

## Part A Infusion Code Update: 2009 Changes for Non-Chemotherapeutic Infusion Services

HCPCS/CPT for drug administration services furnished in the Outpatient Prospective Payment System (OPPS) has gone through coding changes during the last three years. The 2009 HCPCS/CPT issued code changes for infusion/hydration services, but the structure and definitions essentially remain the same as the 2007–2008 codes. See the [“Infusion Codes and Clinical Documentation for 2007”](#) job aid on the TrailBlazer<sup>SM</sup> Web site for 2007 codes.

Hospitals are instructed to use the full set of CPT codes, including those codes referencing concepts of initial, concurrent and sequential services, to bill for drug administration services furnished in the hospital outpatient department. TrailBlazer always recommends hospitals bill to the highest level of specificity and use codes that most accurately describe the service(s) provided. The Calendar Year (CY) 2009 CPT codes used for non-chemotherapeutic infusions and injections are listed in the table below.

CPT Code	Code Description
<b>Hydration Only</b>	
96360©*	Hydration iv infusion, init (Do not report if performed as a concurrent infusion service.)
96361©	Hydrate iv infusion, add-on
<b>Therapeutic, Prophylactic and Diagnostic Infusions</b>	
96365©*	Ther/proph/diag iv inf, init Specify the substance or drug.
96366©	Ther/proph/dg iv inf, add-on
96367©	Tx/proph/dg, addl seq iv inf Provided as a secondary or subsequent service after a different initial service. Can be reported only once per sequential infusion of same infusate mix.
96368©	Ther/diag, concurrent inf (List separately in addition to code for primary procedure.) Report only once per encounter.
96369© *	Sc ther infusion, up to 1 hr
96370©	Sc ther infusion, addl hr
96371©	Sc ther infusion, reset pump
<b>Therapeutic, Prophylactic and Diagnostic Injections</b>	
96372©*	Ther/proph/diag inj, sc/im
96373©*	Ther/proph/diag inj, ia
96374©*	Ther/proph/diag inj, iv push
96375©	Tx/pro/dx inj new drug add-on Secondary or subsequent new drug after different initial service.

CPT Code	Code Description
<b>Other</b>	
96376©	Tx/pro/dx inj new drug add-on
96379©*	Unlisted – Ther/prop/diag inj/inf proc
<b>C8957*</b>	Intravenous infusion for therapy diagnosis; initiation of prolonged infusion (more than eight hours), requiring use of a portable or implantable pump

\*Initial or stand-alone codes.

- When administering multiple infusions, injections or combinations, only one “initial” service code should be reported, unless two or more separate IV sites must be used.
- When these services are reported by a facility, the initial code should be selected by using a hierarchy:
  - Chemotherapy services are primary to therapeutic, prophylactic and diagnostic services.
  - Therapeutic, prophylactic and diagnostic services are primary to hydration services.
  - Infusions are primary to pushes.
  - Pushes are primary to injections.
- If the injection or infusion is subsequent or concurrent in nature, even if it is the first such service within the group of services, then a subsequent or concurrent code from the appropriate section should be reported.
- Codes 96360–96361 are used to report a hydration IV infusion, i.e., normal saline, or D5-1/2 normal saline with 30 mEq KCL/liter but are not used to report infusions of drugs or other substances. Typically, hydration infusions do not require special handling or special monitoring and involve little patient risk.
- A therapeutic, prophylactic or diagnostic IV infusion or injection (96365–96379) (other than hydration) is for the administration of substances/drugs. When fluids are used to administer the drug, the administration of the fluid is considered incidental and not separately reportable.

It is important to understand that the CY 2009 codes allow for **only one initial infusion service code per encounter** for each vascular access site, no matter how many types of infusion services are provided.

Hospitals are strongly encouraged to report charges for all drugs, biologicals and radiopharmaceuticals, using the correct HCPCS codes for the items used. It is also of great importance that hospitals billing for these products make certain that the reported units of service are consistent with the quantity of a substance used in the care of the patient, as described by the HCPCS code.

For the CY 2008 and 2009 Ambulatory Payment Classification (APC) payment rates, refer to Addendum B or annual policy files on the CMS Web site at:

<http://www.cms.hhs.gov/HospitalOutpatientPPS/>

Additional information can be found by accessing the references below.

*References: Internet-Only Manual (IOM) Pub. 100-04, Chapter 4, Section 230.  
Current Procedural Terminology (CPT) 2009, Professional Edition.*

**CPT Initial Service Codes**  
 Primary Reason  
 Choose one only per encounter (IV site)  
 96360  
 96365  
 96374  
 96409  
 96413

