

Outpatient Facility Coding Alert

Outpatient Coding: The Facility Coder's Guide to Infusions and Medications

Confused about the difference between an injection and an infusion? Here's help.

Just because you don't have to know as much anatomy to correctly code infusions as you do to code surgical procedures doesn't mean it's easy. At AAPC's recent Healthcon in Las Vegas, **Lisa Hornick BA, CPC, CPMA, CEDC, CphT** schooled attendees on infusion coding fundamentals. Hornick's tips should help your coding and billing office banish infusion confusion for good.

Check clinical documentation for start and stop times for each substance administered. You need start and stop times to select the correct code. An infusion must last for more than 16 minutes for you to be able to report an infusion code.

Report infusions lasting 15 minutes or less with an IV push code in the injection code sets, Hornick reminded Healthcon attendees.

Check clinical documentation for the route and site, as well as the amount of each substance given. Watch your units (mg, gm, mcg, cc, ml), Hornick warns. If the units in the documentation are not the same as the units in the code descriptors, you will need to convert to select the correct code.

For I&I coding, "sequential" describes infusions that happen one after the other through the same venous access site, Hornick explained. "Concurrent" describes substances administered at the same time through the same venous access site. "Multiple drugs added to one bag of fluids are NOT a concurrent infusion," she stressed.

Don't confuse "initial" with "first in the order of service." Order of service delivery does NOT determine what is "initial" when it comes to coding for medications, Hornick stressed. To sequence codes correctly, remember the hierarchy in your CPT® manual:

- Chemotherapy infusion
- Chemotherapy IV Push
- Chemotherapy Injection
- Non-chemotherapy Therapeutic, Prophylactic, or Diagnostic Infusions
- Non-chemotherapy Therapeutic, Prophylactic, or Diagnostic IV Push
- Non-chemotherapy Therapeutic, Prophylactic, or Diagnostic Injections
- Hydration infusions

This hierarchy helps you approach I&I coding as you would "a hand of poker," offers **Charles Flewelling Jr., RHIT**, writing in Journal of AHIMA. "It's important to determine not only what you have in your hand, but also which cards trump the others," he explains. For example, "just as an ace trumps a jack, so too does chemotherapy trump the other procedures," Flewelling writes.

Typically, you'll report only one "initial service" per encounter, unless there is more than one IV access site, Hornick told Healthcon attendees.

Know the rules for coding hydration therapy, the lowest service on the infusion hierarchy. Do not report hydration codes when hydration was used to keep the line open while infusing other medications, Hornick reminded her class. When hydration is used solely to administer other drugs, it's considered "incidental" and is not separately billable, Hornick said.

Hydration periods of 30 minutes or less are not separately billable, Hornick instructed. Code 31 minutes to one-hour hydration and each additional hour of hydration in addition to the code for the primary injection or infusion. Do not charge for hydration and infusion during the same time interval, Hornick reminded coders.

Remember that Medicare doesn't reimburse separately for anesthetics used along with an injection.

Anesthetics such as Lidocaine (J2001) are bundled into the procedure, so you can't bill them separately.

Supplies such as syringes or tubing are also bundled into the procedure and can't be billed separately. You may not bill a nurse visit (99211) along with any of the I&I codes.

JW for 2017: Are you reporting drug wastage using the JW modifier? CMS made this a requirement on Jan. 1, 2017, Hornick reminded Healthcon attendees. For CMS guidance, go here:

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Downloads/JW-Modifier-FAQs.pdf>.

Resource: To read Flewelling's article, go here: <http://bok.ahima.org/doc?oid=107707#.WWPI4zOZPFx>.