

Internal Medicine Coding Alert

Avoid Denials by Separating Rules for Sequential, Concurrent Infusions

Multiple substances mixed in same IV bag mean single infusion code

When your internist performs a multiple-substance infusion, be sure not make a mistake when you identify the "primary" infusion. For coding purposes, it is not always the first drug the physician administers.

Primary Infusion = Primary Reason for Visit

Coders should report the initial infusion of any multi-substance claim with 90765 (Intravenous infusion, for therapy, prophylaxis, or diagnosis [specify substance or drug]; initial, up to 1 hour), confirms **Mary Falbo, CPC**, president of Millennium Healthcare Consulting Inc. in Lansdale, Pa.

Use +90766 (... each additional hour [list separately in addition to code for primary procedure]) to account for each hour of initial infusion past the first hour -- but don't report this for less than 30 minutes of infusion time.

Example: The internist performs an initial infusion for a total of 75 minutes. You should only report 90765.

According to **Sarah Goodman, CPC-H, CCP**, the "initial" infusion is not necessarily the first drug the internist administers; it could be in the second or third IV bag. When coding multi-substance infusions, assign the "initial" code to the most important infusion, or the main reason the patient is in the office that day.

Check this out: Goodman, president of Raleigh, N.C.'s SLG Inc., recommends reporting 90765 for the infusion that falls highest on the following list: chemotherapy infusions, non-chemotherapy/therapeutic infusions, and hydration infusions.

You can report 90765 only if the provider administers the drug for therapeutic, prophylactic, or diagnostic purposes, Goodman explains. Also, the infusion must last a minimum of 16 minutes, and it cannot be considered part of another procedure.

Lastly, a healthcare professional must be present during the entire session in order to report 90765, Goodman says.

One After Another? Code Sequential Infusion

When the internist infuses a patient with more than one substance, there are two types of secondary infusions: sequential and concurrent, confirms Falbo. Sequential infusions occur when the physician infuses the patient with one drug, then follows up with an additional infusion(s). Code this service with +90767.

Example: The provider performs hydration infusion for 72 minutes, and then performs a 46-minute therapeutic infusion. This is a sequential infusion session. On the claim, you would report the following:

- 90765 for the initial infusion (therapeutic)
- +90767 (... additional sequential infusion, up to 1 hour [list separately in addition to code for primary procedure]) for the sequential infusion (hydration).

Concurrent Indicates All Drugs at Once

Unlike sequential infusions, "a concurrent infusion occurs when multiple infusions are given through the same line simultaneously," explains **Greer Contreras, CPC**, senior director of coding for Marina Medical Billing Service Inc. in California. Code this service with +90768, she says.

Mixed bag means no add-on code: Falbo warns against coders applying the concurrent infusion definition to sessions in which the patient receives multiple drugs from the same IV bag. According to the AMA's "Ground Rules for Concurrent Infusion":

"Multiple substances mixed in one bag are considered to be one infusion and are not reported as a concurrent infusion. Each substance can be reported separately, but only one administration is reported."

Example: A patient receives 86 minutes of hydration infusion and 81 minutes of therapeutic infusion simultaneously; the therapeutic and chemotherapy substances are each in their own IV bags.

In this instance, you can code a concurrent infusion. On the claim, report the following:

- 90765 for the initial infusion (therapeutic)
- +90768 (... concurrent infusion [list separately in addition to code for primary procedure]) for the concurrent infusion (therapeutic).