

Coding, Billing and  
Reimbursement Issues for  
the Coding Professional

## CPT 2007 Changes for Injections/Infusions

By now, your facility has had an opportunity to take a look at the 2007 changes for injections/infusions. CMS has discontinued the use of the "C" codes developed in 2006 for injections and infusions and adapted the CPT

methodology for assigning codes for IV infusions/injections and other injection codes. This newsletter is dedicated to clarifying the most common trouble spots in the IV/IM injection/infusion coding.

## CPT/CMS Definitions

### Initial Versus "Each Additional"

Both CPT and CMS have adopted the philosophy that only one "initial" service may be coded/billed per encounter (except when two IV lines are medically necessary). They have defined the "initial" service as *"that services that best describes the key or primary reason for the encounter.."* Codes are NOT to be reported solely based on the order in which they were administered.

MARSI recommends that your facility develop a Policy and Procedure for a hierarchical order for these codes (with clinical exceptions that may be made). For instance, your facility may wish to adopt the philosophy that hydration codes are typically NOT the initial service performed, and, that only in instances where extensive hydration is performed would hydration be assigned as the initial code.

A suggested hierarchical order of codes might be as follows:

- Medication Infusions would be considered primary due to their diagnostic, therapeutic nature. IV injections (pushes) would be

secondary, again, due to the diagnostic and therapeutic nature, with hydration assigned after any medication infusions and/or injections.

- Codes are assigned based on delivery method, therefore, if same medication is administered IM/IV Push and infusion, all may be coded appropriately.

### Sequential Administration

When multiple drugs are infused "back to back", or one after the other, the sequential infusion codes should be utilized.

### Concurrent Administration

When multiple therapeutic, diagnostic medications ( not hydration fluids) are administered concurrently (i.e. separate bags infusing simultaneously through the same IV line), the concurrent infusion code(s) should be utilized for that period of time multiple bags with multiple drugs are infusing. This is not intended for multiple drugs contained within the same IV bag.

Keep in mind that if your facility is utilizing IV equipment that programs the administration of medications sequentially or intermittently, the concurrent code(s) would not be appropriate. Typically, concurrent administration is utilized for “gravity drip” infusion methods.

### Time Definitions

Infusion codes with time as part of their definitions are defined as follows:

- Initial infusion must meet a minimum of 16 minutes or more
- Subsequent infusion codes of “each additional hour” must meet a minimum of 31 minutes or more of each additional unit assigned.

### IM/SQ (Intramuscular/Subcutaneous) Injections

Code 90772 is assigned for EACH injection performed, regardless of the number of medications being administered. Unlike the IV injection codes, EACH injection should be coded, regardless of the medications administered. In the event a medication is injected multiple times throughout the encounter, EACH injection/administration should be coded.

*For Example:*

IM Injection Demerol	10:00 AM
IM Injection Morphine	1:00 PM
IM Injection Demerol	3:30 PM

Would be assigned codes as follows:

90772 X 3 units

The assignment of codes for IM/SQ injections is totally independent of any IV infusions/injection codes and does not affect the assignment of “initial” vs. “subsequent” codes for other infusion/injection services during the encounter.

### Hydration

Hydration is defined by CPT/CMS as the administration of “prepackaged fluid and electrolytes (e.g. normal saline, D5 ½ normal saline + 30 mEq KCL/liter).” The hydration codes are not intended to report other substances/drugs.

Hydration codes are assigned by the “hour,” with the CMS requirement that a minimum of 16 minutes must be documented for the “initial” service (90760), and 31 minutes or more for the “each additional” code (90761).

Hydration of fluids with no time documented cannot be coded with the hydration codes as minimum time requirements have not been met. Based on clinical input, MARSJ feels when fluid administration without minimum time documentation for hydration codes is stated as “IV Bolus” it qualifies as “therapeutic drug/substance” administration, and, therefore, would meet the requirements for an IV injection code assignment. In addition, any IV fluid infusion rate 100cc/hour or greater or with physician statement of “rehydrate” constitutes “therapeutic drug/substance” administration as well, allowing for the code assignment of IV injection as well when time is not documented for the IV hydration infusion code assignment(s).

Again, we caution the facilities to adapt a policy which defines their specific application of these codes until CMS further defines what will be allowed.

### Intravenous Push

Each new substance/drug administered by intravenous push (IVP) may be coded/billed utilizing 90774 or 90775. If new drugs are not added to the protocol, no additional IVP codes may be used.

*For Example:*

IV Push Demerol/Phenergan	10:00 AM
IV Push Demerol	1:00 PM
IV Push Morphine/Phenergan	4:00 PM

Would be assigned codes as follows:

- One IVP for Demerol/Phenergan
- No code for Demerol (already administered/not new drug/substance)
- Additional IVP for Morphine/Phenergan (new drug/substance being administered)

When an IV Push requires more than 15 minutes to infuse, it should NOT be assigned an infusion code as the service was still an IV Push.

An IV infusion; however, lasting less than the required time for assigning an infusion code may be reported as an intravenous injection as long as it meets the requirements for “diagnostic, therapeutic” and is a new substance/drug.

### Concurrent/Sequential Infusion Code

These codes are “add on” codes, and, therefore, would be utilized in addition to the primary procedure for infusion. The addition of hydration fluids does not constitute concurrent/sequential infusion. Additional definitions of concurrent and sequential are listed above under “CMS/CPT Definitions”

### Infusion Time Documentation

In the perfect world, all facility staff/physicians would document start/stop times, rate, name of the drug and the clinical indication for treatment. However, many times this documentation is not available. As a result, the service may not be billable, or the infusion may only qualify as an intravenous injection.

In any event, MARSI would consider the following documentation as unacceptable for assigning infusion codes as the time requirement for the infusion code(s) as not been met.

(Medication Name) in 100 cc NS, one gram over 1 hour  
(Medication Name) IV at 4:00  
NS Bolus 500 cc at 3:00

### Patient with Nausea/Vomiting/Abdominal Pain:

IV Push injection of pain medication, Demerol	15:00
IV infusion of antibiotic (one) from	17:00 – 19:00
IV Push injection of pain medication, Demerol	21:00
IV Push injection of Reglan	22:25

Initial Service (based on hierarchical order above) would be IV Infusion, Antibiotic 2 hrs  
Assign Codes: 90765 and 90766

IV Push injections of Demerol 15:00 and 21:00  
Assign Code: 90775 (each addition as “initial” code used above)  
(assigned only once as same drug/substance)

IV Push injection of Reglan 22:25  
Assign Code: 90775 (as new drug/substance from Demerol above)

Code Assignment for this scenario would be:  
90765  
90766  
90775 X 2

**As always, should your facility have additional guidance from your specific FI that changes the interpretation of these guidelines, please forward to MARSI so we may follow those FI specific guidelines for your facility-specific reviews.**