

Internal Medicine Coding Alert

Reader Questions: Modifier -52 Covers Extra Infusion Time

Question: What guidelines govern reporting a patient who receives less than two full hours of intravenous infusion? In other words, should we bill 90780 for the first hour and 90781 for the second hour? Should we round up or down if the time is more than or less than 30 minutes, and add modifier -52?

Wyoming Subscriber

Answer: The CPT manual does not specifically address this question regarding thresholds for minimum time requirements to report these services, as it does for critical care services.

But CPT Assistant states, "In the instance when an infusion lasts over one hour, but less than a full additional hour, modifier -52 (Reduced services) should be appended to code 90781 to indicate that the time beyond the first hour was less than an hour."

For example, if the total duration of infusion is one and a half hours, you should report 90780 (Intravenous infusion for therapy/diagnosis, administered by physician or under direct supervision of physician; up to one hour) for the first hour of administration. For the additional half hour, you'll report +90781-52 (... each additional hour, up to eight hours [list separately in addition to code for primary procedure; reduced services]).

Remember: These codes require the physician to perform or directly supervise the service, so make sure it's medically necessary for him to do so.

- Answers for You Be the Coder and Reader Questions were reviewed by **Kathy Pride, CPC, CCS-P**, a coding consultant for QuadraMed in Port St. Lucie, Fla.; and **Bruce Rappoport MD, CPC**, a board-certified internist who works with physicians on compliance, documentation, coding and quality issues for Rachlin, Cohen & Holtz LLP, a Fort Lauderdale, Fla.-based accounting firm with healthcare expertise.