

Internal Medicine Coding Alert

Reader Questions: Start and Stop Times Important to Infusion Coding

Question: We're starting to bill for hydration and therapeutic infusions at our clinic. Do special rules apply when you're billing for a facility instead of a physician's office?

Answer: You report hydration with 96360 (Intravenous infusion, hydration; initial, 31 minutes to 1 hour) and +96361 (... each additional hour [List separately in addition to code for primary procedure]) or therapeutic infusions with 96365-96379, as appropriate. The main issue when billing for hydration and therapeutic infusions is documentation of the time involved.

Explanation: The coding structure for hydration and infusion tends to be time based, with the initial service lasting up to one hour and each additional service being an hour. Therefore, your provider should document the start and stop times for each drug administered and for each infusion. Not all of the infusion codes are time based, however. For example, the code for an IV push, 96374 (Therapeutic, prophylactic, or diagnostic injection [specify substance or drug]; intravenous push, single or initial substance/drug) is not time based. Append modifier 76 (Repeat procedure or service by same physician) for each additional infusion of the same substance or drug. For each additional sequential IV push of a new substance or drug, consider reporting +96375 (... each additional sequential intravenous push of a new substance/drug [List separately in addition to code for primary procedure]).

You also asked about using these codes in a facility setting. According to CPT guidelines preceding both the hydration and therapeutic, prophylactic, and diagnostic injection and infusion codes, "These codes are not intended to be reported by the physician the facility setting."