Putting an End to Emergency Room Injection/Infusion Coding Confusion

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Injection and Infusion CPT codes are a topic that many outpatient emergency room (ER) coding professionals would like to fantasize into a state of intergalactic oblivion, but the codes are here to stay. Injection and infusion codes cover only seven pages in the 975-page 2016 CPT coding book, yet deliver their own unique set of coding challenges. In order to capture the correct codes, a coding professional must understand the what, how, and why of the different types of services performed and the coding guidelines surrounding the capture of the codes. The following article aims to reduce some confusion surrounding these complex codes. (Note: chemotherapy and other complex drugs or agents will not be discussed as chemotherapy supersedes all other forms of intravenous (IV) drug administration.)

Definitions to Remember for Injection/Infusion Coding

Treatment	Definition	Examples
1. Infusion	Occurs with the administration of a slow drip of medication into a patient's body by the way of needle or catheter over a set period of time. Banana bags are considered therapeutic infusions. Lasts longer than 15 minutes.	Heparin, nitroglycerin, antibiotics, antiemetics
2. Injection	Forcing a medication into the body through a needle and syringe. Injections are designated according to the location on the body. Common locations are intra-dermal, intramuscular, intravenous, intra-arterial, and subcutaneous (SQ). It's helpful to remember the injected substance is given with one on-the-spot shot. It lasts less than 16 minutes.	Therapeutic, prophylactic, or diagnostic drug
a. IVP Push or Bolus	One-time rapid injection of medication into a patient's bloodstream via a current IV access device.	Medications with smaller volumes than primary IV, usually 50-250 ml
b. IV Piggyback (IVBP)	A secondary IV that is hung next to the first IV. It is attached to the first IV via the injection port located after the drip chamber.	Therapeutic, prophylactic, or diagnostic drug
c. Intramuscular Injection (IM)	An injection given in the muscle.	Therapeutic, prophylactic, or diagnostic drug
d. Subcutaneously (SubQ)	Injection given into the fatty layer directly under the skin.	Therapeutic, prophylactic, or diagnostic drug
3. Hydration	Pre-packaged fluids and electrolytes administered via an infusion. Lasts longer than 30 minutes.	NaCL (sodium chloride); Normal Saline (NS); D5W (dextrose 5 percent in water); D5 ½ NS + K (dextrose in ½ normal saline) plus potassium, usually 500-1,000 ml

Basic IV Terminology

Injection Port	Where medications or fluids other than the current IV bag can be safely injected. There are usually two injection ports, one on the IV bag below the drip chamber and one near the needle that enters a patient's vein.
Peripheral Line	An IV that is usually attached to a peripheral vein, usually in the arm or hand. On occasion, a peripheral line may be inserted into a leg or foot. This is the most commonly used route for IV therapy.
Central Line	An IV that is attached to a vein in the chest. The cannula (needle) is inserted into a vein that goes directly to the heart which makes the medication delivery to the body much quicker than via peripheral line.
Coding Terminology	
Sequential Infusion or Injection	One after another through the same venous access site.
Concurrent Infusion	Therapeutic services administered simultaneously. Not used when hydration is the concurrent service. Must be more than one bag, syringe, or pump. May be through a different catheter lumen, but it is the same access site. Once per encounter.
Initial Service	Most comprehensive service provided according to the hierarchy.
Subsequent Hours	Hours after the first of the infusions.

What is the Initial Service?

The American Medical Association (AMA) created coding guidelines for initial and subsequent encounters, and stated that there can only be one initial code per encounter, with the exception of two different access sites (i.e., an IV in both right and left antecubital).

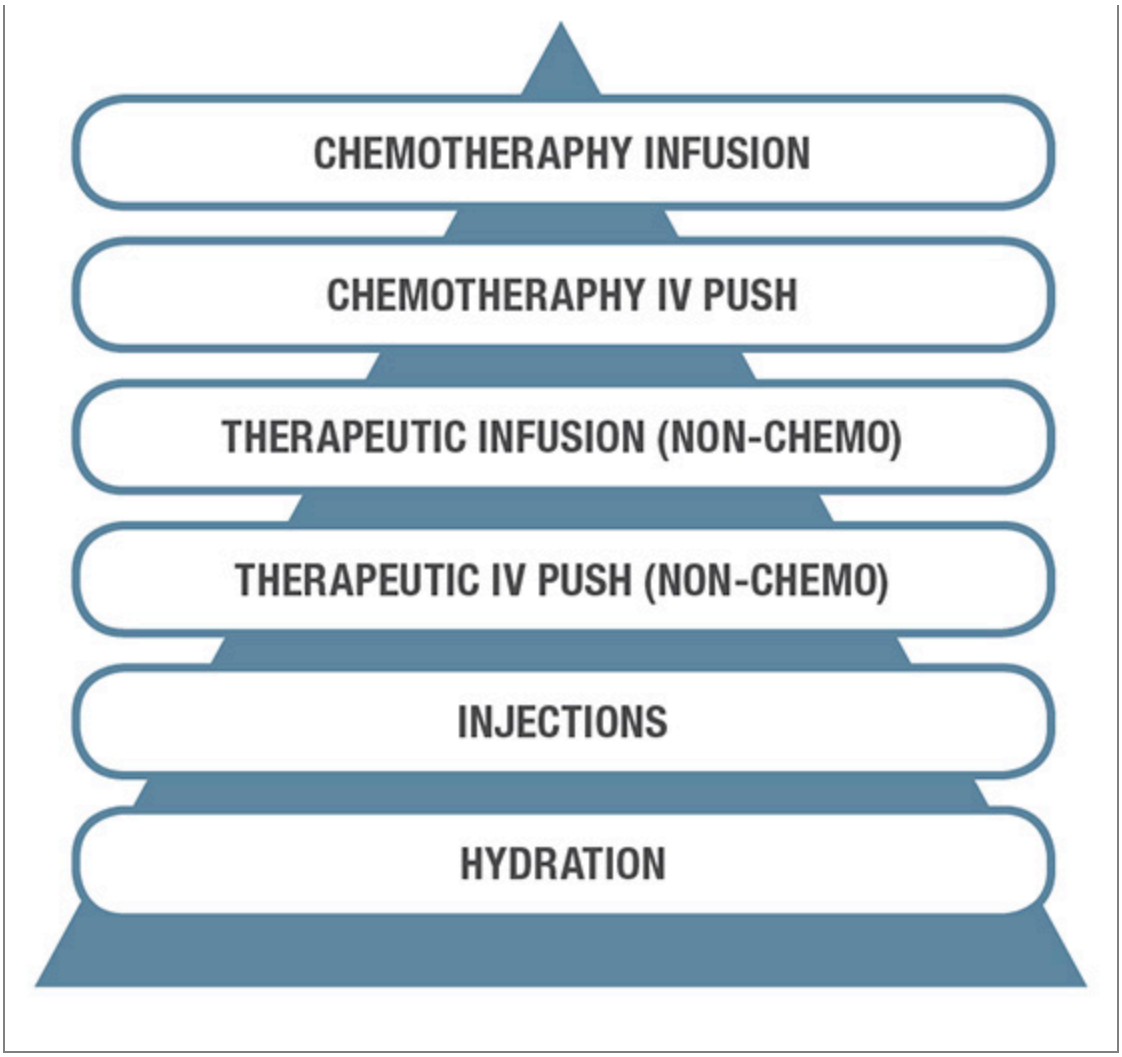
When a coding professional reviews the patient's record, they first need to find the documentation of administration. In order to correctly assign CPT codes for injections and infusions, the following must be known: substance, route of administration, access site, and start and stop time. Once these details are found, the path to selecting the code for an initial service can be established.

The outpatient coding hierarchy for the emergency room (ER) will always follow this order (see Figure 1 below):

1. Therapeutic/Prophylactic Diagnostic infusions
2. Therapeutic/Prophylactic/Diagnostic IV pushes
3. Therapeutic/Prophylactic/Diagnostic injections
4. Hydration

The highest level service is considered the initial service.

Figure 1: Hierarchy Tree



Case Scenario #1

A patient presents with RUQ abdominal pain and chills. The ER physician determines the patient is dehydrated and orders an infusion of 500 cc/hour of D5W in the right antecubital. Following the hydration, an IV infusion of Zofran is given.

Once the initial service is established, the sequential—or subsequent—services are coded separately. With the above example, the coding professional would first code 96365 for the infusion of Zofran, followed by 96360 for the hydration. Hydration is always secondary to any infusion or injection. The initial service for this visit is Zofran, which is a Therapeutic/Prophylactic and Diagnostic Infusion. Hydration is last on the hierarchy tree.

When There's More than One Drug

When there is more than one administration of a drug per encounter for each vascular site allowed, a coding professional will capture those additional services by the use of sequential and concurrent administration codes. The coding professional must ask the following questions:

1. Was the infusion >16 minutes? If so, then 96365 should be coded.
2. Was there an injection? If so, then 96374 should be coded.
3. Was there only hydration >31 minutes? If so, then 96360 should be coded.

Case Scenario #2

A 21-year-old female patient presents to the ER with a severe headache. After examination, the ER physician orders a therapeutic infusion in the left antecubital. Start time 07:00; end time 08:41. At 09:07 the patient is administered an IVP of the same drug.

In this case, the coding professional would report 96365 for the first hour of infusion, followed by 96366 for the second hour. The same drug was administered via IVP—code 96376.

What About Time?

Start and stop times are a nemesis to ER coding professionals. While start times are normally documented in the health record, stop times are often missed in ER visits. If this is the case, and a stop time cannot be located, a code for IVP can be utilized for an infusion that is 15 minutes or less, depending on the payer. This is an opportunity for outpatient clinical documentation improvement with nursing management and staff. Reimbursement is potentially lost when a coding professional assigns a 96374 code for an IVP, single or initial substance/drug, due to a missing end time in the patient's chart in place of the infusion that was done but can't be coded due to missing stop time(s).

Any additional hour of infusion must be the same drug administered after the first hour of infusion and continue to a minimum of 31 additional minutes.

Code Everything (Almost)

Coding professionals strive to code to the highest level of specificity. With injections and infusions, however, there are a few things that don't need to be coded. Do not code the following:

- Use of a local anesthetic
- IV start
- Access to indwelling IV
- SQ catheter or port
- A flush at the conclusion of infusion or standard tubing
- Syringes and supplies

These are all included in the code. If the patient's port or catheter must be declotted, use code 36593.

Coding Injections and Infusions in the ER: Quick Tips

- Any first hour therapeutic infusions must last at least 16 minutes (or they are coded to an IV push).
- All first hour hydration infusions must last at least 31 minutes.
- All sequential first hour therapeutic infusions must last at least 16 minutes.
- All subsequent hour infusions (hydration or therapeutic) must last at least 31 minutes.
- Therapeutic infusions lasting less than 16 minutes must be coded as IV push injections.
- All infusions must have documented start and stop times or they can only be charged as an IVP.
- Each hour of infusion time can only be charged one time unless there are separate IV sites.
- Only one initial service may be coded/charged per IV site.
- Multiple IV pushes of the same drug must have a minimum of a 30 minute interval or only the first push may be charged.

Challenges to Overcome

It's important for coding professionals to review the coding guidelines in the CPT codebook each year as changes occur in the guidelines and notes. It's also a good idea to review the Hospital Outpatient Prospective Payment System (OPPS) update transmittals to determine if the Centers for Medicare and Medicaid Services has added or deleted any additional payment

guidance. Creating personal tip sheets with the facility's coding and payer guidelines, along with the specific codes and examples, will assist the coding professional in determining the correct codes for injection and infusions administered in an ER.

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