

## Part B Insider (Multispecialty) Coding Alert

### Test Your 90765-90768 Coding Skills

#### Determine where to focus your infusion coding education with this quiz

You aren't alone if you find the ins and outs of infusion coding tough to tackle. Take this challenge to see whether you're an infusion coding master.

**Question 1.** True or False: The staff administers three drugs sequentially for therapy, prophylaxis, or diagnosis. You should always report the first drug administered as the initial infusion.

**Question 2.** How many times can you report +90768 (Intravenous infusion, for therapy, prophylaxis, or diagnosis [specify substance or drug]; concurrent infusion) per encounter?

**Question 3.** Should you separately report fluid used to administer drugs using hydration codes?

**Answer 1.** False. You should report 90765 (Intravenous infusion, for therapy, prophylaxis, or diagnosis [specify substance or drug]; initial, up to 1 hour) and, if you meet the time requirement, +90766 (- each additional hour) for the initial infusion that represents -the key or primary reason for the encounter, regardless of the order that the injections occur,- says **Rhonda Buckholtz**, practice administrator at Wolf Creek Medical Associates in Oil City, PA.

**Key:** Staff may administer the drug that counts as the initial infusion in a second or third IV bag.

Remember to report each sequential drug administration with +90767 (Intravenous infusion, for therapy, prophylaxis, or diagnosis [specify substance or drug]; additional sequential infusion, up to 1 hour) if each meet the definition of infusion- at least 16 minutes of infusion time for each sequential drug.

**Answer 2.** One time. When staff members administer multiple therapeutic, diagnostic, or prophylactic infusions through the same IV line, you should assign 90768, Buckholtz says.

According to CPT's parenthetical note following 90768 in the manual, you should report 90768 only once per encounter.

**Remember:** CPT doesn't offer a code for concurrent chemotherapy, but you may use unlisted-procedure code 96549 (Unlisted chemotherapy procedure) for this situation when documented.

**Answer 3.** No. You shouldn't separately report fluid used to administer drugs. The CPT guidelines classify this as incidental hydration.

**Example:** Staff administers Phenergan and a 250-cc bag of common saline solution through an IV for a patient who had diarrhea and vomiting. The infusion lasts 30 minutes.

In this case, you should code only the drug infusion (90765) and the medication (J2250, Injection, midazolam HCl, per 1 mg) if you supplied the Phenergan, says **Patricia Davis**, business office supervisor at Middlesex Health System Primary Care in Middletown, CT. -Because the physician administers the drug through the same IV, coding both the hydration and the drug infusion would be double-dipping.-