

Coding Clarification: Facility Reporting—Multiple Infusions (Codes 96360, 96361, 96365-96367)

CPT® Assistant.

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For CPT® 2012, the Hydration and Therapeutic, Prophylactic, Diagnostic Injections, Infusions guidelines have been further refined. Some of the changes are highlighted below:

- reiterates these codes are not intended for physician reporting in the facility setting
- provides explicit ranges of office or other outpatient evaluation and management service codes additionally reportable when a significant, separately identifiable service is performed
- differentiates physician versus facility reporting of an initial infusion
- clarifies multiple infusion/injection reporting when -performed on the same date of service
- defines the differences between an **initial, sequential, and concurrent** infusion
- provides a reporting **example** related to multiple -infusions of the same drug/substance on the same date of service
- instructs infusion reporting when the time of day is a factor
 - a. noncontinuous infusion before and after midnight
 - b. continuous infusion services starting before midnight one calendar day and extending beyond midnight into a second calendar day
- clarifies chemotherapy pre- and/or post-hydration reporting
- parenthetical instructions have been added following add-on codes 96366, 96367, 96368, and 96376.

We continue to receive questions about the facility use of the hydration and therapeutic infusion codes, specifically, the use of codes 96360, 96361, 96365, 96366, and 96367 when performed independently, in combination, or as multiple infusions of the same drug/substance spanning the same or a range of calendar dates.

96360

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

96361

each additional hour (List separately in addition to code for primary procedure)

96365

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

 96366

each additional hour (List separately in addition to code for primary procedure)

 96367

additional sequential infusion, up to 1 hour (List separately in addition to code for primary procedure)

Review of Hierarchy: CPT Facility Infusion Reporting

The guidelines in the CPT codebook outline the hierarchies created to assist in ascertaining appropriate code choice. The use of codes 96360, 96361, 96365, 96366, and 96367 varies when multiple infusions occur, because reporting is dependent upon the number, type, and duration of each infusion. Therefore, a brief review of the basic instructions may be helpful.

Coding Tip

Codes 96360-96379, 96401, 96402, 96409-96425, and 96521-96523 are not intended to be reported by the physician in the facility setting.

For facility reporting, an initial infusion is based on the stated hierarchy. When hydration and therapeutic infusion codes 96360, 96361, 96365, 96366, and 96367 are reported by the facility, the following instructions apply, as stated in the CPT guidelines: 'The initial code should be selected using a hierarchy whereby chemotherapy 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. This hierarchy is to be followed by facilities and supersedes parenthetical instructions for add-on codes that suggest an add-on code of a higher hierarchical position may be reported in conjunction with a base code of a lower position (CPT 2012, p 518).' For example, because add-on code 96376 is a higher order code than code 96360, it would not be appropriate to report add-on code 96376 with the initial hydration infusion code 96360. The hierarchy add-on code indicates the intravenous (IV) push is primary to hydration and the correct reporting of

hydration that includes an IV push administration, even late into hydration, would be codes 96374 and 96361. Therefore, it would be appropriate to report add-on code 96376 in addition to other higher order codes such as 96409, 96413, 96365, and 96374.

Coding Tip

It is important to remember that for both physician and facility reporting, when multiple injections or infusions are individually prepared, these services are recognized and reported as **individual** administrations. Therefore, it is not appropriate to base code choice on a summation of the total time of all administrations performed.

Initial Facility Infusion Service

When administering multiple infusions or injections in the facility setting, only one initial service code should be reported for a given date, unless protocol requires that two separate IV sites must be used. Do not report a second initial service on the same date due to an intravenous line requiring a re-start, an IV rate not being able to be reached without two lines, or for accessing a port of a multilumen catheter. If an injection or infusion is of a subsequent or concurrent nature, even if it is the first such service within that group of services, a subsequent or concurrent code from the appropriate section should be reported (eg, the first IV push given subsequent to an initial one-hour infusion is reported using a subsequent IV push code).

To differentiate, for physician reporting, an initial infusion is the **key or primary reason for the encounter** reported irrespective of a hierarchy or the temporal order in which the infusion(s) or injection(s) are administered. For facility reporting, an initial infusion is based using the hierarchy. However, for both physician and facility reporting, only one **initial** service code (eg, 96365) should be reported unless the protocol or patient condition requires that two separate IV sites must be utilized. The difference in time and effort in providing this second IV site access is also reported using the **initial** service code with the modifier 59, Distinct Procedural Service, appended (eg, 96365, 96365 59).

Sequential Infusion

A sequential infusion is an infusion or IV push of a new substance or drug following a primary or initial service. All sequential services require that a new substance or drug is provided. (An exception is that facilities may report a sequential intravenous push of the same drug using code 96376.)

Concurrent Infusion

A concurrent infusion is a new substance or drug infused at the same time as another substance or drug. A concurrent infusion service is not time based and is only reported once per day regardless of whether an additional new drug or substance is administered concurrently. Hydration may not be reported concurrently with any other service.

A separate subsequent concurrent administration of another new drug or substance (the third substance or drug) is not reported.

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Multiple Infusion Reporting

Multiple infusions individually prepared and administered are recognized and reported as individual administrations. When reporting multiple infusions of the same drug/substance on the same date of service, (and not reporting another initial service (of greater primacy or hierarchy) the initial code should be selected. The second and subsequent infusion(s) should be reported based on the individual time(s) of each additional infusion(s) of the same or a different drug/substance using the appropriate add-on code(s) (eg, 96366 x2).

Example: On the first day of outpatient observation -treatment, a patient receives the same antibiotic by -intravenous piggyback technique (IVPB) over one hour every eight hours (at 7:00 am, 3:00 pm, and 11:00 pm) on the same date with administration occurring through the same IV site.

How to Code: The hierarchy for facility reporting permits the reporting of code 96365 for the first one-hour dose administered with add-on code 96366 being used for the second and third one-hour infusions of the same drug.

The three doses would be reported as follows:

- Report code 96365 for the first antibiotic dose.
- Report add-on code +96366 for the second (3:00 pm) antibiotic dose.
- Report add-on code +96366 for the third (11:00 pm) antibiotic dose.

Infusion Time Factor

Based on payer requirements, hospital outpatient reporting may represent service(s) performed within either a given 24-hour period (single calendar date) or over a range of dates.

For CPT® 2011, a new subheading 'Time' and guidelines regarding the reporting of time were added to the introduction of the CPT code set to assist in the reporting of time-based CPT codes. An example was added to illustrate **facility** reporting of multiple infusions, specifically by the following text:

The use of another initial intravenous push code (96374) in the event another separately prepared (not continuous) intravenous push administration was performed prior and beyond midnight of that calendar date for **which both administrations would be reported as an initial service (96374)**.

For CPT® 2012, the above reporting example **to illustrate facility reporting** was published in the Time guidelines in the introduction of the CPT code set (p xii), as well as the Hydration, Therapeutic, Prophylactic, Diagnostic Injections and Infusions guidelines for multiple infusions reporting in the Medicine subsection (p 518).

While the listed instruction to report both administrations using the **initial** service code 96374 is appropriate when facility reporting represents service(s) performed on a single calendar date, code choice differs based on the facility hierarchy, when facility reporting represents services occurring over a range of dates.

For facility reporting over a range of dates, the specific medication-administration example of an intravenous (IV) push medication individually prepared and administered at 10 PM and 2 AM, would only be reported as initial (96374) and the 2 AM administration would be reported as sequential (96376) provided: (1) no other infusion services were performed that would alter the hierarchical reporting structure; and (2) the push of the same drug was performed more than 30 minutes beyond the initial administration, as indicated in the parenthetical instruction following code 96376.

Example: The same drug is individually prepared and administered through the same vascular access site over one hour each at three separate times in the ob-servation setting, with the third infusion commencing past midnight.

How to Code: Code choice is dependent on whether reporting for service(s)/procedure(s) performed on a single calendar date or over a range of dates. If performing single calendar date reporting, the third infusion started **aftermidnight**, would not be reported with code 96366, but rather with code 96365, as this now represents the **initial** infusion for that new calendar date. Therefore, the first two doses prior to midnight would be reported with codes 96365 and 96366, respectively. Any additional infusions on that calendar date through the same IV site would follow the reporting hierarchy.

If reporting over a range of dates, another **initial** infusion code (96365) would not be reported for the dose administered after midnight. Instead, code 96366 would be reported.

Coding Tip

A 'keep open' infusion of any type is not separately reported.

Hydration Defined

The hydration codes 96360 and 96361 were developed to report specific therapeutic interventions undertaken when a patient presents with dehydration and volume loss requiring clinically necessary intravenous fluid. The necessity for hydration should be documented in the record.

The primary example is a patient who presents with dehydration and volume loss and requires rehydration. Codes 96360 and 96361 are intended to report intravenous infusions of prepackaged fluid **with or without electrolytes** but are not used to report infusion of drugs or other substances.

We are frequently asked to clarify what constitutes 'prepackaged fluid **with or without electrolytes**' and how to differentiate and when to use the therapeutic infusion code(s). To illustrate, the following example is provided:

Example: A 33-year-old patient receives 79 minutes of an intravenous (IV) normal saline infusion for dehydration.

How to Code: Because no other IV infusion service was provided that day, this is an initial service (only hydration) reported using code 96360. The normal saline infusion did not include any electrolyte. Note the type of intravenous fluid administered to treat the dehydration is prepackaged but without any added electrolyte(s). In this instance the reason for the infusion is **hydration**, hence the use of code(s) 96360, 96361 as opposed to the therapeutic infusion codes.

The following infusion circumstances do **not** represent hydration and should not be reported using any CPT code:

- when the purpose of the infusion was to accommodate a therapeutic IV piggyback through the same IV access as a free-flowing IV to safely infuse the agent;
- when the fluid was used as the diluent to mix the drug (ie, the fluid is the vehicle in which the drug is administered);
- when the fluid is used to 'keep open' the IV line prior or subsequent to another infusion; and
- when IV fluids are allowed to continue to run during the administration of the chemotherapy or therapeutic agent. (**Note:** In this instance, any simultaneously administered portion of the hydration is considered neither concurrent nor hydration.)

Some chemotherapeutic and other therapeutic agents require pre- and/or posthydration to be given to avoid specific toxicities. In these circumstances, if hydration services are provided before or after the intravenous chemotherapeutic or other therapeutic agent administration, it is both clinically necessary and appropriate to additionally report the hydration infusion services.

A minimum hydration infusion of 31 minutes is required to report the service. Because eligibility for payment as well as coverage policy is determined by each individual insurer or third-party payer guidelines, the payer may recognize the use of code 96379, Unlisted therapeutic, prophylactic, or diagnostic intravenous or intra-arterial injection or infusion, for

intravenous hydration of less than 30 minutes.

Coding Tip

Hydration codes 96360 and 96361 are not used: (1) when the purpose of the intravenous fluid is to 'keep open' an IV line prior or subsequent to a chemotherapeutic or therapeutic infusion; or (2) when the fluid is used as a free-flowing IV during chemotherapy or other therapeutic infusion.

Hydration vs Therapeutic Infusion

The reporting of codes 96360 and 96361 vs 96365, 96366, 96367, 96368 (therapeutic infusion codes) is predicated on the primary reason for the encounter, and whether any other infusion/injection services are performed. If the purpose of the infusion is for rehydration and with no other IV-infusion service provided on that day, this is an initial service (only hydration), which is then represented by code(s) 96360, 96361.

However, if, for example, the primary reason for the infusion was to address a low potassium level for which 20 mEq of KCl was added to an IV fluid, then the appropriate code(s) from the therapeutic infusion series should be reported for this therapeutic infusion performed for other than hydration (eg, 96365, 96366, 96367, 96368) based on the time interval of the infusion, and whether any other infusion(s)/injection(s) were performed that day.

The therapeutic, prophylactic, and diagnostic injections and infusions codes 96365-96376 are specifically indicated to be used for rapid or bolus infusions other than -hydration. 