

AUDITING & COMPLIANCE TIP

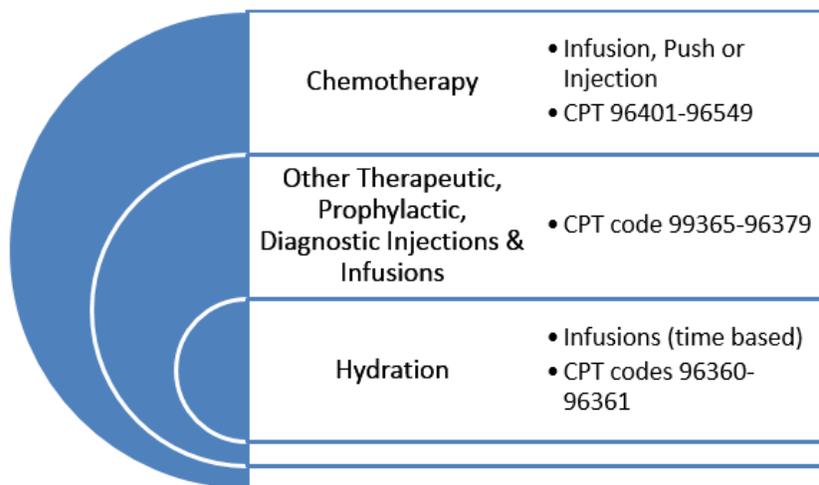
Auditing Hydration, Infusions, Injections and Chemotherapy

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When auditing claims consisting of injections, infusions, hydration or chemotherapy administration (CPT® codes 96360-96549), there are many variables that need to be considered. First, we need to determine if there is a signed/dated order and that the provider has carefully documented the administration method (e.g., IV infusion), the site, start and stop times (when applicable to time-based codes), and the specific substance(s) and dose delivered. Furthermore, it may be necessary to demonstrate whether distinct infusion(s) or push(es) are concurrent (happening simultaneously) or sequential. As you can see, it would be easy for one to get confused without possessing a sound understanding of certain underlying topics.

Before we can audit any of these services, we must first have a grasp of certain terminology and applicable definitions, so let's start there. Hydration is exactly what it sounds like. It is an IV infusion intended to provide hydration using prepackaged fluids and electrolytes, but the codes for hydration (CPT® codes 96360 and +96361) are not intended for the administration of other drugs and biologicals. An infusion is the administration of substance(s) over a period of time for diagnostic or therapeutic purposes, while an injection is the administration of substance(s) at one time via one "shot" - e.g., subcutaneous (SQ), intramuscular (IM), intra-arterial, or intravenous (IV). A term that is often misunderstood relates to an intravenous (IV) or intra-arterial "push," which CPT® defines as "(a) an injection in which the healthcare professional who administers the substance/drug is continuously present to administer the injection and observe the patient, or (b) an infusion of 15 minutes or less."

Now we must focus on the next matter - the order in which these codes are to be reported when multiple services are reported for the same patient on the same date of service. Current Procedural Terminology (CPT®) suggests that "the initial code should be selected using a hierarchy whereby chemotherapy services are primary to therapeutic, prophylactic, and diagnostic services which are primary to hydration services." So, if a patient receives chemotherapy, that will always be the "initial" code reported on the claim. It would be unlikely to report hydration or non-chemotherapy administrations on dates where the patient is receiving anti-neoplastic chemotherapy. So here is what the "hierarchy" would look like:



Lastly, we should identify the services that are considered to be inclusive to the hydration, infusion, injection and/or chemotherapy services. According to CPT®, the following services are included (not reported separately):

1. Use of local anesthesia
2. IV (intravenous) start
3. Access to indwelling IV, subcutaneous catheter, or port
4. Flush at conclusion of infusion
5. Standard tubing, syringes, and supplies



Today's tip provided by:



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John Burns is a valuable NAMAS team member who provides training and education across the country. John is also a Senior Consultant for our parent organization DoctorsManagement, providing onsite practice consulting for coding, billing, auditing, and compliance.

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