 inch <input type="checkbox"/> Hickman <input type="checkbox"/> PICC Line <input type="checkbox"/> Groshong <input type="checkbox"/> Triple Lumen <input type="checkbox"/> Other: _____</p> <p>Accessed without difficulty <input type="checkbox"/> Yes <input type="checkbox"/> No Blood Return <input type="checkbox"/> Yes <input type="checkbox"/> No VAD Flush Na Chloride _____ cc Heparin _____ ml Units/ml VAD Dressing Change <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																																																																			
<p>Pre-Medication Given</p> <table border="1"> <thead> <tr> <th>DRUG</th> <th>DOSE</th> <th>ROUTE</th> <th>START/STOP</th> <th>DRUG</th> <th>DOSE</th> <th>ROUTE</th> <th>START/STOP</th> </tr> </thead> <tbody> <tr><td>Zantac</td><td></td><td></td><td>/</td><td></td><td></td><td></td><td>/</td></tr> <tr><td>Benadryl</td><td></td><td></td><td>/</td><td></td><td></td><td></td><td>/</td></tr> <tr><td>Tylenol</td><td></td><td></td><td>/</td><td></td><td></td><td></td><td>/</td></tr> <tr><td>Atrivan</td><td></td><td></td><td>/</td><td></td><td></td><td></td><td>/</td></tr> <tr><td>Zofran</td><td></td><td></td><td>/</td><td></td><td></td><td></td><td>/</td></tr> <tr><td>Decadron</td><td></td><td></td><td>/</td><td></td><td></td><td></td><td>/</td></tr> <tr><td>Hydrocortisone</td><td></td><td></td><td>/</td><td></td><td></td><td></td><td>/</td></tr> </tbody> </table>				DRUG	DOSE	ROUTE	START/STOP	DRUG	DOSE	ROUTE	START/STOP	Zantac			/				/	Benadryl			/				/	Tylenol			/				/	Atrivan			/				/	Zofran			/				/	Decadron			/				/	Hydrocortisone			/				/
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<p>Discharge (Please Circle) Via: Ambulatory W/C Gurney To: Primary Residence LTC/SNF Other: _____ <input type="checkbox"/> Tolerated well. Patient discharged in no apparent distress. <input type="checkbox"/> See back of page</p>																																																																			

Drug, dose, route and start and stop times

Chemotherapy start and stop times

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Coding Vignette #1

A patient arrives with gastroenteritis, nausea and vomiting. IV hydration is begun at 100 mls/hr at 1300 hours. Patient receives one IV push med and IV is continued until patient is discharged at 1435.

- *1 90774, 90760
- *2 90774, 90761
- *3 90774, 90761 x 2
- *4 90775, 90761 x 2



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Coding Vignette #2

A patient receives one antibiotic infusion for 45 minutes. A different antibiotic is infused for 20 minutes.

- *1 90765, 90767
- *2 90765, 90766
- *3 90765
- *4 90765 x 2



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Coding Vignette #3

A critical patient is seen in the ER. An IV bolus is given wide open and continued throughout the patients two hour ER encounter. CPR is begun and 2 IV push injections of Epinephrine are given 5 minutes apart during CPR. The patient is given IV push injection for sedation prior to emergency endotracheal intubation.

- *1 90774, 90775, 90761 x 2
- *2 90774, 90775 x 2, 90761 x 2
- *3 90774, 90775, 90760, 90761
- *4 90760, 90761



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Faculty Information

Lori Purcell, RHIA, CCS
 Director, Coding & Reimbursement
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 QHR

Lori provides coding-specific Health Information consulting services to hospitals across the country. Lori has extensive experience in ICD-9-CM and CPT-4 coding for hospitals, and is a master teacher, having led dozens of seminars and trained thousands of coders throughout the nation.

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Resources

AHIMA's Coding Assessment and Training
Solutions Online Program
Injections and Infusions using CPT® Codes
http://campus.ahima.org/campus/course_info/CATS/CATS_newtraining.html

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Audience Questions



Audio Seminar Discussion



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- ◆ ***EHR Coding Practices***

Faculty:

Shelley C. Safian, MAOM/HSM, CCS-P, CPC-H, CHA

February 7, 2008

- ◆ ***Effective Coding Under MS-DRGs***

Faculty:

James S. Kennedy, MD, CCS, and
Sharalyn Milliken, RN, JD, CPC-H

February 14, 2008



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Appendix

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