

Disclaimer:

Please be advised that this guideline is a compilation of information from various sources as enumerated in the reference section. While every effort has been made to ensure the accuracy of the information provided according to the most current CMS transmittals, CPT Coding Manual, CPT Changes, and CPT Assistant advices pertaining to the subject, periodic change to rules and coverage may occur. ICD-9-CM diagnosis codes are updated on the 1st of October and HCPCS codes on the 1st of January annually.

**DRUG ADMINISTRATION GUIDELINES
For Calendar Year 2009**

**CMS DRUG ADMINISTRATION INSTRUCTIONS:
(Medicare Claims Processing Manual)**

Hospitals are instructed to:

- Use full set of drug administration CPT codes, including those codes referencing concepts of initial, concurrent, and sequential, to bill for drug administration services furnished in the Hospital Outpatient Department.
- Continue to use C8957, Intravenous infusion for therapy/diagnosis; initiation of prolonged infusion (more than 8 hours), requiring the use of portable or implantable pump.
- Report all drug administration CPT codes in a manner consistent with:
 1. CPT code descriptors
 2. **CPT instructions**, and
 3. Correct coding principles
- Hospitals should report all HCPCS codes that describe the drug administration services provided, regardless of whether or not those services are separately paid or their payment is packaged.
- Hospitals are to bill a separate Evaluation and Management code (with modifier -25) **only** if a significant, separately identifiable E/M service is performed in the same encounter with OPSS drug administration services.

APC PAYMENT FOR DRUG ADMINISTRATION SERVICES:

CY 2007, OPSS drug administration APCs were restructured to provide a separate APC payment for each reported unit of a separately payable HCPCS code.

- Beginning in CY, 2007 the 1st hour concept no longer exists. CPT codes in CY 2007 and beyond allow for **only 1 initial service per encounter, for each vascular access site, no matter how many types of infusion services are provided**, with other services through the same vascular access site being reported via the **sequential, concurrent, or additional hours codes**.

Hospitals will receive an APC payment :

1. For the initial service, and
2. Separate APC payment(s) for additional hours of infusion or other drug administration services provided that are separately payable.

For APC payment rates, refer to the most current quarterly version of Addendum B on the CMS Web site at <http://www.cms.hhs.gov/HospitalOutpatientPPS/>.

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January 2009

February 2008

2/13/07

01/17/07

DEFINITIONS AND REPORTING INSTRUCTIONS:

INITIAL SERVICE

- Initial service code is reported only 1 time per encounter and the subsequent, sequential, and concurrent codes are reported regardless of the subsection in which the initial service code appears.
- When administering multiple infusions, injections or combinations, only 1 "initial" service code should be reported, unless protocol requires that 2 separate IV sites must be utilized
- To report 2 different "initial" service codes use Modifier -59.
- For Hospital reporting, the initial code is determined based upon the hierarchy of drug administration services.
- For Physician reporting, the initial code that best describes the key or primary reason for the encounter should always be reported regardless of the order in which the infusions or injections occur.

Medicare Billing Instructions:

- Drug administration services are to be reported with a line item date of services on the day they are provided.

Initial Service in Observation Services:

- One initial drug administration service is to be reported per vascular access site per encounter, including during an encounter where observations services span more than one calendar day.

CONCURRENT INFUSION:

- **Concurrent Infusion** is the service in which multiple infusions are provided simultaneously through the same venous access site, or when two distinct infusions are given in two separate lumens in a multilumen catheter IV site.
- Concurrent infusion code is reported only once per encounter.
- In order to report a concurrent administration, the drugs cannot simply be mixed in 1 bag; there must be more than 1 bag. Multiple drugs mixed in one bag are considered one infusion and are not reported as concurrent infusion.
- If the drugs are being infused at the same time in 2 different bags, then an initial infusion code and the concurrent code should be reported

Example:

A 64-year-old patient simultaneously receives two antibiotics mixed in different bags over the course of one hour. Admixture requirements call for the antibiotics to be administered in separate bags of solution. He becomes nauseated and receives an IV push over 5 minutes of an anti-emetic.

The following services should be reported:

Initial service: intravenous infusion of an antibiotic (neither hydration nor chemotherapy).

Secondary services:

Concurrent infusion of simultaneous antibiotics
Sequential IV push of anti-emetic.

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September 2009

January 2009

February 2008

2/13/07

01/17/07

SEQUENTIAL INFUSION:

- **Sequential Infusion** is considered to be an infusion occurring one after the other.

Note: **Sequential** intravenous push of the same drug must be at least 30 minutes apart to use the facility code 907766.

INTRAVENOUS OR INTRA-ARTERIAL PUSH:

Intravenous or Intra-arterial Push is defined as:

- an injection in which the health care professional who administers the substance/drug is continuously present to administer the injection and observe the patient, or
- An infusion of 15 minutes or less.

INJECTIONS:

Injections, delivers a dosage in one "shot," rather than over a period of time.

- **Subcutaneous injections** are commonly administered in the upper arm, thigh, back, or buttock. Subcutaneous injections are given when immediate action of the substance being injected is required, or when a substance may not be administered using other routes.
- **Intra-muscular injections** are commonly administered in muscles located in the upper arm, buttock, hip, or thigh. When a drug may irritate the skin or a large quantity of a long-lasting drug is needed, the intramuscular route of administration may be appropriate.
- **Intra-arterial injection** describes an injection that is delivered into an artery.
- **Intra-venous injection** describes an injection that is delivered into a vein

PACKAGED SERVICES:

- If performed to facilitate the infusion or injection, the following services are included and are not reported separately:
 1. Use of local anesthesia
 2. IV start
 3. Access to indwelling IV, subcutaneous catheter or port
 4. Flush at conclusion of infusion
 5. Standard tubing, syringes and supplies
 6. Preparation of the chemotherapy agent(s)

HIERARCHY FOR SELECTING THE INITIAL CODE:

HOSPITAL REPORTING:

For Facility reporting, the "initial" code should be selected using the following hierarchy:

1. Chemotherapy infusions
2. Chemotherapy push technique
3. Chemotherapy injections
4. Therapeutic, prophylactic, & diagnostic infusions
5. Therapeutic, prophylactic, & diagnostic push technique
6. Therapeutic, prophylactic, & diagnostic injections
7. Hydration

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September 2009

January 2009

February 2008

2/13/07

01/17/07

PHYSICIAN REPORTING:

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

DOCUMENTATION:

In order to appropriately bill for infusion services the Physician and Nurses must document:

- Drug administration services require an order from the physician.
- Reason for the service to ensure medical necessity
- Name of the drug/solution
 1. Method (route) of administration
 2. Amount of drug/substance
- **START and STOP time of drug /substance**

INFUSION TIME

- The infusion time is defined as the actual time over which the infusion is administered. Infusion time is calculated from the time the administration commences (i.e., the infusion starts dripping) to when it ends (i.e., the infusion stops dripping).
- Intravenous or intra-arterial push administration are differentiated from the other infusion services and defined as "an infusion of 15 minutes or less."

ACTUAL TIME COUNT:

FIRST (initial) HOUR: Initial or first hour is from 16 minutes to 90 minutes.

ADDITIONAL HOURS: The additional hour (s), after the 1st hour, of sequential infusion as well as the second and subsequent hours for infusion services can be reported if the intervals are greater than 30 minutes beyond 1 hour increments.

Examples:

90 minutes = 1 unit of the first (initial) hour code

91 (1hour, 31 mins.) minutes = 1 unit of 1st (initial) hour code + 1 unit of each
Additional hour code

2 hours and 30 mins. = 1 unit of 1st (initial) hour code + 1 unit of each additional
hour code.

2 hrs, 31 minutes to 3 hours, 30 minutes = 1 unit of 1st (initial) hour code + 2 units
of each additional hour code.

DRUG ADMINISTRATION RELATED TO OPERATIVE PROCEDURES:

- Under the OPPS Drug administration services related to operative procedures are included in the associated procedural HCPCS/CPT codes, and are not separately reported.

Examples of such drug administration services include, but are not limited to;

1. Anesthesia (local or other),
2. hydration, and
3. medications such as anxiolytics (antianxiety agents) or antibiotics

Updated:

September 2009

January 2009

February 2008

2/13/07

01/17/07

- Medicare Global Surgery Rules prevent separate payment for postoperative pain management.
- If drug administration services are provided for a purpose unrelated to anesthesia, intra-operative care, or post-procedure pain management, the drug administrations service codes may be reported with modifier -59.

INFUSIONS STARTED OUTSIDE THE HOSPITAL:

Hospitals may receive Medicare beneficiaries for outpatient services who are in the process of receiving infusion at their time of arrival at the hospital. For example, a patient who arrives via ambulance with an ongoing intravenous infusion initiated by paramedics during transport.

Hospitals should report all services provided using the HCPCS code(s) that most accurately describe the service(s) they provided. This includes hospitals reporting;

1. **Initial hour of infusion**, even if the hospital did not initiate the infusion, and
2. additional HCPCS codes for **additional or sequential infusion services** if needed.

(Medicare Claims Processing Manual, Chapter 4, Sect. 230.2, paragraph D)

E & M SERVICES:

If a significant, separately identifiable Evaluation and Management service is performed, the appropriate E/M service code should be reported using modifier -25 in addition to 96360-96549. For same day E/M service, a different diagnosis is not required.

GROUPS OF DRUG ADMINISTRATIONS CODES

I HYDRATION SERVICES

96360-96361

2009 Change:

- The 2008 hydration codes 90760-90761 have been deleted and renumbered as 96360-96361.

INTENDED USE:

- Codes 96360-96361 are intended to report **hydration IV infusion** to consist of :
PRE-PACKAGED FLUID AND ELECTROLYTES, e.g. ;
Normal saline
D5-1/2 normal saline + 30 mEq KC1/liter
- These codes are not to be reported by the physician in the facility setting.

REGULATORY GUIDELINES:

- **Hydration codes may not be concurrent but may be sequential.**
- Hydration may not be reported if the time is 30 minutes or less.
- Subsequent hydration infusion hours must be greater than 30 minutes beyond the 1st hour to report 96361.

Updated:

September 2009

January 2009

February 2008

2/13/07

01/17/07

- The fluid used to administer drug(s) is considered incidental hydration and is not separately reportable.
- Hydration performed before or after chemotherapy is separately reportable if patient's condition indicates medical necessity.

HYDRATION SERVICES - CLINICAL EXAMPLES:

EXAMPLE 1:

A patient with dehydration was admitted at ER and was infused with hydration fluids for 2 hours.

Hospital will report:

CPT CODE	NO. OF UNITS
96360 IV infusion hydration Fluids, up to 1 hour	1
+96361 IV Infusion of hydration Fluids each additional hour	1

EXAMPLE 2:

A patient receives medically necessary hydration to ensure adequate renal blood flow and minimize nephrotoxicity from 8:00 AM until 10:30 AM; and from 8:00AM until 9:30 AM, cisplatin chemotherapy is administered followed by etoposide from 9:30 AM until 10:30 AM through the same venous access site.

Hospital will report:

CPT CODE	NO. OF UNITS
96413 IV infusion chemotherapy, up to 1 hour	1
+96417 sequential, new drug	1

Rationale:

Because the hydration infusion occurred simultaneously with the chemotherapy infusions, the hydration infusion is **not** reported. If the hydration was medically necessary and performed before or after the chemotherapy, the hydration would be reported separately. (Ref: CPT Assistant, June 07, pages 4,5)

II. THERAPEUTIC, PROPHYLACTIC, AND DIAGNOSTIC INJECTIONS AND INFUSIONS (96365-96379, C8957)

2009 Change:

- The therapeutic, prophylactic, and diagnostic injection and infusion codes 90765-90779 have been deleted and renumbered as codes 96565-96379.

Updated:

September 2009
January 2009
February 2008
2/13/07
01/17/07

INTENDED USE:

- These codes are used for reporting administration of non-antineoplastic drugs/substances for therapy (e.g., an antibiotic), prophylaxis (e.g., immunoglobulin), or diagnosis (e.g., administration of evocative or suppressive agents).
- These codes are not to be reported by the physician in the facility setting.

For **Medicare patients**: Hospitals are to continue to bill HCPCS code C8957 when appropriate.

C8957 Intravenous infusion for therapy/diagnosis; initiation of prolonged infusion (more than 8 hours), requiring use of portable or implantable pump.

THERAPEUTIC, PROPHYLACTIC, AND DIAGNOSTIC INJECTIONS AND INFUSIONS - CLINICAL EXAMPLES:

Example of hydration fluid (Normal Saline) as vehicle for drug infusion:

Patient was admitted for drug administration. Antibiotic was added to Normal Saline and the patient was infused with the infusate for 2 hours and 15 minutes.

Hospital will report:

CPT CODE	NO. OF UNITS
96365 IV infusion, initial to 1 hr.	1
96366 each additional hr.	1

Example of selection of initial service using hierarchy for facility reporting:

Patient came to ER due to nausea and vomiting. Patient was administered drugs as follows:
IV infusion - hydration fluids from 12:00 – 13:00 = 1 hr.
IVP of Phenergan at 13:20, and
IVP of Reglan at 13:30

Hospital will report:

CPT CODE	NO. OF UNITS
96374 IVP, single or initial	1
+96375 ea. additional Sequential IVP	1
96361 each additional hr, IV Infusion, hydration	1

Updated:

September 2009
January 2009
February 2008
2/13/07
01/17/07

Example of concurrent infusion:

Patient was admitted due to infection. Patient was administered therapeutic drugs as follows;

IV infusion – Drug A: 1000-1100 = 1 hr.

IV infusion (2nd bag, same line) – Drug B: 1000-1100 = 1 hr.

IVP – Drug C: 1115-1125 = 10 mins.

Hospital will report:

CPT CODE	NO. OF UNITS
96365 IV infusion, initial to 1 hr.	1
96368 concurrent IV infusion	1
+96375 ea. additional Sequential IVP, new drug	1

Drug B using a different bag administered thru the same IV site at the same time as Drug A was a concurrent infusion of therapeutic drugs.

Example of sequential drug administration:

A patient was administered drugs as follows:

IV infusion – Decadron: 0900-0935

IV infusion – Benadryl: 0945-1020

Hospital will report:

CPT CODE	NO. OF UNITS
96365 IV infusion, initial to 1 hr.	1
+96367 additional sequential Infusion, to 1 hour	1

Benadryl was administered after the initial infusion of Decadron.

Example of multiple sequential intravenous push of same drug (facility):

A patient with CHF was given a multiple IV push of the same drug as follows:

IVP – Drug A : 10:00

10:35

11:10

Hospital will report:

CPT CODE	NO. OF UNITS
96374 IVP, single or initial	1
96376 IVP, sequential, same drug	2

IV pushes of the same drug given at 30 minutes interval.

Updated:

September 2009

January 2009

February 2008

2/13/07

01/17/07

Example – Infusion and Multiple IM injection

Patient was admitted for drug administration. The following services were performed:

IV infusion – Zometa – 1630-1735

IM injection – Lupron - 1700

IM injection - Faslodex – 1700

IV access was flushed with:

Normal Saline 20cc

Hospital will report:

CPT CODE	NO. OF UNITS
96365 IV infusion, therapeutic Drug, initial, up to 1 hour	1
96372 IM injection	2

Flushing of catheter at conclusion of infusion is integral to the administration services, and should not be reported separately.

Example of Medicare beneficiary receiving long hours of therapeutic drug infusion:

A 65 year old Medicare patient presents for one of several periodic prolonged intravenous infusions of therapeutic drug in an implanted pump.

Hospital will report:

CPT CODE	NO. OF UNITS
C8957, IV infusion of therapeutic drug, initiation of prolonged infusion (more than 8 hrs.), requiring the use of portable or implantable pump.	1

**III. CHEMOTHERAPY ADMINISTRATION
(96401-96549)**

INTENDED USE:

Chemotherapy administration codes 96401-96549 apply to parenteral administration of:

- Non-radionuclide anti-neoplastic drugs
- Anti-neoplastic agents provided for treatment of non-cancer diagnosis (e.g., cyclophosphamide for auto-immune conditions)
- Monoclonal antibody agents, and
- Other biologic response modifiers

Codes 96401-96402, 96409-96425, 96521-96523 are not intended to be reported by the physician in the facility setting.

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September 2009

January 2009

February 2008

2/13/07

01/17/07

Codes 96405, 96406, 96440, 96445, 96450, and 96452 describe services that may require physician reporting in the facility setting.

(Ref: CPT Changes 2009, CPT Assistant, February 2009, pages 17-21))

CONCURRENT ADMINISTRATION OF CHEMOTHERAPEUTIC DRUGS

Due to evidence of current practice standards, there is no code at this time for concurrent administration of chemotherapeutic drugs.

- If chemotherapy agents are mixed or **given concurrently**, report **96549**, unlisted Chemotherapy procedure code.

(Ref: CPT Assistant, Feb 2009, pages 17-21)

CHEMOTHERAPY ADMINISTRATION - CLINICAL EXAMPLES:

Example - Chemotherapy with sequential hydration fluid and anti-emetic:

Patient was admitted for chemotherapy, the following drugs were administered:

IVPB 5-FU (chemotherapy) – 1015-1130 = 1 hr., 15 mins.

IVPB – Zofran (therapeutic) – 1140-1225 = 45 mins.

Hydration fluids – 1230-1330 = 1 hr.

Hospital will report:

CPT CODE	NO. OF UNITS
96413 Chemotherapy, IV infusion Up to 1 hour	1
+96367 additional sequential Infusion, therapeutic drug up to 1 hour	1
+96361 each additional hr, IV Infusion, hydration	1

Chemotherapy is reported as initial code consistent to guidelines:

1. Chemotherapy is primary reason for the encounter.
2. Chemotherapy administration hierarchy is primary to therapeutic and hydration administration.

CPT code 96361 for hydration is reported since it was given as a subsequent infusion after the chemotherapy.

Updated:
September 2009
January 2009
February 2008
2/13/07
01/17/07

Example – Chemotherapy with additional infusion hours and sequential therapeutic infusion of less than 15 minutes.

Patient was admitted for chemotherapy, the following drugs were administered:

IVP – Reglan – 0900-0910 = 10 mins.

IV infusion – Decadron – 0910-0920 = 10 mins.

IV infusion – Cisplatin (chemo) – 1020-1220 = 2 hrs.

Hospital will report:

CPT CODE		NO. OF UNITS
96413	Chemotherapy, IV Infusion, up to 1 hour	1
+96415	each additional hour of Chemotherapy infusion	1
+96375	sequential IVP of non-Chemo drugs	2

Chemotherapy administration hierarchy is primary to therapeutic administration.
IV infusion of Decadron for 10 minutes is reported as IVP.

Example – Sequential and additional infusion hours of chemotherapeutic drugs:

Patient was admitted for chemotherapy, patient was administered 2 chemotherapy drugs sequentially:

Chemotherapy Drug A – 2 hours

Drug B – 4 hours

Hospital will report:

CPT CODE		NO. OF UNITS
96413	Chemotherapy, IV Infusion, up to 1 hour	1
+96415	each additional hour of Chemotherapy infusion	1
+96417	each sequential chemotherapy Infusion, up to 1 hour	1
+96415	each additional hour of Chemotherapy infusion	3

Example - Chemotherapy with pre and post chemo hydration infusion

Patient with ovarian carcinoma was admitted for chemotherapy. The physician ordered a pre and post chemotherapy hydration to support patient's volume status. The following substance/drugs were administered:

IV infusion – D5W/0.45%NaCl + KCl 10mEq/L – 1300-1455 = 1 hr, 55 mins.

1645-1745 = 1 hr.

IV infusion - Diphenhydramine – 1500-1515 = 15 mins.

IV infusion – Topotecan (Chemotherapy) – 1520-1630 = 1hr, 10 mins.

Hospital will report:

CPT CODE	NO. OF UNITS
96413 Chemotherapy, IV infusion Up to 1 hour	1
+96375 each additional sequential IVP of a new drug	1
+96361 each additional hour of IV Hydration	3

Codes are listed consistent with administration hierarchy rules.

IV infusion of Diphenhydramine of 15 minutes is reported as IVP.

Pre and post chemotherapy infusion of hydration fluids is separately reported with code 90761 for 3 units.

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September 2009
January 2009
February 2008
2/13/07
01/17/07

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Updated:
September 2009
January 2009
February 2008
2/13/07
01/17/07

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