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Internal Medicine Coding Alert

Buckle Down to Learn 1 More IV Infusion Coding Method--and Hope It's the Last

Plus: CPT 2006 adopts CMS' 2005 drug administration codes

Medicare and private insurers finally have their coding requirements in sync. Now it is up to you to know this reliable new IV-therapy coding method like the back of your hand.

CPT 2006 replaces its universal infusion codes with six new codes, which follow the G code structure that CMS introduced for 2005. "The new CPT codes make the distinction between the reason--hydration (90760-90761) or treatment (90765-90768)--the physician gives the fluids," says **Patricia Davis, CPC**, business office supervisor at Middlesex Health System Primary Care in Middletown, Ct. Instead of using a single code set (90780-90781), CPT breaks intravenous therapy into two buckets:

• 90760-90761 for hydration purposes
• 90765-90768 for therapy, prophylactic and diagnostic injections.

The new structure not only mirrors CMS' infusion codes G0345-G0350, but also replaces them. "The good news is that we can use the same therapy codes, regardless of insurer," Davis says. In 2005, you had to use CPT codes for private payers and HCPCS codes for Medicare carriers.

Identify Hydration Therapy With 90760-90761

Beginning Jan. 1, you should separately identify hydration IV infusion using two time-based CPT codes. "Codes 90760-90761 describe IV infusion of a common pre-packaged saline solution," Davis says. In these cases, staff members grab the bag, hang it and hydrate the patient under direct physician supervision.

Use the therapy's time to assign the correct hydration therapy code(s). If the service is greater than 15 minutes, you should report the first hour of hydration infusion with 90760 (Intravenous infusion, hydration; initial, up to one hour). If the internist directly supervises the therapy for an additional hour, you should also report +90761 (... each additional hour, up to 8 hours [list separately in addition to code for primary procedure]).

Rule: Base service time only on the infusion's administration time. "Services leading up to and concluding the infusion have been included in the infusion service code and are not separately reported," states the AMA in CPT Changes 2006: An Insider's View.

Ditch this coding: In 2005, you should have coded hydration therapy with a general CPT infusion code or a HCPCS level-II G code. If the patient had private insurance, the applicable codes would have been 90780 (Intravenous infusion for therapy/diagnosis, administered by physician or under direct supervision of physician; up to one hour) and +90781 (... each additional hour, up to eight [8] hours [list separately in addition to code for primary procedure]).

For Medicare carriers, you should have used G0345 and G0346, whose descriptors are identical to 90760 and 90761. CPT 2006 deletes 90780-90781 and replaces G0345-G0346 with 90760-90761, respectively.

New way: An internist directly supervises an IV infusion of a 500-cc bag of common saline solution to a patient with diarrhea and vomiting. Documentation states the infusion administration occurs from 2:20-3 p.m. Because the IV infusion lasts less than one hour, you should report the service with 90760. On 2005 claims, you should have assigned 90780 or G0345.

Assign 90765-90768 for Drug Infusion

When staff uses an IV to administer something other than a prepackaged fluid and/or electrolyte solution, you should abandon hydration codes for therapeutic, prophylactic and diagnostic infusion codes. You should use 90765-90768 when staff members "put medication in an IV bag," Davis says.

The new codes allow you to bill for how you're providing drugs or other substances. "They represent drug infusion, just like 90772 represents drug injection," Davis says.

When the infusion involves administration of a single drug, choosing the correct therapeutic, prophylactic or diagnostic infusion is relatively simple. "You should assign 90765-90766 based on the infusion's duration," Davis says.

Here's how: If the internist directly supervises an infusion that lasts less than one hour, report 90765 (Intravenous infusion, for therapy, prophylaxis, or diagnosis [specify substance or drug]; initial, up to one hour). For infusions lasting longer than one hour, use +90766 (... each additional hour, up to 8 hours [list separately in addition to code for primary procedure]).

Example: An internist directly supervises IV infusion of two grams of ceftriaxone for a patient who has lyme disease with objective evidence of neurologic abnormalities. Administration of the IV infusion lasts 45 minutes. Because the infusion involves a drug, you should code a therapeutic, prophylactic or diagnostic infusion, rather than hydration therapy.

The IV ceftriaxone infusion takes 45 minutes and involves one substance. So, you should report the therapy as 90765 with 088.81 (Other specified anthropod-borne diseases; Lyme disease). For the medication, bill J0696 (Injection, ceftriaxone sodium, per 250 mg) with eight units.

Charge 90761/90766 at Minute 91, 151

Although you should use 90760 and 90765 only once per claim, the same rule doesn't apply to infusion add-on codes 90761 and 90766. You should use 90761 for each additional hour of infusion, says **Kathy Pride, CCS-P, CPC,** a coding training manager for QuadraMed's Government Programs Division in Port St. Lucie, Fla. "That means you can report 90761 and 90766 with multiple units based on the number of additional hours of infusion."

Bonus: You don't have to wait until an infusion lasts for two hours to assign 90761/90766 or for three hours to use a "2" in the units field. CPT's parenthetical note following 90761 states, "report 90761 for hydration infusion intervals of greater than 30 minutes beyond 1-hour increments." A similar note appears after 90766: "Report 90766 for infusion intervals of greater than 30 minutes beyond 1-hour increments."

Translation: "You can bill an additional unit when the service goes more than 30 minutes into the next hour," Pride says. So you can start assigning 90761/90766 at 91 minutes and 90761/90766 with "2" units at minute 151. See the chart for codes you should use when therapy lasts.

*** Note:** Although the AMA specifies that "90760 is reported for the initial hydration infusion for the service, which is greater than 15 minutes ...," CPT Changes 2006: An Insider's View makes no reference to the same requirement applying to 90765.

Look at Drugs' Administration Status

IV infusions involving more than one drug require you to identify the substance's status. You must determine whether the drug administered is:

Initial: Depending on the infusion's length of time report the following:

- 90765
- 90766.

Sequential: When an internist administers a second drug during an hour-long infusion therapy, also use:
• +90767--... additional sequential infusion, up to one hour (list separately in addition to code for primary procedure).

Concurrent: When a staff member provides two IV drugs to a patient at the same time, you should additionally assign:

• +90768--...concurrent infusion (list separately in addition to code for primary procedure).

For tips and guidelines that will help you recognize the infusion status--and pinpoint the correct 90765-90766 code--see Internal Medicine Coding Alert February 2006.

Remember: G0345-G0350 Were a Temporary Fix

When CMS created G0345-G0350 last year, the agency alerted providers that the new codes would be interim until 2006. The agency adopted "G codes for 2005 that correspond to the new CPT drug administration codes that" become effective in 2006, according to CMS Transmittal 129.

Medicare issued the G codes to comply with the Medicare Modernization Act, which required a review of the current codes. The AMA's CPT Editorial Panel revamped the codes but didn't complete the changes in time to include the new infusion codes in CPT 2005, says **Mary Falbo, MBA, CPC**, president of Millennium Healthcare Consulting Inc., a healthcare consulting firm based in Landsdale, Pa.

Instead of waiting until 2006 for the revamped CPT codes, "CMS (Medicare) felt it was necessary to incorporate the changes for 2005," Falbo says. Now that CPT 2006 codes exist, you should use these codes for all insurers.