

ABSOLUTE TOTAL CARE



1441 Main Street, Columbia, South Carolina 29201 • Toll Free 1-866-433-6041 • www.absolutetotalcare.com

DATE

PROVIDER NAME

PROVIDER ADDRESS

PROVIDER CITY, STATE, ZIP

RE: Hydration/Injections/Infusions for Facilities

Dear Provider:

Absolute Total Care (ATC) has a management contract with its parent company, Centene Corporation (Centene), in which Centene conducts routine audits on behalf of ATC. Centene routinely reviews provider claims to ensure adherence to correct coding principles.

Claims review indicates that procedures considered integral to the successful administration of hemodialysis are being billed separately from the all-inclusive hemodialysis procedure code 90935; for example, hydration; injections and infusions. ATC follows billing guidelines established by the Centers for Medicare and Medicaid Services (CMS) for Hospital Outpatient Prospective Payment System (OPPS). Hospitals are expected to report all drug administration CPT codes in a manner consistent with their descriptors, CPT instructions, and correct coding principles.

Basic guidelines to remember:

- Fluid used to administer a drug is considered incidental hydration and is not reported separately. (Hydration refers to the reporting of an IV infusion which consists of a pre-packaged fluid and/or electrolytes ((e.g. normal saline, D5-1/2 normal saline +30 mg EqKCl/liter)) but are not used to report infusion of drugs or other substances). The National Correct Coding Policy Manual also states, "If the sole purpose of the fluid administration is to maintain patency of an access device, the infusion is neither diagnostic nor therapeutic and should not be reported separately.
- Included Services- ***When performed to facilitate an infusion or injection***, are not separately billable:
 - Use of local anesthesia (Ex: Lidocaine)
 - IV start
 - Access to indwelling IV, subcutaneous catheter or port
 - Flush at conclusion of infusion (Ex: Heparin)
 - Standard tubing, syringes and supplies
 - Preparation of chemotherapy agent(s)

The final rule for OPPS CY2008, CPT Assistant; May 2009 and CPT coding guidelines, clarified the hierarchy to be used when coding combinations of hydration, injections and infusions for facilities. The hierarchy is always followed, regardless of the apparent purpose of the visit. The hierarchy does not apply to physician coding and billing. Infusions cannot be coded appropriately without clear documentation of start and stop times. This can result in a significant loss of revenue.

The hierarchy is as follows:

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1. Chemotherapy infusions
2. Chemotherapy pushes
3. *Chemotherapy injections*
4. Non-chemotherapy infusions
5. Non-chemotherapy pushes
6. Non-chemotherapy injections
7. Hydration

Clinical Examples based on hierarchy coding:

- A pregnant patient presents to the Emergency Department with complaints of nausea/vomiting. An IV is started with Normal Saline running at 100cc/hr for 1 hour. 45 minutes later, an IV push of Phenergan is administered. Appropriate coding would be: 96374 x1 (initial push) and 96361 x1 (add on hydration).
- A patient receives IV hydration from 1:00 pm to 3:00 pm and two IV pushes of the same drug at 1:30pm and 3:30 pm. Appropriate coding would be 96374 (for the 1:30 push), 96376 (push of the same drug at 3:30) and 96361 x2 (for the two hours of hydration.) CPT Assistant, May 2009
- A patient presents to the Emergency Department with a migraine. A maintenance IV line is started. Morphine Sulfate is given via IV push. Appropriate coding would be: 96374 x1 (initial push). Hydration would not be reported as it was not for therapeutic purposes but to merely keep the line open.

J1644 (or J1642) is typically reported for the heparin used during the heparin flush of an IV line. It is non-covered by Medicare as it is considered incidental to the infusion. The heparin, in this case, is not systemic and/or therapeutic. It is being used as a basic supply for line maintenance.

The intent of this communication is to provide education that may improve the quality of your billing and medical records used to support the claims processed by ATC. Please share the enclosed protocols with the associates of your practice and especially the billing staff. If you have questions or concerns, or require further clarification, please feel free to contact your **ATC CONTACT HERE**. ATC appreciates the services your office provides and looks forward to a continuous relationship.

Sincerely,

ATC CONTACT HERE

Provider Relations Specialist