Outpatient Facility Coding Alert

Reader Question: How to Code Overlapping Infusions

Question: I've been noticing a lot of situations where nurses schedule infusions at overlapping times. This makes it difficult to bill for each procedure. For example: A nurse administers:

- Paclitaxel from 13:26-14:30,
- Dexamethasone from 12:40-13:00,
- Diphenhydramine from 12:55-13:15, and
- Famotidine from 13:10-13:30.

With overlapping infusion times like this, how should I code to accurately reflect all infusions?

Florida Subscriber

Answer: For your initial infusion code, Paclitaxel, you will use the code 96413(Chemotherapy administration, intravenous infusion technique; up to one hour, single or initial substance/drug) for the time administering the drug @ 13:26-14:30.

For the infusion of Dexamethasone @ 12:40-13:00, you will use code 96367 (Intravenous infusion, for therapy, prophylaxis, or diagnosis [specify substance or drug]; additional sequential infusion of a new drug/substance, up to 1 hour [List separately in addition to code for primary procedure]).

Famotidine was given @13:10-13:30. However, an overlap of the Paclitaxel infusion from 13:26-13:30 reduces the total time of infusion for the Famotidine to 13:10-13:26. Therefore, the total time of the Famotidine infusion is reduced to 16 minutes. Since the remaining infusion time less the overlap is still greater than 15 minutes, another CPT® code (96367) may be reported for this drug administration.

Lastly, for the concurrent infusion of Diphenhydramine during the administration of Dexamethasone and Famotidine, you will use the code 96368 (… concurrent infusion …).

Keep in mind that the first infusion (Paclitaxel) satisfies the requirement of code 96413, being the substance identified in its description. The language of code 96367 allows for the additional infusions (Dexamethasone and Famotidine) and the subsequent code (96368) allows for a concurrent infusion (Diphenhydramine).