

## THERAPEUTIC, PROPHYLACTIC, AND DIAGNOSTIC AND INFUSIONS POLICY (OFFICE-BASED) {SEE ALSO; CHEMOTHERAPY AND HYDRATION POLICIES}

Policy # 10

Implementation Date: 1/1/04

Revision Dates: 1/1/05, 1/1/06, 1/1/09, 10/1/09, 7/1/10, 9/24/14

### Disclaimer:

1. Policies are subject to change without notice.
2. Policies outline coverage determinations for SelectHealth Commercial, SelectHealth Advantage (Medicare), and SelectHealth Community Care (Medicaid) plans. Refer to the “Policy” section for more information.

### Description

This Therapeutic, Prophylactic, and Diagnostic Injections and Infusions Policy describe a defined set of *Current Procedural Terminology* codes that are used to report Therapeutic, Prophylactic, and Diagnostic Injections and Infusions. When reported these codes are reviewed based on specific rules and guidelines that determine under what conditions the services will be reimbursed.

### Information

The “initial” code that best describes the key or primary reason for the encounter should always be reported irrespective of the order in which the infusions or injections occur.

Per CPT: “The fluid used to administer the drug(s) is incidental hydration and is not separately reportable.”

### Commercial Plan Policy

SelectHealth considers **the following to be included (not reported separately) in Therapeutic, Prophylactic, Diagnostic Injections, and Infusions:**

- Standard tubing, syringes, and supplies
- Access to indwelling IV, subcutaneous catheter or port
- Use of local anesthesia
- IV start – The infusion time does not begin until after the IV is started and in progress. Twenty minutes of time will be deducted from a listed infusion time if documentation does not specify the IV was started prior to the therapeutic, prophylactic, or diagnostic injections or infusions service
- Code 96366 is not reimbursed unless the infusion time listed is 31 minutes beyond the first-hour of infusion reported with code 96365.
- Time leading up to the discontinuation of the IV is included in the therapeutic, prophylactic, or diagnostic injections or infusions service and is not reported separately, including monitoring the patient post-infusion.
- Flush at conclusion of infusion – The time required for the flush is included in the hydration administration codes and cannot be used as part of the infusion time. Code 96523 for flushing or irrigation of an implanted vascular access port or device before or after chemotherapeutic or non-chemotherapeutic drug administration is included in chemotherapy and cannot be reported separately.

- Time spent post-infusion to instruct the patient is included in the codes for therapeutic, prophylactic, or diagnostic injections or infusions and should not be counted in the infusion time.
- Peripheral vascular access devices placed for intravenous or intra-arterial infusion and injections (36000, 36410) are included in Therapeutic, Prophylactic, and Diagnostic Injections and Infusions and cannot be separately reported with codes 96365–96379.
- CPT code 99211 is not reportable with chemotherapy and non-chemotherapy drug/substance administration codes.
- Code 96523 is not reportable when an injection or infusion is provided on the same day.
- Code 96365 is reported for the initial infusion for the service, which is greater than 15 minutes up to 1 hour. If the infusion does not require more than 15 minutes to administer an initial IV push code will be paid instead of code 96365.
- Therapeutic, prophylactic, or diagnostic injections or infusions that are provided concurrent to non-chemotherapeutic/chemotherapeutic services will not be separately reimbursed
- Fluid administration that is performed sequentially on the same day as another infusion service (e.g., therapeutic drug, transfusion, chemotherapy) may be reported separately but requires a separate diagnosis code; the fluid administration code must be appended with modifier 59.
- When IV push or infusion is an inherent part of a procedure do not report codes 96365–96379 (e.g., administration of contrast material for a diagnostic imaging study).
- Code 96367 will be reimbursed only once per sequential infusion of same infusate mix.
- Code 96368 will only be reimbursed once per encounter.
- Code 96372 will be denied when an injection is performed without direct physician supervision.

An initial service code is reported only one time per encounter. After the initial service code is determined subsequent, sequential, and concurrent codes are reported regardless of the subsection (Hydration, Therapeutic, Prophylactic, and Diagnostic Injections and Infusions; Chemotherapy Administration) where the code appears. For example, the first IV push subsequent to an initial infusion is reported using a subsequent IV push code.

### ***Covered Services and Modifier Information***

Office/outpatient evaluation and management CPT codes (99201–99205, 99212–99215) are separately reportable with modifier 25 if the physician provides a significant and separately identifiable E & M service.

### ***Other Information***

For further guidelines and information on this Chemotherapy Policy, refer to the National Correct Coding Initiative Policy Manual for Medicare Services; the National Correct Coding Initiative pertinent to the date of service; the *2014 Injections and Infusion Administration Codes for Chemotherapy and Non-Chemotherapy Drugs* by the Centers for Medicare and Medicaid Services; *Hydration, Therapeutic, Prophylactic, and Diagnostic Injections and Infusions*, and *Chemotherapy Administration* guidelines in *Current Procedural Terminology (CPT) 2014*; and *Reporting Drug Administration's Services for 2006*, CPT Assistant Volume 15, Issue 11, November 2005.

## **SelectHealth Advantage (Medicare/CMS)**

SelectHealth Advantage **will follow the commercial plan policy**

## SelectHealth Community Care (Medicaid)

SelectHealth Community Care **will follow the commercial plan policy**

### Applicable Codes

Codes	Descriptions
96360	Intravenous infusion, hydration; initial, 31 minutes to 1 hour
96361	Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure)
96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour
96366	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)
96367	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion, up to 1 hour (List separately in addition to code for primary procedure)
96368	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (List separately in addition to code for primary procedure) <b>for primary procedure)</b>
96369	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); initial, up to 1 hour, including pump set-up and establishment of subcutaneous infusion site(s)
96370	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)
96371	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); additional pump set-up with establishment of new subcutaneous infusion site(s) (List separately in addition to code for primary procedure)
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular
96373	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intra-arterial
96374	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug
96375	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure)
96376	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of the same substance/drug provided in a facility (List separately in addition to code for primary procedure)
96379	Unlisted therapeutic, prophylactic, or diagnostic intravenous or intra-arterial injection or infusion
96401	Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic
96402	Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic
96405	Chemotherapy administration; intralesional, up to and including 7 lesions
96406	Chemotherapy administration; intralesional, more than 7 lesions
96409	Chemotherapy administration; intravenous, push technique, single or initial substance/drug
96411	Chemotherapy administration; intravenous, push technique, each additional

	substance/drug
<b>96413</b>	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug
<b>96415</b>	Chemotherapy administration, intravenous infusion technique; each additional hour, 1 to 8 hours
<b>96416</b>	Chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump
<b>96417</b>	Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour
<b>96420</b>	Chemotherapy administration, intra-arterial; push technique
<b>96425</b>	Chemotherapy administration, intra-arterial; infusion technique, initiation of prolonged infusion (more than 8 hours), requiring the use of a portable or implantable pump
<b>96521</b>	Refilling and maintenance of portable pump
<b>96522</b>	Refilling and maintenance of implantable pump or reservoir for drug delivery, systemic (eg, intravenous, intra-arterial)
<b>96523</b>	Irrigation of implanted venous access device for drug delivery systems

#### Sources

1. *Current Procedural Terminology (CPT®)*, (2014) – American Medical Association.
2. ICD-9-CM Coding Guidelines. (2013, January 1). Retrieved July 8, 2014, from [https://www.encoderpro.com/epro/physicianDoc/pdf/i9v1/i9\\_guidelines.pdf](https://www.encoderpro.com/epro/physicianDoc/pdf/i9v1/i9_guidelines.pdf)
3. Utah Department of Health. (2014, July 1). Physician Services. Retrieved August 27, 2014, from <https://medicaid.utah.gov/Documents/manuals/pdfs/Medicaid%20Provider%20Manuals/Physician%20And%20Anesthesiology/SECTION%202%20-%20Physician%20Services/Physician7-14.pdf>
4. *Medicine Evaluation and Management Services CPT Codes 90000-99999*, National Correct Coding Initiative Policy Manual for Medicare Services, Centers for Medicare and Medicaid Services (CMS), Chapter XI, (2014).
5. CPT® Assistant February 2009, Volume 19, Issue 2, pp. 17–21, *Coding Update: Infusion/Injection Services*.
6. CPT Assistant Volume 15, Issue 11, November 2005, *Reporting Drug Administration's Services for 2006*.
7. CPT® Assistant December 2011, pp. 3–5, Coding Clarification: Facility Reporting—Multiple Infusions (Codes 96360, 96361, 96365–96367).

#### Disclaimer

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The codes for treatments and procedures applicable to this policy are included for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

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