

## Part B Insider (Multispecialty) Coding Alert

### PART B MYTHBUSTER: Shatter These 4 'Push' Myths to Create Pristine Claims

#### Steer clear of this common concurrent coding misdeed

If you thought you couldn't report an IV push that lasted less than 15 minutes, now is time to bust that myth.

Many medical practices thought their coding woes were cured with CPT 2008, but were let down when the AMA clarified that new code +90776 (Therapeutic, prophylactic or diagnostic injection; each additional sequential intravenous push of the same substance/drug provided in a facility) is just for facilities. But you can still simplify your coding options with the reality behind four coding myths.

**Myth 1: Count to 15 for every push.** Most pushes you see may last less than five minutes, but time is not the only indicator of a -push,- says coding consultant **Jay Neal** in Atlanta.

You need documentation meeting only one of the criteria to report a push code, whether you code for hospitals or physician offices.

**Key:** According to CPT guidelines, an intravenous or intra-arterial push is either of the following:

1. an injection in which the administering healthcare professional is continuously present to administer the injection and observe the patient, or
2. an infusion lasting 15 minutes or less.

**Myth 2: Report initial push/initial infusion together.** Don't be tempted to report an initial push code automatically for the first push a patient receives during an encounter alongside an initial infusion code for the first infusion.

**Reason:** When you choose your -initial- service code, base your decision on the primary reason for the encounter, says Washington oncology coder **Sharlene Evans, CPC, CPC-H**. That means you should report one initial code per encounter on your claim.

**Example:** A note with subsequent chemotherapy push code +96411 (Intravenous chemotherapy administration, push technique, each additional substance) instructs you to report it alongside initial chemo push code 96409 (Intravenous chemotherapy administration, push technique, single or initial substance) or initial chemo infusion code 96413 (Intravenous chemotherapy administration, infusion technique; up to 1 hour, single or initial substance).

**Exception:** CPT guidelines instruct you to report two initial codes in one very specific case--when protocol requires providers to use two separate IV sites. Be sure the provider clearly documents this exception in the patient medical record.

**Don't miss:** The guidelines also say you should select subsequent, sequential and concurrent service codes regardless of whether the initial service code appears in the CPT manual's -Chemotherapy Administration- section or in the -Hydration, Therapeutic, Prophylactic, and Diagnostic Injections and Infusions- section.

**Remember:** You should choose your -initial- service code based on the primary reason for the encounter, not the administration order.

**Smart:** Double-check your documentation before you report 96409 or 90774 because the push will rarely qualify as the primary reason for the patient encounter when providers administer multiple drugs via different administration methods during a single encounter.

**Myth 3: Report 2 units for 2 pushes of 1 drug.** Multiple pushes of one antineoplastic drug equal one unit of 96409 because one substance equals one unit.

**Why:** Push code descriptors specify that each code describes a single substance administration. For instance, the 90775 descriptor states, -each additional sequential intravenous push of a new substance/ drug- (emphasis added). Result: If the patient receives two pushes of the same antiemetic during a patient encounter, you would report one push code unit for the one drug or substance administered.

**Myth 4: Claim concurrent code for infusion/push.** Two infusions administered at the same time may be a concurrent infusion, but a push administered during an infusion is still a push and an infusion. Translation: Don't report a concurrent infusion code for a push administered during an infusion.

**Example:** If the provider sets up a saline -flush bag,- connects Zofran to the flush bag, infuses the Zofran for 30 minutes, and then pushes Dexamethasone (Dex) through the same flush bag, you would report:

- Zofran infusion: 90765
- Zofran drug: J2405 (Injection, ondansetron HCl, per 1 mg)
- Dex push: 90775
- Dex drug: J1100 (Injection, dexamethasone sodium phosphate, 1 mg).

Providers don't have to stop the infusion when they administer a push, so you can report the entire infusion time and also report the push separately.