KERN HEALTH SYSTEMS

KERN HEALTH SYSTEMS POLICY AND PROCEDURES					
SUBJECT: Infusion Billing Guidelines			POLICY #: 6.21-P		
DEPARTMENT: Claims					
Effective Date: 2002-12	Review/Revised Date: 06/30/2016	DMHC		PAC	
		DHCS		QI/UM COMMITTEE	
		BOD		FINANCE COMMITTEE	

Douglas A. Hayward
Chief Executive Officer
Date 6/30/16

Chief Medical Officer
Date 6/29/16

Chief Operating Officer
Date 6/20/16

Director of Provider Relations
Date 6-9-16

Director of Claims
Date 6-6-16

POLICY:
All infusion services must be billed by the provider using the appropriate CPT/HCPCS codes and modifiers in accordance with the guidelines and restrictions set forth in this policy and procedure.

PROCEDURE:

1.0 BILLING PREPARATION AND SUBMISSION

Claims should be submitted to KHS in accordance with *KHS Policy and Procedure #6.01-P Claims Submission/Reimbursement*.

Providers must submit a complete CMS 1500 or UB04 form to bill for services provided. Applicable CPT/HCPCS codes, including modifiers, should be used to properly identify the

service provide...

2.0 RESTRICTIONS AND REQUIREMENTS FOR ADDITIONAL DOCUMENTATION

Claims should be submitted in accordance with the restrictions and requirements for additional documentation in the following table.

CPT codes for chemotherapy, infusion and injection administration are intended to report: One primary or initial administration code for the service that best describes the primary reason for the encounter and additional add-on codes to report and sequential (one after the other) or concurrent (at the same time) infusions and/or injections that occur during the same encounter.

When reporting multiple infusions, injections or combinations, only one "initial" service code should be reported, unless protocol requires that two separate IV (intravenous) sites must be used.

The "initial" code should be the code that best describes the primary reason for the encounter.

- Chemotherapy is primary to non-chemotherapy.
- Infusions are primary to pushes
- Pushes are primary to injections.
- Hydration is always last in the hierarchy when it's provided with another IV infusion or drug injection service

Hydration 96360 & 96361 Billing Restrictions:
When fluids are used to administer the drug(s), the hydration is considered incidental. Hydration should not be reported if performed as a concurrent infusion service. Hydration is reimbursable only when performed by a physician or by a qualified assistant under a physician's direct supervision

CPT Codes 96365 – 96368 Billing Restrictions:
These IV administration codes must not be used when billing for routine injections, intradermal, subcutaneous, intramuscular, or routine IV drug injections, chemotherapy and/or blood product components. Claims for these codes must include documentation that the physician personally administered or directly supervised the infusion therapy.

CPT Codes 96365 – 96376 and 96379 Billing Restrictions:
These codes must be billed "By Report" and require documentation of direct physician supervision. These codes are not payable when reported as an inherent part of a procedure; for example, administration of contrast material for a diagnostic study.

Direct Physician Supervision: Multiple Patient Limitation:
CPT codes 96360, 96361 and 96365 – 96368 require direct physician to an individual and therefore providers cannot bill for these codes when these services are being provided simultaneously to more than one patient.

HCPCS J3490 (unclassified drugs) is to be reimbursed "By Report" and an invoice is required.

When billing code J3490, providers must include a diagnosis code and document the following:

- Medical necessity for using the drug
- Name, dosage, strength and unit price of the medication.
- Qualifier and 11 digit NDC number in field 24

HCPCS code Z7610 or CPT code 99070 should not be used for billing unlisted injections.

PROCEDURE CODE DEFINITIONS

SUPPLIES and DRUGS (Sterile Solutions):

- X7700 Administered IV solution, initial, up to 1000 ml, including related supplies – allow 1
- X7702 Administered IV solution, each additional 1000 ml, including related supplies.

Examples of "sterile solution" are 5% dextrose/water, normal saline and lactated Ringers.

Examples of "related supplies" are I.V. start kits, angiocaths, I.V. tubing, extension sets, needles and syringes.

If performed to facilitate the infusion or injection, the following services are included and are not reported separately:

- Use of local anesthesia
- IV start
- Access to indwelling IV or subcutaneous catheter or port
- Flush and conclusion of infusion
- Standard tubing, syringes, and supplies
- Bandages, tissues, swabs, cotton balls, etc.

INITIAL ADMINISTRATION CODES (can only bill 1 initial service):

96413 Chemotherapy, IV infusion; up to 1 hour, single or initial drug

96416 Chemotherapy, initiation of prolonged IV infusion (more than 8 hours)

96409 Chemotherapy, IV push technique, single or initial drug

96365 IV (intravenous) infusion; initial up to 1 hour, by physician or under physician's direct supervision

96369 Subcutaneous infusion, initial, up to 1 hour, including pump set-up & establishment of site

96374 IV push, single or initial substance/drug

96360 IV infusion, hydration, initial, 31 min to 1 hr, by physician or under physician's direct supervision

ADD ON CHEMOTHERAPY INFUSION ADMINISTRATION CODES:

96415 Chemotherapy, IV infusion; each additional hour

96417 Chemotherapy, .. infusion; each additional sequential infusi.. of a different drug up to 1 hour 96411 Chemotherapy, IV push; each additional drug
ADD ON INFUSION ADMINISTRATION CODES: 96366 each additional hour, IV infusion, by physician or under physician's direct supervision 96367 additional sequential IV infusion, must include medical justification 96368 concurrent IV infusion (can only report 1 per encounter), must include medical justification 96370 each additional hour, Subcutaneous infusion 96371 additional pump set-up with establishment of new subcutaneous infusion site(s) 96361 IV infusion, hydration, each additional hour, by physician or under physician's direct supervision
ADD ON IV (INTRAVENOUS) PUSH ADMINISTRATION CODES: 96375 each additional sequential IV push of a new substance/drug
INJECTION ADMINISTRATION CODES: 96401, 96402 Chemotherapy administration, subcutaneous or intramuscular 96405, 96406 Chemotherapy administration, intralesional 96372 Subcutaneous or Intramuscular injection 96373 Intra-arterial injection

REFERENCE:

Revision 2016-06: Minor revisions on infusion billing guidelines. **Revision 2012-07:** Revised by Claims Supervisor using Medi-Cal Guidelines May 2010. [1] Medi-Cal Guidelines June 2000 (2-Injections; page 6)