

Part B Insider (Multispecialty) Coding Alert

Part B Coding Coach: 6 Shots At Infusion Coding Success In 2006, Part II

New CPT guidelines instruct you to choose one service to report as the "initial" code.

If your practice administers infusions or injections for chemo-therapy, hydration or any other reason, you need to know how CPT 2006 has totally rebuilt those code sections. We'll give you some final tips on how to work these changes as we follow up with your last two "shots" for success in part II of our series on infusion coding. (See PBI Vol. 7 No.6 for the first four tips.)

5. Use only one "initial" service code.

Unless you're administering to multiple IV sites, new CPT guidelines instruct you to choose one service to report as the "initial" code, and then report the other service(s) with a subsequent or concurrent infusion or IV push code.

Definition: The initial service code should always report the service that is "the key or primary reason for the encounter ... irrespective of the order in which the infusions or injections occur," CPT states.

Example #1: Your physician administers hydration therapy before and during a one-hour chemotherapy infusion. The hydration infusion is technically the initial service, but the chemotherapy is the primary reason for the encounter. Therefore, you would report new chemo code 96413 (Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug) as the initial service, and report subsequent hydration code +90761 for the hydration services.

Because you can only have one initial service code per day, you cannot report initial hydration code 90760 for a concurrent hydration infusion.

Example #2: A 70-year-old patient presents with viral gastro-enteritis and the physician prescribes IV hydration. At the end of the first hour, some of the prescribed hydration amount remains to be infused. The total infusion lasts one hour and 35 minutes. You would report 90760 for the initial hydration service and +90761 for the additional time.

First in subsequent series is still first: CPT also states that "if an injection or infusion is of a subsequent or concurrent nature, even if it is the first such service within that group of services," you should report a subsequent or concurrent infusion/ injection code.

Example: Report the first of three IV pushes given subsequent to an initial one-hour infusion with subsequent IV push code +90775. Even though the IV push is the first of three, you must report the push with a subsequent code because the physician is administering all the pushes subsequent to an initial infusion.

Important: Select subsequent, sequential and concurrent service codes based on the criteria above regardless of whether the initial service code appears in the Chemotherapy Administration section or the Hydration, Therapeutic, Prophylactic, and Diagnostic Injections and Infusions section, says CPT Changes.

6. Report multiple infusions only for separate administration routes.

CPT intends for you to separately report a new chemotherapy or infusion/injection code for each method and route of administration. Therefore, you would not report three separate infusion services if the patient receives one infusion consisting of three substances in a single bag, clarifies CPT Changes. The new codes reimburse based on the additional

work required for each separate administration. For additional drugs your physician administers through the same route, you can use subsequent, sequential or concurrent codes.

Example: A patient receives an anti-emetic drug during a 75-minute IV infusion, following the initiation of a chemotherapy IV infusion that also lasts 7 minutes. During the same treatment session the patient also receives a second dose of the anti-emetic drug via an IV push. You would report the initial chemotherapy infusion with 96413, then report sequential IV infusion code +90767 for the anti-emetic drug infusion, followed by IV push administration code +90775 for the additional anti-emetic push, says CPT Changes. You would not report the anti-emetic infusion with initial infusion code 90765 (Intravenous infusion, for therapy, prophylaxis, or diagnosis [specify substance or drug], initial, up to 1 hour) because the patient did not receive this infusion through a different administration route.

Editor's Note: Take a look at our crosswalk chart to ease the transition from G code to CPT.

