

## Internal Medicine Coding Alert

### You Be The Coder: Choosing Initial Infusion Type

Question: A patient presents to the internist's office for chemotherapy treatment. The internist performs a 30-minute antibiotic infusion, then a 115-minute chemotherapy infusion. Which infusion does the insurer consider initial in this scenario?

Florida Subscriber

Answer: For coding purposes, payers consider the initial infusion the "main reason" the patient is seeing the internist. When you're coding for multiple substances, the infusions' administration order takes a back seat to the infusions' importance.

In your case, the chemotherapy is the main reason the patient is having infusion therapy. Thus, you should code the chemotherapy infusion first.

On the claim, report the following:

- 90765 (Intravenous infusion, for therapy, prophylaxis, or diagnosis [specify substance or drug]; initial, up to 1 hour) for the first hour of chemotherapy
- +90766 (... each additional hour [list separately in addition to code for primary procedure])-for the remaining 55 minutes of chemotherapy
- +90767 (... additional sequential infusion, up to one hour [list separately in addition to code for primary procedure]) for the antibiotic infusion.

Note: Do not report 90766 for less than 30 minutes of service beyond the first hour. So if the notes indicate that a patient had 75 minutes of chemotherapy, you'd only report 90765. Also, you should not report 90767 for less than 16 minutes of infusion time.