

## I. INTRODUCTION

The purpose of this coding guidance is to provide assistance and direction with coding determinations for the Johns Hopkins Health System (JHHS) and Office of Johns Hopkins Physicians (OJHP). These notifications are to be made available to all staff members involved in the coding and reporting of infusion and injection services. This recommendation has been vetted and approved.

The certified coding professional should refer to the applicable *Official ICD-10-CM Guidelines for Coding and Reporting* as well as follow all instructions in the coding manuals, as the notification may not be all inclusive. The Centers for Medicare & Medicaid Services (CMS) considers *Coding Clinic*, published by the American Hospital Association (AHA), as an official source for coding guidelines for ICD-10 and PCS. Whereas, CPT Assistant published by American Medical Association (AMA) is the official source for proper CPT code usage.

Additionally, the American Health Information Management Association (AHIMA), the American Hospital Association (AHA) and the American Association of Professional Coders (AAPC) specify standards for ethical coding and reporting of diagnoses. These reference links are located in Section IV. Associated Documents.

## II. FINAL GUIDANCE

Assign the appropriate ICD-10-CM diagnosis code to identify the reason for injection/infusion regardless of site of care. For outpatient coding, the reason for the injection/infusion is the first listed diagnosis for outpatient visits. Also, code any comorbid conditions currently under treatment as additional diagnoses.

When the visit is solely for the administration of chemotherapy or immunotherapy, Z51.11 or Z51.12 respectively is the first-listed code followed by the malignancy for which the patient is being treated.

Follow CPT guidelines and hierarchy rules, when coding Infusion and Injections. The Infusion Hierarchy determines initial service. In the doctor's office (place of service 11), the initial code should be the code that best describes the primary reason for the encounter. In the hospital outpatient clinic (place of service 22), the infusion hierarchy determines the initial service. The order in which an infusion service is rendered during a visit does not determine the "initial" service. There is only one initial service coded per vascular access site, per encounter/date.

The Infusion Hierarchy is as follows:

- Chemotherapy services are primary to Therapeutic, Prophylactic and Diagnostic services
- Therapeutic, Prophylactic and Diagnostic services are primary to hydration and the order is:
  1. Chemotherapy
  2. Therapeutic, prophylactic and diagnostic services
  3. Hydration
- Infusions are primary to pushes which are primary to injections and the order is:
  1. Infusions
  2. IV push
  3. Injection
- This hierarchy does NOT apply to SubQ/IM injections

Chemotherapy administration of non-radionuclide antineoplastic drugs, antineoplastic agents, monoclonal antibody agents for non-cancer diagnosis, such as rheumatologic disorders, and other biologic response modifiers require physician and/or professional clinical staff monitoring because of potential for severe adverse patient reaction. Assign the appropriate code from **CPT codes 96401-96549**.

**Note:** The administration of an antineoplastic drug, non-radionuclide anti-neoplastic drug, anti-neoplastic agent or certain monoclonal antibodies is coded as a chemotherapy infusion procedure. See approved list of non-chemotherapeutic drugs in the attached APPENDIX A.

Therapeutic administration (non-chemo) of therapeutic, prophylactic, or diagnostic IV infusion or injection (other than hydration) for the administration of substances/drugs require direct supervision for patient assessment, consent, and safety oversight. Assign the appropriate code from **CPT codes 96365-96379**. *NOTE: When fluids are used to administer the drug(s), the administration of the fluid is considered incidental hydration and is not separately reported.*

IV infusions to restore body fluids (hydration) should not be coded with an infusion of drugs or other substances. Hydration infusions require direct supervision for consent and safety oversight. Assign the appropriate hydration code from **CPT codes 96360-96361**.

Infusions may be concurrent (i.e., multiple drugs are infused simultaneously through the same line) or sequential (infusion of drugs one after another through the same access site). *NOTE: IV infusion differs from an IV push which is defined as an infusion lasting 15 minutes or less.*

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### III. RESEARCH and RATIONALE

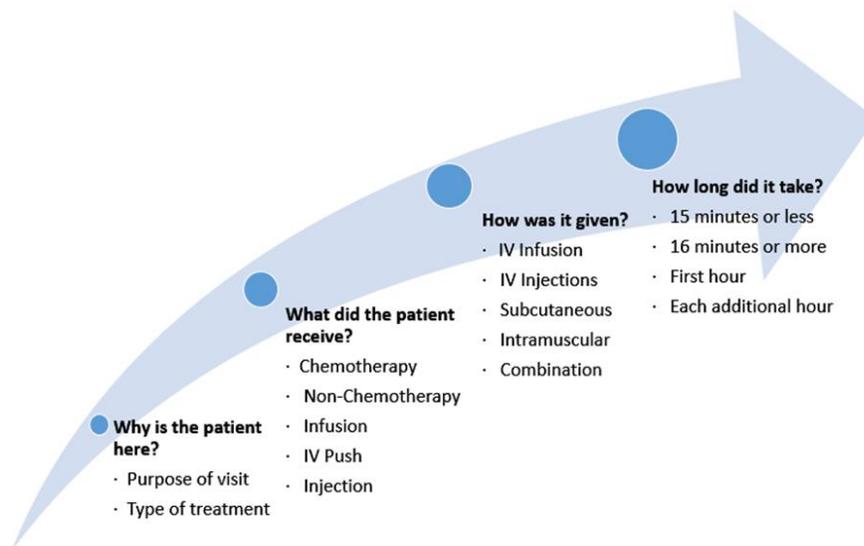
#### Source of Inquiry

The Johns Hopkins Institutions Office of Hopkins Internal Audits requested an institutional coding guideline that clearly defines hierarchy rules for coding, as well as the proper classification of the infused drug, and addresses whether supplies and other items commonly used for infusion services are separately chargeable

#### Rationale

Selecting the Correct CPT Code

Follow the CPT guidelines and hierarchy to ensure accurate code selection.



#### A. Start/Stop Time

Selection of the correct CPT code is dependent upon the start and stop time of infusion services. If “stop time” is not documented, only an IV push can be billed. It is therefore important to follow the following guidance:

- Infusion services are coded based on the length of the infusion which is a time based service
- **The Start and Stop times** of **each medication** administration must be accurately recorded, as this determines the correct CPT code assignment
- The first hour of infusion is weighted heavier than subsequent hours to include preparation time, patient education, and patient assessment prior to and after the infusion
- The time calculations for the length of the infusion should stop when the infusion is discontinued and restart at the time the infusion resumes

**B. Time Documented**

Time documentation is critical because it drives the assignment and accuracy of the CPT coding of infusion services.

Key Time ranges

- 15 minutes or less
  - Infusions lasting 15 minutes or less would be coded as an IV push
- 16 minutes or more
  - Infusion can be reported after 16 minutes
- 31 minutes to 1 hour
  - Hydration infusion must be at least 31 minutes in length to bill the service.
- 16-90 minutes versus more than 90 minutes
  - 16-90 minutes represents the first hour of infusion services
  - 91 minutes or more represents the subsequent hour of infusion, in intervals greater than 30 minutes beyond 1-hour increments
- 30 minutes since last reported push
  - Each additional sequential IVP of same drug/substance must not be reported if within 30 minutes of each other.

**C. Services Included in the Infusion**

Numerous services are included in the infusion charge. According to coding guidelines supplies are bundled into the infusion services rate and therefore, not billed separately.

Included in infusion services are:

- a. Use of local anesthesia
- b. Time preparing the drug and prepping the patient
- c. IV start
- d. Access to the port
- e. Prep of chemo agent
- f. Flush at conclusion, includes heparin flush
- g. Supplies used during the infusion are not separately billable,  
Exception: Regulated facilities are exempt and should follow internal guidelines for chargeable supplies.
- h. Monitoring during waiting time prior or after infusion
- i. Education of the patient prior to and at the conclusion of the infusion
- j. Education and instruction of the management of side effects and discharge instructions

**D. Types of Infusions**

**a) Initial and Sequential Infusions**

- Initial infusions: for therapy, prophylaxis, or diagnostic (specify substance or drug) initial service 16-90 minutes
  - Bill an IV push for intravenous infusions that last **15 minutes or less**
  - If no stop time is documented an IV push is the only service that can be billed, regardless of the length of the infusion
  - **96413** –Chemo infusion, 1<sup>st</sup> hour, initial drug

- **96365**- Non-Chemo infusion, 1<sup>st</sup> hour, initial drug
- Sequential Infusions: an infusion or IV push of a new substance following a primary or initial service 16 minutes or more
  - Requires a new substance or drug
- b) Concurrent Infusions** occurs at the same time as the initial infusion
  - a. **Add-on CPT code 96368** is listed separately in addition to code for primary procedure
  - b. Report only once per encounter
  - c. Time doesn't matter
  - d. Think "drugs given at the same time"
  - e. Multiple drugs added to one bag of fluids is not a concurrent infusion; it is one infusion
  - f. There is no concurrent code for chemotherapy or hydration
- c) IV Push and Additional Hours**
  - IV Push: an injection (or infusion) of a drug of 15 minutes or less
    - a. Always secondary to initial infusion code, but always primary to hydration infusion
    - b. List each additional sequential IV push of a new substance or the same drug separately
    - c. Additional pushes of the same drug must be > than 30 minutes apart
      - Each Additional Hour: same drug, report if *more than 31 minutes beyond initial or additional hour*
    - d. Can never be used alone, must always have a primary infusion/push CPT code
- d) Hydration Infusion:**

Assign **CPT 96360- IV hydration**, initial 31-90 minutes, and **CPT 96361 (add on code)**, used once infusion lasts 91 minutes in length. An intravenous infusion of hydration of 30 minutes or less is not billable. Hydration infusion must be at least 31 minutes in length to bill the service. It is appropriate to charge for hydration provided before and/or after therapeutic infusion, but not the hydration time running at the same time as the therapeutic infusion. Hydration time intervals should be continuous and not added together.

**Key Considerations**

- Saline solution is a hydration. Saline solution with electrolytes is still a hydration, but electrolytes administered in a bag minus saline are considered drugs
- If there is no stop time documented, then the hydration service is not chargeable.
- Hydration cannot be reported to Keep Vein Open (KVO), i.e. Heplock flush or Saline lock
- Novitas Solutions Local Coverage Determination (LCD) L34960 requires a covered diagnosis for hydration coverage.

Examples of required documentation of services to satisfy coverage for hydration includes:

- E86.0- Dehydration
- E86.9- Volume Depletion
- R11.10- Vomiting, unspecified
- R19.7- Diarrhea, unspecified
- R41.0- Disorientation
- R55- Syncope and collapse
- Z51.11- Encounter for antineoplastic chemotherapy

**Infusion/Injection Codes – Chemotherapy**

Services include:

- Chemo initiation of prolonged infusion > 8 hours requiring pump
- Chemo infusions
- Chemo injections
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**Note: Add-on CPT Codes in the following grids are identified with the “+” symbol and require the selection of a primary CPT code**

CPT Code	Description	Time Duration
96413	Chemotherapy administration, intravenous infusion technique, up to 1 hour, single or initial substance drug	16 minutes up to 1 hour <i>NOTE: If over an hour and 30 minutes, also assign 96415</i>
+ 96415	Chemotherapy administration, intravenous infusion technique, each additional hour (report 96415 for infusion intervals of greater than 30 minutes beyond 1-hour increments)	Add-on code for >61 minutes (i.e., the infusion time must be greater than 30 minutes to 1 hour beyond the initial infusion time of 1 hour)
+ 96417	Chemotherapy administration, intravenous infusion technique, each additional sequential infusion (different substance/drug), up to 1 hour	16 minutes up to 1 hour
96409	Chemotherapy administration, subcutaneous or intramuscular, intravenous, push technique, single or initial substance/drug	15 minutes or less
+ 96411	Chemotherapy administration subcutaneous or intramuscular, intravenous, push technique, each additional substance/drug	15 minutes or less

**Therapeutic, Prophylactic and Diagnostic Injections and IV Infusion Codes – Non-chemotherapy**

- Services include:
  - Initiation of prolonged infusion > 8 hours requiring pump
  - Non-Chemo Infusions
  - Non-Chemo Injections

CPT Code	Description	Time Duration
96365	Intravenous infusion, for therapy, prophylaxis or diagnosis (specify substance or drug); initial up to 1 hour`	16 minutes up to 1 hour
+ 96366	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug), each additional hour	Add-on code after 31 minutes or >61 minutes
+ 96367	Intravenous infusion for therapy, prophylaxis, or diagnosis (specify substance or drug), additional sequential infusion of a new drug substance, up to 1 hour	16 minutes up to 1 hour, use 96366 for additional hour(s) of sequential infusion
+ 96368	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug), concurrent infusion (report only once per date of service)	16 minutes up to 1 hour, Report only once per encounter
96374	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug), intravenous push, single or initial substance/drug	15 minutes or less
+ 96375	Therapeutic, prophylactic or diagnostic injection (specify substance or drug), each additional sequential intravenous push or a new substance/drug	15 minutes or less
+ 96376	Therapeutic, prophylactic, or diagnostic injection, each additional sequential intravenous push of the same substance/drug provided in a facility (report only if performed >30 minutes of a reported push of the same substance or drug)	Report at intervals >30 minutes

**Infusion Codes – Hydration**

- Services include:
  - Hydration Infusions

CPT Code	Description	Time Duration
96360	Intravenous infusion, hydration, initial, 31 minutes to 1 hour	31 minutes up to 1 hour
+ 96361	Intravenous infusion, hydration, each additional hour (reported for intervals >30 minutes beyond 1 hour increments)	Add-on for each additional hour (after 31 minutes)

**Summary of Infusion Services for Chemotherapy, Non-chemotherapy, Hydration**

	Chemotherapy or Drugs Administered as listed in Appendix A	Non-chemotherapy (Therapeutic, Prophylactic & Diagnostic Injections/Infusions)	Hydration
Initial Infusion	96413	96365	96360
Each Additional Hour	+96415	+96366	+96361
Subsequent Infusion	+96417	+96367	
Concurrent Infusion		+96368	
IV Push Initial	96409	96374	
Subsequent IV Push – New	+96411	+96375	
Subsequent IV Push – Same		+96376 (Facility only at 30 minutes apart)	

**Other Injection and Infusion Services**

- Services include:
  - Chemotherapy Administration

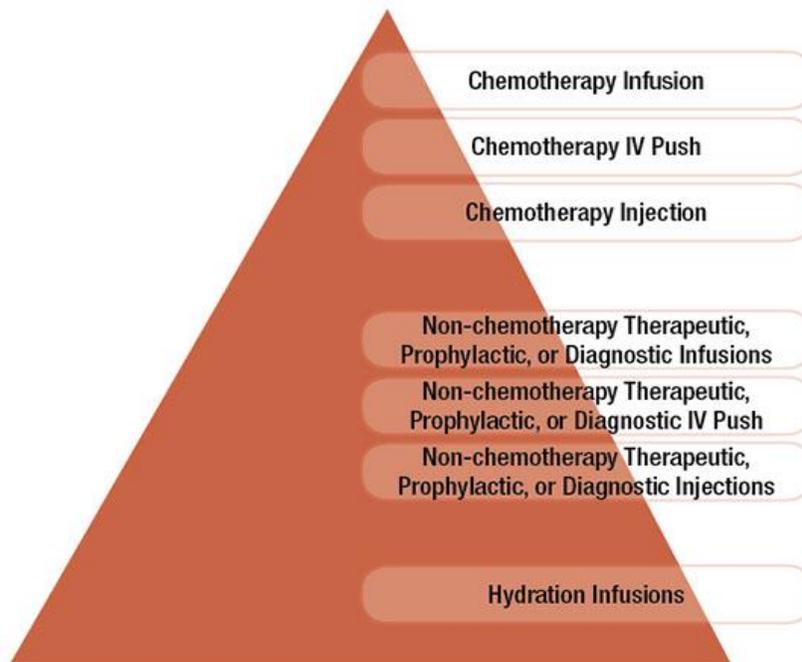
**Note: The table of Johns Hopkins Medicine approved non-chemotherapy drugs that may be billed with Chemotherapy Administration CPT codes follows this grid.**

CPT Code	Description	Notes
96446	Chemotherapy administration into the peritoneal cavity via indwelling port or catheter	<ul style="list-style-type: none"> <li>• Non-timed based service</li> </ul>
96450	Chemotherapy administration, into CNS (e.g. intrathecal), requiring and including spinal puncture	<ul style="list-style-type: none"> <li>• Non-timed based service.</li> <li>• Service includes lumbar puncture CPT code 62270</li> <li>• If fluoroscopic guidance is performed, use 77003</li> </ul>
96416	Chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump	<ul style="list-style-type: none"> <li>• Non-timed based, greater than 8 hours,</li> <li>• Portable or implantable pump</li> </ul>
96401	Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic	<ul style="list-style-type: none"> <li>• Non-timed based service</li> <li>• <b>Non-hormonal</b> anti-neoplastic</li> </ul>
96402	Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic	<ul style="list-style-type: none"> <li>• Non-timed based service</li> <li>• <b>Hormonal</b> anti-neoplastic</li> </ul>
96405	Chemotherapy administration; intralesional, up to and including 7 lesions	<ul style="list-style-type: none"> <li>• Non-timed based service</li> <li>• Number of lesions, <u>not</u> number of injections</li> </ul>
96406	Chemotherapy administration; intralesional, more than 7 lesions	<ul style="list-style-type: none"> <li>• Non-timed based service</li> <li>• Number of lesions, <u>not</u> number of injections</li> </ul>

**Johns Hopkins Medicine Approved Drug Listing Non-Chemotherapy Drugs**

Drug	Brand Name	HCPCS	Drug	Brand Name	HCPCS
Abatacept	Orencia	J0129	Fulvestrant	Faslodex	J9395
limumab	Humira	J0135	Gemcitabine	Gemzar	J9201
Alemtuzumb 1 mg	Lemtrada	J0202	Gemtuzumab	Mylotarg	J9203
Atezolizumab	Tecentriq	J9022	Golimumab	Simponi	J1602
Avelumab	Bavencio	J9023	Histrelin	Supprelin LA	J1675
Basiliximab	Simulect	J0480	Infliximab 10 mg	Remicade	J1745
BCG Interferon (alpha 2-b)	Intron A	J9214	Infliximab Biosimilar 10 mg	Inflectra, Renflexis	Q5102
Belatacept	Nulojix	J0485	Inotuzumab Ozogamicin	Besponsa	C9028
Belimumab	BenLysta	J0490	Irinotecan	Camptosar	J9206
Bevacizumab	Avastin	C9257	Leuprolide Acetate 1 mg	Lupron, Eligard	J9218
Bezlotoxumab	Zinplava	J0565	Leuprolide Acetate 7.5 mg	Lupron, Eligard	J9217
Bortezomib	Velcade	J9041	Mepolizumab	Nucala	J2182
Cabazitaxel	Jevtana	J9043	Nivolumab	Opdivo	J9299
Carboplatin	Paraplatin	J9045	Ocrelizumab	Ocrevus	J2350
Certolizumab	Cimzia	J0717	Olaratumab	Lartruvo	J9285
Cisplatin	Plantinol	J9060	Omalizumab	Xolair	J2357
Copanlisib	Aliqopa	C9399	Oxaliplatin	Eloxatin	J9263
Cyclophosphamide	Endoxan-Asta	J9070	Paclitaxel	Taxol	J9267
Daratumumab	Darzalex	J9145	Pembrolizumab	Keytruda	J9271
Daunorubicin and cytarabine	Vyxeos	C9024	Pemetrexed	Alimta	J9305
Decitabine	Dacogen	J0894	Pertuzumab	Perjeta	J9306
Denosumab	Prolia/Xgeva	J0897	Reslizumab	Cinqair	J2786
Docetaxel	Taxotere	J9171	Rituximab	Rituxan	J9310
Doxorubicin hydrochloride	Adriamycin	J9000	Teniposide 50 mg	Vumon	Q2017
Doxorubicin, hydrochloride	Q2050		Tocilizumab	Actemra	J3262
Doxorubicin, hydrochloride	Lipodox	Q2049	Topotecan	Hycamtin	J9351
Durvalumab	Imfinzi	C9492	Trastuzumab	Herceptin	J9355
Eculizumab	Solaris	J1300	Triptorelin	Trelstar	J3315
Etoposide	VePesid	J8560	Ustekinumab	Stelara	J3357
Fluoracil	Adrucil	J9190	Vedolizumab	Entyvio	J3380
			Vincristine	Oncovin	J9370

### Infusion Services Coding Hierarchy



### Infusion Services Coding Tips

1. Report chemotherapeutic drug administration for:  
Anti-neoplastic drugs for non-cancer diagnoses (autoimmune disorders) and for certain monoclonal antibody agents for non-cancer diagnosis such as rheumatologic disorders.  
Examples include: Belimumab for lupus, Humira for rheumatoid arthritis, Eculizumab for treatment of kidney transplant.
2. Treatment of a reaction to an infusion should not be included in the infusion time as the treatment of the reaction to the infusion is considered a separately identifiable service.
3. As stated in the AMA CPT Manual, Infusion and Injection services within the CPT code range of 96360-96425 and 96521-96523 are not intended to be reported by the physician in the facility setting. Instead physicians should select the most appropriate E/M service. When an E/M service is performed in addition to the infusion and injection service, modifier -25 must be appended to the E/M service to indicate that the service provided was significant and separately identifiable.
4. All infusion services must be provided under the order of a physician or other authorized provider.

5. The JW modifier is a Healthcare Common Procedure Coding System, Level II modifier used on a Medicare Part B drug claim to report the amount of drug or biological that is discarded and eligible for payment under the discarded drug policy. The Medicare Administrative Contractors require the use of the JW modifier for claims with unused drugs or biologicals from single use vials or single use packages that are appropriately discarded. The medical record must clearly indicate the number of units administered and amount discarded. The JW modifier is only applied to the amount of drug or biological that is discarded. Note: Multi-use vials are not subject to payment for discarded amounts of drug or biological.

### **Glossary of Key Terminology:**

**Chemotherapy** administration is defined as:

- Parenteral administration of non-radionuclide antineoplastic drugs
- Antineoplastic agents provided for treatment of non-cancer diagnoses (e.g., cyclophosphamide for autoimmune conditions)
- Substances such as certain monoclonal antibody agents and other biologic response modifiers

**Concurrent Infusion** occurs when/if multiple drug infusions are provided simultaneously through the same line

**Hydration** is defined as:

- IV infusion consisting of a pre-packaged fluid and electrolytes (e.g., normal saline, D5-1/2 normal saline+30mEq KCl/liter) to restore body fluids
- **Do not report** infusion of drugs or other substances with a hydration code

**Infusion** is a therapeutic introduction of fluid into the vein for greater than 15 minutes and up to one hour

**Injection** is defined as an intramuscular, subcutaneous or intra-arterial injection

**IV Push** is an infusion lasting 15 minutes or less

**Sequential Infusion** is the infusion of drugs one after another through the same access site

**Therapeutic** administration (non-chemo) is defined as:

- Therapeutic, prophylactic, or diagnostic IV infusion or injection (other than hydration) for the administration of substances/drugs (***NOTE: Excludes administration of chemotherapy agents***)
- When fluids are used to administer the drug(s), the administration of the fluid is considered incidental hydration and is not separately reportable

Johns Hopkins Health System and Office of  
Johns Hopkins Physicians  
Policy Number: OUT001  
Effective Date: 07/01/2019

**Injection and Infusion Services**  
**Coding**

**IV. ASSOCIATED DOCUMENTS**

- Standards of Ethical Coding:  
<https://bok.ahima.org/doc?oid=105098#.XbmKz9LruUk>
- Reporting of Secondary Diagnoses Section III. Reporting Additional Diagnoses, pp 110-112 <https://www.cms.gov/Medicare/Coding/ICD10/Downloads/2020-Coding-Guidelines.pdf>
- CPT 2020 Professional Code Book, American Hospital Association  
American Academy of Professional Coders

**V. CHANGE HISTORY**

The Infusion and Injections Coding Guideline was vetted by Coding Quality Assurance-CIMD, JHHS Billing Compliance, and SOM Admin CPA Administration

Approval Date	Revision	Change	Approved by	Effective Date	Next Review
10/01/2018	IR	This is the initial release	All stakeholders listed above	11/01/2018	11/2019
07/01/2019	1.0	Updated III Rationale, Concurrent Infusions and Section IV. Associated Documents	All stakeholders listed above	07/01/2019	2/2020
07/15/2020	1.1	Reviewed for appropriateness; Updated Associated Documents links	All stakeholders listed above	07/15/2020	07/2021
09/16/2020	1.2	Added section 5. JW modifier, to Infusion Services Coding Tips and removed Casemix Information Management Department footnote.	All stakeholders listed above	09/16/2020	09/2021