AHIMA Distance Education

Mastering Injection and Infusion Coding

Audio Seminar / Webinar

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Practical Tools for Seminar Learning

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Faculty

Jugna Shah, MPH

Jugna Shah, MPH, president and founder of Nimitt Consulting, is a nationally recognized expert in ambulatory payment reform. Ms. Shah has extensive experience helping providers understand and address the clinical, financial, and operational implications of Medicare's implementation of the OPPS based on APCs.

Christi Sarasin, CCS, CPC-H, FCS

Christi Sarasin, CCS, CPC-H, FCS, is an independent consultant with over 27 years of experience in health information management. With over 14 years at a 350-bed acute care hospital, Ms. Sarasin's hands-on experience in the various operational processes of the HIM department has given her a broad perspective of the global medical record workflow processes and the outside influences that impact coding, reimbursement and compliance.

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Overview

- 2009 Drug Administration Update
- 2008 – 2009 Rate Comparison
- Questions that Keep Coming Up
- Medically Unlikely Edits (MUE)
- New NCCI Edits as of 1/1/09
- Time Documentation
- What is Valid and Complete Documentation
- Dates of Service
- Revenue and Compliance
- Solving Problems

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Overview (cont.)

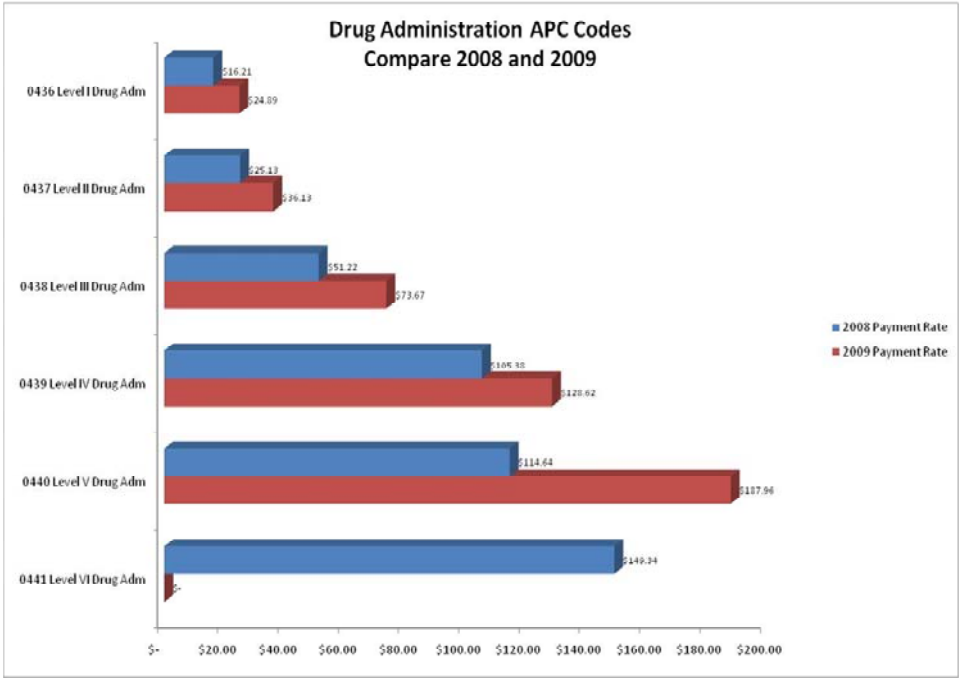
- Making Sense of it All
- The Ground Rules for Documentation
- Key Factors
- All the King's Men
- The Jesters
- The Members of the Court
- Modifier -59
- The Rules
- Odds and Ends
- Areas for Compliance
- Data Transfer
- Process Improvement
- Resources

2

2009 Drug Administration Update

- **OPPS/APC grouping and payment changes for 2009**
  - **6 drug admin APC groups collapsed to 5**
  - **APC payment rates appear better…but don't be misled**
  - **Still no separate APC payment for certain CPT codes**
- **Coding related changes for 2009 means operational impact**
  - **New CPT numbers for some codes**
  - **Revised CPT section headings/titles**
  - **More NCCI edits expected to impact drug admin claims**
    - *Tip:* ***Be sure your CDM, charge tickets/forms, etc. are updated to reflect the new codes for 2009***

3



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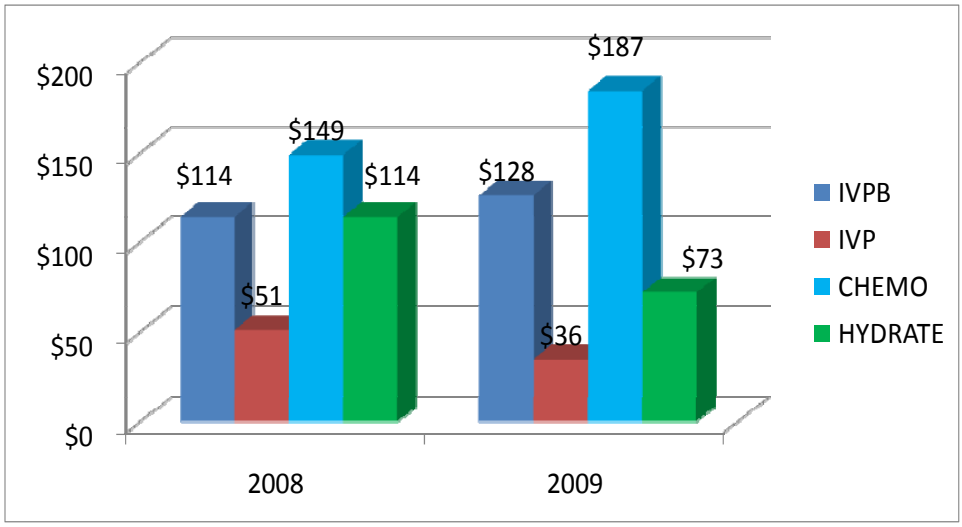
2008 vs. 2009 APC Payment Rate Comparison of "Initial" Drug Administration Services Only



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2009 CPT® Drug Administration Code Update

- **Hydration, therapeutic, prophylactic and diagnostic service CPT codes have been renumbered**
  - **2008 CPT code numbers** *907XX* ***change*** *to 963XX* ***in 2009***
- **Hydration**
  - **New code numbers, but all rules/instructions remain the same**
  - **"***Do not report intravenous infusion for hydration of 30 minutes or less"* **moved under the** ***initial hour code*** **rather than under the each** ***additional hour code.***
- ***Some other sections renamed in the 2009 CPT book***

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Comparison of 2008 vs. 2009 Hydration, Therapeutic, Prophylactic and Diagnostic Injection and Infusion Codes

2008 Codes	New 2009 Codes

• Hydration
  • 90760/90761
	• Hydration
	  • 96360/96361

• Therapeutic intravenous infusions
  • 90765-90768
	• Therapeutic intravenous infusions
	  • 96365-96368

• Therapeutic subcutaneous infusions
  • 90769-90771
	• Therapeutic subcutaneous infusions
	  • 96369-96371

• Other, therapeutic, prophy., dx, injection/infusion services
  • 90772-90776
	• Other, therapeutic, prophy., dx, injection/infusion services
	  • 96372-96376

• Unlisted code
  • 90779
	• Unlisted
	  • 96379

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Review of Drug Administration Concepts that Remain in Place for 2009

- **The CPT guidelines and hierarchy must be followed**
  - **One code in each category of <u>intravenous</u> infusion and injection drug administration codes designated as the "initial" service**
  - **Order of service delivery does NOT determine what is "initial"**
  - **Typically only one "initial service" will be reported per encounter unless more than one IV access site**
    - **chemo services are primary to therapeutic, prophylactic, and diagnostic services, which are primary to hydration services**
    - **Infusions are primary to pushes, which are primary to injections.**
    - **The hierarchy does <u>not</u> apply to physician reporting**
    - **The hierarchy does not apply to SQ/IM injections (and infusions), only intravenous injections**

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Review of Drug Administration Concepts that Remain in Place for 2009

- ***Time Documentation is Critical and Drives the Accuracy of the Codes Reported..***
  - **Less than 15 minutes…**
  - **More than 15 minutes…**
  - **31 minutes to 1 hour**
  - **15 to 90 minutes versus more than 90 minutes**
  - **30 minutes since the last reported push**
  - **Etc.**

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A Review of Ongoing Issues…

- **Time documentation**
  - **What is considered valid and complete?**
  - **What should be reported when a stop time is not present?**
- **Reporting drug administration services that cross date of service**
  - **Can multiple initial service codes be reported?**
  - **What date of service should the additional hours of infusion be reported?**
- **Reporting modifier -59**
  - **MUEs and NCCI edits**

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Time Documentation for Drug Administration Services

- **Physician and nursing documentation is the key without which accurate charging cannot occur**
- **Typically, hospital documentation for infusion services reflects the substance being infused and the flow rate…but this is not enough**
- **Drug administration services that reference time are in fact "time-based" codes, therefore documentation should support the billed charges**

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What is Considered Valid and Complete Documentation to Support the Charging of Drug Administration Services?

- **Some answers:**
  - *Per AMA* – **"Infusion time is measured when the infusate is actually running: pre and post time are not counted. It is recommended to document infusion start and stop times."**
  - *Per CMS IOM 100-4, Chapter 4, §230* – ***Hospitals are to report codes according to CPT instructions. CPT instructions are to use the*** *actual time* ***over which the infusion is administered to the beneficiary for time-specific drug administration codes.***
  - *CMS* – **Indicates that it has the expectation that hospitals will document time otherwise CMS has a difficult time understanding how services would be billed appropriately.**

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What is Considered Valid and Complete Documentation to Support the Charging of Drug Administration Services? (cont.)

- *AdminaStar Dec 2006 FAQ #9:*
  - ***"…the important thing to remember is that a reviewer must be able to determine the actual amount of time a medication infused from the records, not just the 'ordered' infusion time."***
  - **Drug administration codes are *"time-based"* codes, therefore a *"time-frame"* should be clearly documented**
- *Kansas Medicare—FAQ from December 2006:*
  - ***"…Documenting the actual times would carve out any non-infusion time between each bag that is hung. It is this intermediary's interpretation that the actual infusion start and stop times should always be documented."***

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What is Considered Valid and Complete Documentation to Support the Charging of Drug Administration Services? (cont.)

- *WPS Medicare 2008:* ***"Initial IV infusion reported after 15 minutes of infusion. Infusions lasting 15 minutes or less must be billed as an IV push. …start and stop times must be clearly documented in order to request Medicare payment for infusion services. In the absence of start and stop time, providers may only request reimbursement at the IV push level."***

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What Should Be Reported When No Stop Time is Provided for the Infusion Service?

- **What is your practice when a stop time is not reported?**
  - **CMS does not state anything about what can/cannot be reported if an explicit "stop" time is missing…but several FIs have indicated that an IV push injection can be reported.** What does your FI/MAC say?
- **What are the consequences of reporting versus not reporting?**
  - **Over-payment – compliance issue**
  - **Under-payment – revenue issue and devaluation of staff effort**
  - **No payment if nothing is reported– revenue issue and devaluation of staff effort**
- **What do you consider a best practice with respect to start and stop times?**

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Dates of Service for Drug Administration Services

- **What happens when the visit/encounter crosses the midnight hour?**
  - **Codes should be reported for the entire encounter**
  - **Report services using the actual date of service they were provided.**
  - **You may see multiple lines of the same CPT code with different dates**
  - **Do not report multiple initial service codes because the patient stays overnight**

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Dates of Service for Drug Administration Services (cont.)

- **Example: Patient comes to the ED on 02-15-09, and hydration is started at 10:00 p.m. It continues until 6:30AM on 02-16-09. The patient received an IV push of morphine on 02/15/09 and again at 2AM on 02/16/09. What CPT codes and units should be reported?**

96374 x 1	2/15/09
96361 x 2	2/15/09
96361 x 6	2/16/09
96376 x 1	2/16/09

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Modifier -59

- **Modifier -59 is used to:**
  - **Distinguish between the same services (as reported by HCPCS codes) provided across multiple encounters on the same date of service**
  - **Highlight that two vascular access sites were started and each was reported with an "initial" service CPT code**
  - **Bypass MUE and NCCI edits, when appropriate**

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Medically Unlikely Edits (MUEs)

- **The CMS MUE program was implemented January 1, 2007 with an aim to reduce the paid claims error rate. Carriers and FIs/MACs adjudicate claims against MUEs.**
- **CMS has contracted with Correct Coding Solutions, LLC to develop and maintain MUEs and the National Correct Coding Initiative (NCCI) edits**

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Medically Unlikely Edits (MUEs) (cont.)

- **MUE values were established utilizing various criteria and are set so that the vast majority of appropriately reported claims with all units of service (UOS) reported on a single line of a claim will bypass the MUE value.**
  - **MUE values were evaluated against 100% claims data from a six month period in 2006 and reviewed with contractor medical director workgroups to establish appropriate values.**
  - **For most codes only very rarely should a claim be returned to the provider because the UOS exceed the MUE value.**

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Medically Unlikely Edits (MUEs) (cont.)

- **An MUE for a HCPCS/CPT code is set at what is expected to be the maximum reported units of service under most circumstances All HCPCS/CPT codes do not have an MUE.**
- **The majority of MUE's were made public on the CMS website on October 1, 2008 and are expected to be updated quarterly.**
  - **Published MUEs consist of most of the codes with MUE values of 1-3.**
  - **CMS is not publishing MUE values that are 4 or higher because of CMS concerns of fraud and abuse.**
- **More information on MUEs can be found on CMS' website at:**
  http://www.cms.hhs.gov/NationalCorrectCodInitEd/08_MUE.asp

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Published Hospital Outpatient MUE Limits for Drug Admin

HCPCS\CPT Code	Hospital Outpatient Services MUE
96360	2
96369	1
96371	1
96373	3
96374	2
96402	2
96405	1
96406	1
96409	2
96413	2
96416	1
96420	2
96422	2
96425	1
96440	1
96445	1
96450	1
96521	2
96522	1
96523	1
96542	1

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New NCCI Edits Implemented January 1, 2009

- **NCCI edits are updated quarterly and the hospital/institutional version is one calendar quarter behind the physician version.**
- **In the past, the Outpatient Code Editor (OCE) has not applied the NCCI edits from the following CPT/service categories :**
  - **anesthesiology,**
  - **evaluation and management**
  - **mental health services**
- **Expect to see many more line items impacted by NCCI edits starting January 1, 2009 but even more as of April 1, 2009**
  - **Hospital edits can be found at: http://www.cms.hhs.gov/NationalCorrectCodInitEd/NCCIEHOPPS/list.asp#TopOfPage**

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New NCCI Edits Expected for January 1, 2009 (cont.)

- **NCCI edits for drug administration services provided by hospitals have been activated, but right now we mostly see the edits for chemotherapy services…expect that to change as of April 1**
  - **Some edits can be bypassed with a modifier while others cannot**
  - **There are also many NCCI edits now active for E/M visit codes**

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Drug Admin NCCI Edits That CANNOT Be Bypassed with a Modifier

Column 1	Column 2	Effective D	Deletion D	Modifier
96401	96523	20060101	*	0
96402	96523	20060101	*	0
96405	96523	20060101	*	0
96406	96405	19970401	*	0
96406	96523	20060101	*	0
96409	96523	20060101	*	0
96413	96523	20060101	*	0
96414	96520	20020701	20041231	0
96414	96530	20030701	20041231	0
96416	96521	20060101	*	0
96416	96522	20060101	*	0
96416	96523	20060101	*	0
96420	96523	20060101	*	0
96422	96523	20060101	*	0
96425	96520	20020701	20051231	0
96425	96521	20060101	*	0
96425	96522	20060101	*	0
96425	96523	20060101	*	0
96425	96530	20030701	20051231	0
96440	96523	20060101	*	0
96445	96523	20060101	*	0
96450	96523	20060101	*	0
96521	96523	20060101	*	0
96522	96523	20060101	*	0
96542	96523	20060101	*	0
96570	31622	20010701	*	0

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Sample of Drug Admin NCCI Edits That CAN Be Bypassed with a Modifier

Column 1	Column 2	Effective D	Deletion D	Modifier
96409	11900	20070401	*	1
96409	90772	20060101	*	1
96409	90774	20060101	*	1
96409	96522	20060101	*	1
96409	99185	20060101	*	1
96409	99201	20090101	*	1
96409	99217	20090101	*	1
96413	90772	20060101	*	1
96413	90774	20060101	*	1
96413	96409	20060101	*	1
96413	96521	20060101	*	1
96413	99185	20060101	*	1
96413	99201	20090101	*	1
96413	99202	20090101	*	1
96413	99213	20090101	*	1
96413	99219	20090101	*	1
96415	36500	20061001	*	1
96415	75893	20061001	*	1
96416	90765	20060101	*	1
96416	90772	20060101	*	1
96416	90774	20060101	*	1
96416	99185	20060101	*	1
96416	99201	20090101	*	1
96416	99213	20090101	*	1

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Making Sense of it All

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The Good Ol' Days

- **Q-codes ???**
- **90780**
- **90781**

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The Ground Rules

- **The Rules for Documentation**
  - **Must be ordered by a physician**
  - **Documentation must support medical necessity**
  - **EACH substance administered is**
    - **Clearly documented, no abbreviations**
    - **Route and site is easily discernable**
    - **Start and stop times for EACH substance is documented – *this is the best practice***
    - **Amount of EACH substance given is documented**

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Key Factors

- **Record documentation**
  - **The service must be ordered by a physician or other party who is licensed to diagnose and treat**
  - **Diagnoses must support service(s) as medically necessary**
  - **Substance(s) administered clearly documented**
    - **MSO**

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Key Factors

- **Charging and Coding**
- **Charge Tickets**

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Key Factors

- **Emergency Room**
- **Clinics**
- **Other Areas Where Drugs May Be Administered**
  - **Post Anesthesia Care Unit**
  - **Observation**

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Key Factors

- **The Claim**
  - **Reconciled with record documentation and itemized bill**

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The Hierarchy

Three Categories of Drug Administration Codes

- **Chemotherapy Administration**
- **Therapeutic Intravenous Infusions/Injections**
- **Hydration**

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All the King's Men

Primary Service (listed by rank)

- **Category I**
  - **Chemo initiation of prolonged infusion (greater than eight hours, requiring pump)**
  - **Chemo infusions**
  - **Chemo injections**
- **Category II**
  - **Initiation of prolonged infusion (greater than eight hours, requiring pump)**
  - **Non-chemo, therapeutic infusions**
  - **Non-chemo, therapeutic injections**
- **Category III**
  - **Hydration infusions**

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The Players within the Hierarchy

- **Initial-**
  - **Injections are the exception**
  - **Key or Primary Reason**

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The Jesters

- **Initial –**
- **Sequential –**
  - **Infusion**
    - **Additional hours of infusion of the same drug or**
    - **of a <u>different</u> drug immediately following an initial infusion, through the same IV access**
  - **IV Push –**
  - **Additional pushes of same drug must be greater than 30 minutes apart**
- **Concurrent –**
  - **multiple infusions through the same IV line of the same type**
  - **Reported ONCE per encounter**

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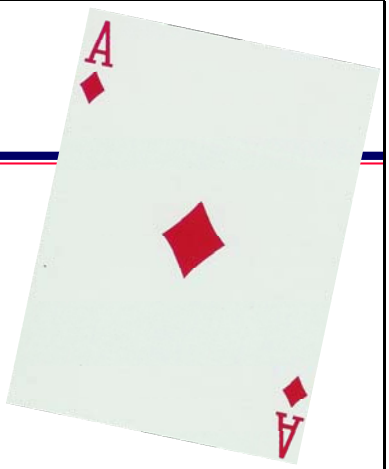
ACEs HIGH



The code that <u>best describes</u> the <u>primary, most significant service</u> provided for the patient.

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With Rare Exception Chemo Administration Is The More Complex Service,

CPT Assistant May, 2007

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KINGs

Chemotherapeutic Services

96416 (I) once per day
96425 (I)
96413 (I)
96415+*(S)
96417+ (S)
96422 (I)
96423 (S)
96549 (C)
96401
96402
96409 (I)
96411+
96420

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Anti-neoplastic Drugs Administered for Non-cancer Diagnoses

Chemotherapy Drugs	Hormonal Antineoplastics
J9000 Doxorubicin HCl 10 mg	J0970 Estradiol valerate, up to 40 mg
J9001 Doxorubicin HCl, all lipid formulations, 10 mg	J9202 Goserelin acetate implant per 3.6 mg
J9017 Arsenic trioxide 1 mg	J9217 Leuprolide acetate suspension 7.5 mg
J9040 Bleomycin sulfate 15 units	J9219 Leuprolide acetate implant 65 mg
J9181 Etoposide 10 mg	J9395 Fulvestrant 25 mg
J9182 Etoposide 100 mg	
J9206 Irinotecan 20 mg	
Partial List Only	

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Monoclonal Antibody Agents

J0130 Abciximab 10 mg
J0480 Basiliximab, 20 mg
J1745 Infliximab 10 mg
J2503 Pegaptanib sodium, 0.3 mg
J9055 Cetuximab 10 mg
J9310 Rituximab 100 mg
J9355 Trastuzumab 10 mg
Partial List Only

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Other Biologic Response Modifiers for Non-cancer Diagnosis

J0128 Aberelix 10 mg
J0215 Alefacept 0.5 mg
J1440 Filgrastim 300 mcg
J1441 Filgrastim 480 mcg
J2505 Pegfilgrastim 6 mg
J2820 Sargramostim 50 mcg
Partial List Only

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The KINGs Hierarchy

The Service	The Codes	SI	The Money (Wage adjusted)
Chemo initiation of prolonged infusion (greater than eight hours, requiring pump)	96416 (I) 96425 (I)	S S	$210.20 $210.20
Chemo infusions	96413 (I) 96415+*(S) 96417+ (S) 96422 (I) 96423 (S) 96549 (C)	S S S S S S	$210.20 $40.40 $82.39 $210.20 $82.39 $27.83
Chemo injections	96401 96402 96409 (I) 96411+ (S) 96420	S S S S S	$40.40 $40.40 $143.84 $82.39 $143.84

+ Add-on code (I) Initial (S) Subsequent (C) Concurrent

* Each additional hour beyond first hour minimum 30 plus minutes

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The Hierarchy

- **Chemotherapeutic Services**
  - **96401 – 96549**
  - **96417 Once per each additional substance/drug**
  - **With anti-emetic**
  - **With hydration**

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QUEENs

Therapeutic Drug Infusion

C8957 (I)
96365 (I)
96366+ (S)
96367+ (S) sequential hours/infusate mix
96368+ (C) once per encounter
96369 (I) once per encounter
96370+ (S)
96371+ (S) once per encounter
96379*

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The QUEENs Hierarchy

The Service	The Codes	SI	The Money (Wage adjusted)
Non-chemo, therapeutic infusions	C8957 (I)	S	$210.20
	96365 (I)	S	$143.84
	96366+ *(S)	S	$27.83
	96367+ (S)	S	$40.40
	96368+ (C)	N	$0.00
	96369 (I)	S	$82.39
	96370+ (S)	S	$40.40
	96371+ (S)	S	$27.83

+ Add-on code (I) Initial (S) Subsequent (C) Concurrent
* Each additional hour beyond first hour minimum 30 plus minutes

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The Hierarchy

- **Non-chemo/Non-hydration Infusions**
  - **96366, infusion each additional hour**
  - **96367, sequential infusion**
  - **96368, concurrent infusion**
  - **96369, subcutaneous infusion**
  - **96371, additional pump set up**

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JACKs

Pushes
96374
96375
96376 **same substance/drug greater than 30 minutes apart**

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10s

Injections
96372
96373
96379*

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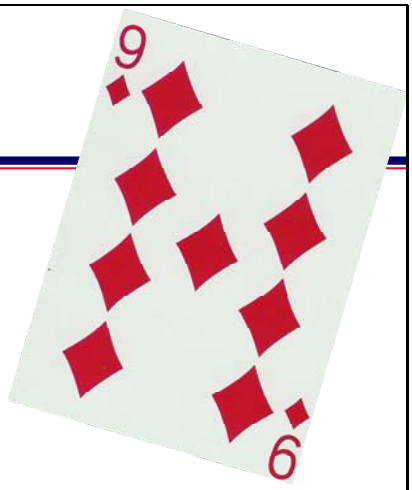
9s



Hydration Infusions

96360
96361

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The Hierarchy

The Service	The Codes	SI	The Money (Wage adjusted)
Non-chemo, therapeutic injections	96372 96373 96374 (I) 96375+* (S) 96376+ (S) 96379	See Next Slide	See Next Slide
Hydration infusions	96360** (I) 96361+* (S)	S S	$82.39 $27.83

+ Add-on code (I) Initial (S) Subsequent (C) Concurrent
** Must be 31 minutes or greater up to one hour
* Each additional hour beyond first hour minimum 30 plus minutes

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The Hierarchy

Injections	The Codes	SI	The Money
Subcutaneous, intramuscular	96372	S	$27.83
Intra-arterial injection	96373	S	$40.40
Intravenous push	96374 (I) 96375+* (S) 96376+ (N)	S S	$40.40 $40.40 $0.00
Unlisted intra-arterial or intravenous injection or infusion	96379	S	$27.83

+ Add-on code (I) Initial (S) Subsequent (N) Packaged
* Each new substance or drug

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The Players within the Hierarchy

	Chemotherapy	Infusion – Therapy/prophylaxis	Pushes/ Injections	Infusion - Hydration
Initial	96416 96413 96409 96422 96425	C8957 96365 96369	96374	96360
Secondary/ Sequential	96415+* 96417+ 96411+ 96423+*	96366+* 96367+* 96370+* 96371+	96375+ 96376+	96361+*
Concurrent	96549	96368		
Injections	96401 96402 96420		96372 96373 96379	

+ Add-on code
* Each additional hour beyond first hour minimum 30 plus minutes

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The Hierarchy of the Lower Court

The Service		The Codes	SI	The Money
Non-chemo, therapeutic injections	Jack Jack Jack 10 10 10	96374 96375+# 96376+ 96372 96373 96379		$40.40 $40.40 $0.00 $27.83 $40.40 $27.83
Hydration infusions	9 9	96360** 96361+*	S S	$82.39 $27.83

+ Add-on code
# Each new substance
** Must be 31 minutes or greater up to one hour (2008 Change)
* Each additional hour beyond first hour minimum 30 plus minutes

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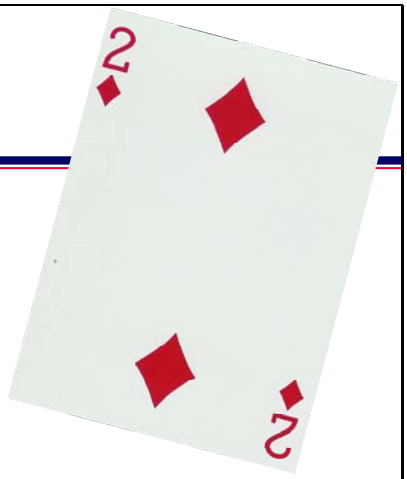
WILD CARD



Different Access Sites
Different Encounter

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All the Kings Court

	Chemotherapy	Infusion – Therapy/prophylaxis	Pushes/ Injections	Infusion - Hydration
Initial	96416 96413 96409 96422 96425	C8957 96365 96369 96379#	96374 (push)	96360
Secondary/ Sequential	96415+* 96417+ 96411+ 96423+*	96366+* 96367+* 96370+* 96371+	96375+ (push) 96376+ (push)	96361+*
Concurrent	96549	96368+		
Injections	96401 96402 96420		96372 96373 96379#	

+ Add-on code
* Each additional hour beyond first hour minimum 30 plus minutes

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Or Put Another Way

Ace – The code that best describes the primary, most significant service provided for the patient

King Chemo	Queen Therapeutic Infusion	Jack IV Push	10 Injection	9 Hydration
96416 (I) 96425 (I) 96413 (I) 96415+*(S) 96417+ (S) 96422 (I) 96423+ (S) 96549 (C) 96401 96402 96409 (I) 96411+ 96420	C8957 96365 96366+ 96367+ 96368+ 96369 96370+ 96371+ 96379*	96374 96375+ 96376+	96372 96373 96379*	96360 96361+

2 Wild Card – A second initial service for a different IV access site or different encounter

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Let's Play

Patient is infused with two non-chemo drugs, starting at 0900 and ending at 1010,	Non-chemo infusions Queen	96365, initial infusion, up to 90 minutes 96368, concurrent infusion
Patient becomes nauseated and receives IV push of anti-emetic	**IV Push Jack**	**96375, IV push (additional/sequential)**
Total infusion time 70 minutes		

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Let's Play

Patient is infused with Cyclophosphamide, starting at 0800 and ending at 1010	Chemo drug infusions King	96413, initial infusion up to 90 minutes 96415, additional hour, 91 to 150 minutes
Patient becomes nauseated and receives IV push of anti-emetic	**IV Push Jack**	**96375, IV push**
Total infusion time 130 minutes		

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The Variables within the Hierarchy

- **Time Indication**
  - **Infusions less than 15 minutes**
  - **Is for actual DRUG not solutions**
  - **Infusions without documented start/stop times documented**

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Let's Play

Patient with CHF and PVT IV bolus of amiodarone	Push Jack	96374, initial IV push
Followed by infusion of Lasix over a two hour period	**Push Jack**	**96375, sequential push, different drug**

How do you report infusions without start/stop times? Some providers are reporting these as pushes. What does your organization do? What is considered a best practice?

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Let's Play

Patient with CHF and PVT IV bolus of amiodarone, given at 0610	Push Jack	96375, sequential IV push
Followed by infusion of Lasix starting and 0710 and ending at 0920	**Therapeutic infusion Ace/Queen**	**96365, initial hour therapeutic infusion 96366, additional hour**
Most significant service is therapeutic infusion. Total infusion time 130 minutes		

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Bolus

Bolus -

"A 'bolus' is defined as a single, large dose of medication usually injected into a blood vessel over a short period of time and is billed as an intravenous (IV) push per CPT coding guidelines."

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Let's Play

Severely dehydrated patient given IV bolus of fluids	IV Push Jack	96374, IV push
Following bolus, IV fluids are infused over a one hour time period	**Hydration infusion 9**	**96361, each additional hour**

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Therapeutic Infusions

- **Time indication**

Service	Infusion 15 minutes or less	16- 90 minutes in duration	Minimum total infusion time 91 minutes in duration
Therapeutic Infusions	**Code IV Push**	**Code infusion "up to one hour"**	**Each additional hour**

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Therapeutic Infusions

*

1st hour	16-90 minutes
2nd hour	91-150 minutes
3rd hour	151-210 minutes

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Hydration Infusion

- **Time indication**

Service	Hydration 30 minutes or less	Hydration *31 - 90 minutes in duration	Minimum total infusion time 91 minutes in duration
Hydration Infusions	**Do NOT Code IV Push**	**Code infusion "up to one hour"**	**Each additional hour**

- **Change for 2008 that remains in effect for 2009: Hydration must be more 31 minutes or more**

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Hydration Infusions

*

1st hour	31-90 minutes
2nd hour	91-150 minutes
3rd hour	151-210 minutes

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Carry-over Infusion Time

70

The Rules

- **The Do's:**
  - **Only one service may be assigned as "initial" except when…**
    - **Initial services are codes identified by CPT**
      - 96360
      - 96365
      - 96374
      - 96409
      - 96413
  - **The "initial" code that is reported is the service that describes the primary, most significant service provided to the patient**

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The Rules

- **The Do's:**
  - **Report as "subsequent" or "concurrent" services from the other groups of services that occur after infusions.**

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The Rules

- **The Do's:**
  - **Report separately therapeutic fluid administration that is medically necessary (e.g., correction of dehydration, prevention of nephrotoxicity) <u>before or after</u> transfusion or chemotherapy**

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The Rules

- **Primary Infusion codes include:**
  - **Administration of local anesthesia**
  - **IV start**
  - **Establishment of access to an indwelling**
    - **IV**
    - **Subcutaneous catheter or port**
  - **Flush at conclusion of infusion**
  - **Administration supplies**
    - **Standard tubing**
    - **Syringes**
    - **Preparation of chemotherapy agents**
- **Code separately for catheter or port de-clotting, 36593**

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The Rules

- **The Do's:**
  - **Report chemotherapeutic drug administration for**
    - **Anti-neoplastic drugs administered for non-cancer diagnoses (for autoimmune disorders)**

    And For
    - ***"CERTAIN"* Monoclonal antibody agents and other biologic response modifiers for non-cancer diagnosis (such as rheumatological disorders)**

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The Rules

- **The Don'ts**
  - **Report drug administration codes for infusions or injections that are**
    - **Provided for the performance of a procedure**
    - **Provided following a procedure because of the procedure**
    - **The infusion of fluids to administer a drug**
    - **Preventative**

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The Rules

- **The Don’ts**
  - **Report hydration services provided concurrent to**
    - **Nonchemotherapeutic/diagnostic services or**
    - **Chemotherapeutic services**
  - **Report administration of fluid during a transfusion or between units of blood products to maintain intravenous line patency**

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The Rules

- **The Don’ts**
  - **Report as “concurrent” multiple drugs mixed and infused in one bag or syringe.**

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Odds and Ends

- Heparin Lock
- Failed Attempts to Start IV
- Injection of Heparin or Saline to cap a line
- Infusions started outside hospital

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Tricks of the Jester

- Time Indication
  - Therapeutic infusions less than 15 minutes
  - Is for actual DRUG not solutions
  - Infusions without documented start/stop times documented

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Let's Play

Patient with CHF and PVT IV bolus of amiodarone	Push Jack	96374, initial IV push
Followed by infusion of Lasix over a two hour period	**Push Jack**	**96375, sequential push, different drug**
Infusions without start/stop times are coded as pushes.		

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Riddle Me This

- **When does an infusion become a push?**
- **When does hydration become a therapeutic infusion?**

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Riddle Me That

- **Does the fact that infusions are primary to IV pushes mean that hydration is primary to an IV push?**
- **Should hydration be reported with the initial service CPT code when provided during the same visit as a SQ/IM push injection?**

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Priority Areas for Compliance

- **Chargemaster –**
  - **Has it been updated recently?**
  - **Do the codes match the services/drugs**
- **Billing –**
  - **Final claim reconciliation**
  - **From & through dates of service**
  - **Units of service**
  - **Modifiers**

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Data Transfer

- How information gets changed, duplicated or lost

85

Process Improvement

- Audit
- Identify issues associated with
  - Documentation
  - Compliance
  - Revenue integrity
- Create an action plan that includes follow up
- Educate, Educate, Educate
- Implement policy changes

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Auditing Drug Administration Services

- **Have you conducted an audit of your drug administration coding/billing/charging practices?**
- **Do you know if you have revenue leaks or compliance risks?**

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Auditing Drug Administration Services (cont.)

- **Examples of things to review:**
  - **Appropriate application of the CPT hierarchy and parenthetical notes**
  - **Multiple units of an initial service code without modifier -59**
  - **Multiple IV push injections**
  - **Usage or potential "over-usage" of modifier -59**
  - **Appropriateness of billed units of service**
  - **Documentation - start/stop times, short-duration, additional hours etc.**
  - **Many others…**

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Auditing Drug Administration Services (cont.)

- **Suggestions for conducting your audit:**
  - **Frame your question/state your hypothesis about what you "think" is happening**
  - **Use data and reports to obtain a "picture" of your internal practices and analyze whether what you see is appropriate, reasonable, etc.**
  - **Review a sample of records for accuracy and completeness of documentation**

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Auditing Drug Administration Services (cont.)

- **Determine if you need to conduct a more thorough review using random vs. statistical sampling; prospective vs. retrospective review methodology, etc. based on the initial data drive snapshot**
- **Identify your data sources—pull together clinical, financial, and policy/regulatory information from CMS and your FI/MAC**

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Auditing Drug Administration Services: Isolating and Solving Problems

- **If problems exist, isolate the root cause and prioritize the short-term fixes**
  - **Who's job/responsibility will it be?**
  - **How? Will you work manually to solve the problems or implement more automated solutions that involve systems/process changes, etc. Is more education required?**
  - **When? Set realistic deadlines and make sure to follow up**
  - **Make the "fix"**
  - **Find longer-term solutions so the same problems don't arise again**

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Resources

- **Federal Register OPPS Final Rule November 10, 2005**
- **CMS Transmittal**
  - **Transmittal 404 Date: December 17, 2004**
  - **Transmittal 785 Date: December 16, 2005**
  - **2006 OPPS Drug Administration FAQ**
  - **Transmittal: 902 Date: April 7, 2006**
- **CPT Codebook, 2009**
  - **Chapter notes, individual code notes and section notes**
- **CPT Assistant**
  - **November 2005**
  - **May, June and September 2007**

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