

Internal Medicine Coding Alert

Reader Question: Push Your Knowledge of Infusion Codes with these Answers

Question: A patient came to our office for an initial med push of ondansetron hydrochloride, which was followed by a med push of diazepam. We documented the first push with 96374 (Therapeutic, prophylactic, or diagnostic injection [specify substance or drug]; intravenous push, single or initial substance/drug) and the second with 96375 (Therapeutic, prophylactic, or diagnostic injection [specify substance or drug]; each additional sequential intravenous push of a new substance/drug ...). The patient then had a repeat push of both drugs an hour later. Do we code these second pushes using 96376 (Therapeutic, prophylactic, or diagnostic injection [specify substance or drug]; each additional sequential intravenous push of the same substance/drug provided in a facility ...)? And can we code for the drugs and supplies?

Colorado Subscriber

Answer: You cannot report the second pushes using 96376 as they are being administered in your physician's office. The descriptor for 96376 clearly states that the code is for IV pushes "in a facility," which is generally understood to be a hospital, nursing facility, or similar medical facility rather than a physician's office.

So, you would document the second pushes using 96375 as the add-on code, as the drugs are not "new" but the pushes are "additional" and "sequential" per the descriptor. You would not report 96374 a second time, because the CPT® guidelines preceding these codes state, "When administering multiple infusions, injections or combinations, only one 'initial' service code should be reported for a given date, unless protocol requires that two separate IV sites must be used." Since there is no indication the repeat pushes involved a separate IV site, code 96374 can only be reported once.

As for what else you can code for this encounter, the CPT® guidelines are very clear about what is, and what is not, a part of the service. You must document the drugs themselves per the service descriptors ("specify substance or drug"), so you would report J2405 (Injection, ondansetron HCl [hydrochloride], per 1 mg) and J3360 (Injection, diazepam, up to 5 mg), specifying the number of units of each that your provider administered, which should reflect the total number of units for the whole encounter.

Supplies, on the other hand, generally cannot be reported separately, and CPT® guidelines specifically prohibit documenting any "Use of local anesthesia; IV start; Access to indwelling IV, subcutaneous catheter or port; Flush at conclusion of infusion; or Standard tubing, syringes, and supplies" with 96374 or 96375.