



## NAMAS Weekly Auditing & Compliance Tips

October 14, 2016

### Injections and Infusions

Injection and infusion codes can be tricky. In this auditing tip, we'll break them down and help to make them a little easier to understand.

[Click Here to Listen to This Week's Audit Tip](#)



Let's start first with the basics. Injections and infusion codes can be found in the medicine section of the CPT® book, codes 96360-96549. They are broken down into three categories. The first is hydration, then therapeutic, prophylactic and diagnostic, and lastly chemotherapy and other highly complex drugs or biological agents.

**Injections** deliver a substance/drug either in one immediate dose (subcutaneous/intramuscular injections) or over a short period of time (up to 15 minutes) as an intravenous or intra-arterial push.

**Infusions** are a controlled delivery of a substance/drug over an extended period of time (16 minutes or more). Only one "initial" service should be reported, unless protocol requires that a second IV site must be used. For physician reporting, the primary reason for the encounter drives which code should be the initial code, not the order in which the injections/infusions are administered. For facility coding there is a specific hierarchy. Chemotherapy services are at the top, followed by therapeutic/prophylactic/diagnostic services and then hydration services. Likewise infusions supersede pushes which supersede injections.

When performed with an injection or infusion service, the



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following are included and are not separately reportable:

- Use of local anesthesia
- IV start
- Access to indwelling IV, subcutaneous catheter or port
- Flush at conclusion of infusion
- Standard tubing, syringes and supplies

*Sequential* infusions are infusions or injections of a new substance/drug that follow the initial service.

*Concurrent* infusions are infusions of a new substance/drug that runs at the same time as another substance or drug. These substances/drugs must be running from two separate bags/syringes through one access. Only one concurrent infusion service can be reported per day. Concurrent infusions are not time based.

**Hydration codes (96360-96361)** report IV infusions that consist of pre-packaged fluid and electrolytes (examples: normal saline, lactated ringers). These are time based codes and a minimum of 31 minutes of hydration is required in order to report the service. Hydration codes **cannot** be separately reported when the fluids are being run concurrently to therapeutic or chemotherapy infusions. They are also not separately reportable when used to "keep open" an IV line.

**Therapeutic, Prophylactic and Diagnostic Injection and Infusion codes (96365-96379)** are used to report the injection and/or infusion of non-chemotherapy substances/drugs.

**Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration codes (96401-96549)** are injections and/or IV infusions of non-radionuclide anti-neoplastic drugs and substances or substances such as monoclonal antibody agents or other biologic response modifiers. Because the incidence of severe adverse reactions is much higher with these drugs, more thorough monitoring is required during their administration.

Now that we have the basics, let's apply them to a few real life situations. We first need to ask ourselves, what type of substance/drug did the patient receive? Next we need to know how (which route) the substance/drug was given? And finally, how long did the administration of the substance/drug take?

#### **Scenario #1:**

The patient now has crystal confirmed gout with

tophaceous involvement. We will treat the current flare with Kenalog 60mg IM injection followed by a prednisone taper. IM Kenalog 60mg given in Left Glute - 10:15am - Patient tolerated with no difficulties.



Our onsite or online training program will not only prepare you to sit for the medical auditing certification test, but will prepare you for a career as a medical auditor.

As a bootcamp attendee, you will receive the NAMAS Auditor's Resource & Prep Guide, 16 AAPC CEUs, AND a 1 year NAMAS membership!

Our **onsite** schedule is as follows:

November 3-4: Charlotte, NC  
December 5-6: Orlando, FL

We've also added additional **online** Saturday classes to our calendar

**Click Here to Learn More About The NAMAS Medical Auditing BootCamp**



For those with a basic foundation of E&M auditing, or experienced E&M auditors just looking for a refresher, our 1-day E&M Auditing BootCamp is for you!

MDM? Medical Necessity? Guidelines? Audit Policies? We'll cover all of this AND more in this training program

Our questions:

What did the patient receive?

-non-chemo therapeutic (Kenalog)

How did the patient receive it?

-Intramuscular injection

How long did the administration take?

-One immediate dose

Our code:

96372 [Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular]

### Scenario #2:

Diagnosis: Rheumatoid Arthritis Infusion

Type: Remicade Dose: 700mg Site: L wrist

Gauge: 24 G auto gauge insyte Length: 3/4 inch Attempts: 1

Needle in time: 0820 Infusion time started 0825 20cc

flushed end time 1025 Needle out time: 1030 Was any

drug wasted? NO Premedicate with Acetaminophen

500mg 1 or 2 PO, Claritin 10 mg 1 PO IV site without

swelling, pain or discoloration: YES

Patient denies infection and not on antibiotics. Pt stated

she took Tyl/Clar. as premeds. IV access established.

Remicade 700mg is 10.4mg/kg given IV as ordered for Dx

code 714.0. Patient tolerated infusion well without

difficulties. 40 mg Solumedrol given slow IVP (4 minutes)

as ordered post infusion. Patient tolerated IVP well without

difficulties. IV catheter dc'd intact.

Our questions:

What did the patient receive?

-Chemotherapy (high risk) Remicade; non-chemo  
therapeutic - Solumedrol

How did the patient receive them?

-IV infusion; IV push

How long did the administration take?

-2 hours; 4 minutes

Our codes:

96413 [Chemotherapy administration, intravenous infusion  
technique; up to 1 hour, single or initial substance/drug]

96415 [Chemotherapy administration, intravenous infusion  
technique; each additional hour (List separately in addition  
to code for primary procedure

96375 [Therapeutic, prophylactic, or diagnostic injection

(specify substance or drug); each additional sequential

intravenous push of a new substance/drug (List separately  
in addition to code for primary procedure)]

### Scenario #3

Patient presents with dehydration and is given IV hydration  
with a dose of Zofran.

Patient receives an IV push of Zofran and IV hydration.

Zofran: IV push (2 min)

Attend one of our upcoming **ONLINE** or  
**ONSITE** sessions:

1 day **online** session on October 25

Or, attend our upcoming 1-day

**onsite** session:

November 17, 2016: Columbus, OH

**Click Here to Learn More About The  
NAMAS E&M Auditing BootCamp**

### Weekly Tip Sponsor



### NAMAS Calendar of Events



Click the image above to view our monthly calendar

### Upcoming Webinars

NAMAS is proud to present the following  
webinars in October



Zofran: IV push (2 min)  
Normal Saline @125 cc/hour: start time 1405, end time 1615

Our questions:

What did the patient receive?

-Hydration - NS; non-chemo therapeutic - Zofran

How did the patient receive them?

-IV push; IV infusion

How long did the administration take?

-2 minutes; 2 hours and 10 minutes

Our codes:

96360 [Intravenous infusion, hydration; initial, 31 minutes to 1 hour]

96361 [Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure)]

96375 [[Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure)]

When working with injection and infusion codes, always read the coding guidelines/section notes thoroughly. When selecting a code, be sure to use both the code descriptor and parenthetical notes in making your selection. And finally, it is important also, to refer to your local MAC carrier for any specific guidance and/or LCDs.

## This Week's Audit Tip Written By:

**Jessica Franzese, CPC, CPMA** Jessica serves as a Compliance Consultant within the Department of Audit and Regulatory Compliance for our parent organization, DoctorsManagement, LLC

## Compliance in Financial Transactions

Speaker: Steven Kleinberg

October 18, 2016

2pm EST

## E&M Encounter Review

Speaker: Paul Spencer

Wednesday, October 26, 2016

2pm EST

NAMAS Members: Watch your Email for Registration Links

Non-Members: Email [namas@namas.co](mailto:namas@namas.co) to learn how to attend these webinars

## A Note from PowerBuying



The PowerBuying Program through DoctorsManagement could save your practice thousands of dollars each year!

The PowerBuying program works directly with our partners and GPOs as your advocate to secure better pricing on categories such as:

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## Too Many Audits Stacking Up?

Let our team help with the backlog & keep you current!

# You're Invited to join NAMAS at the 8th Annual Auditing & Compliance Conference

## NAMAS 8th Annual Auditing & Compliance Conference



December 6-9, 2016 | Orlando, FL | Loews Portofino Bay Hotel

**Dates:** Pre-Conference: Tuesday, December 6, 2016  
Conference: Wednesday, December 7- Friday  
December 9, 2016

**Venue:** Loews Portofino Bay Hotel, Orlando, FL

This is the ONLY conference designed for medical auditors and compliance professionals!

**Earn Up to 21.5 AAPC CEUs** good toward Core A, CPMA, CPCO & CEMC certifications

Where better to be in December than in beautiful Orlando, Florida learning from the best in the business, networking with your peers, and **earning up to 21.5 AAPC CEUs?**

There's more good news! **NEW FOR 2016-** we've partnered with RACmonitor to provide a **FACILITY AUDITING track** during both pre-conference and conference!

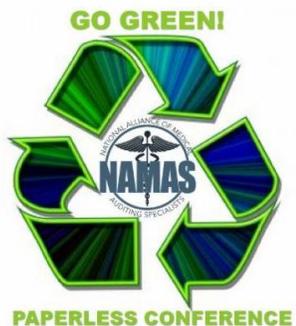
# RACmonitor

Attendees can select their pre-conference and conference sessions from any one of the following tracks: Physician-Based Auditing, E&M Auditing, Facility-Based Auditing, and Physician-Based Compliance!

### Our 8th Annual Conference Has Gone Green!

We're proud to be a paperless conference, offering attendees the opportunity to download their session

handouts electronically prior to conference



DoctorsManagement & NAMAS employ Senior Management Auditors with no less than 10 years of experience. Our team can perform your audits or offer hands-on assistance to your auditing team.

We can assist with:

- Valuation Audits
- Pre-Bill Audits
- Retrospective Audits
- Customized Training

To schedule your audit or training, contact NAMAS at 877-418-5564 or via email at [namas@namas.co](mailto:namas@namas.co)

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## UGLY HOLIDAY SWEATER CONTEST



Don't delay in registering- Lock in your conference rate with only a \$50 deposit!

[Click Here to View the Conference Agenda](#)

[Register Now](#)

We're excited to announce that during our annual conference, NAMAS will be hosting its first annual **Ugly Holiday Sweater Contest!**

During our exhibitor reception (on the evening of Wednesday, December 7th), all attendees are welcome to don their ugliest holiday attire. Our group of exhibitors and speakers will serve as judges and **the attendee with the ugliest attire will win a scholarship to attend our 2017 conference for free!**

Start preparing your ugly holiday outfit now!

## NAMAS Conference Speaker Spotlight

Complimentary  
Tip of the Week

Our weekly auditing & compliance tip emails are available to anyone who could benefit from this information.

If you know someone who would like to receive these emails, invite them to sign.

Click the image above to be added to our email list!

## Stay Informed

Stay up to date with important news and announcements from NAMAS. Follow our social media pages to ensure you don't miss a beat!



### Speaker Spotlight

Meet our speakers for the



**NAMAS 8th Annual Auditing & Compliance Conference**

December 6-9, 2016  
Orlando, FL

### Michelle Mays

RN, MSN, CCDS

Senior Healthcare Consultant, Panacea Healthcare Solutions

### Conference Sessions:

- Clinical Documentation Tips for Inpatient Auditors

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