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-antineoplastic drug, anti-antineoplastic 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.
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:
- Use of local anesthesia
- Time preparing the drug and prepping the patient
- IV start
- Access to the port
- Prep of chemo agent
- Flush at conclusion, includes heparin flush
- Supplies used during the infusion are not separately billable,
  Exception: Regulated facilities are exempt and should follow internal guidelines for chargeable supplies.
- Monitoring during waiting time prior or after infusion
- Education of the patient prior to and at the conclusion of the infusion
- 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, 1st hour, initial drug
Johns Hopkins Health System and Office of Injection and Infusion Services
Johns Hopkins Physicians
Policy Number: OUT001
Effective Date: 07/01/2019

- **96365**- Non-Chemo infusion, 1st 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:
  o E86.0- Dehydration
  o E86.9- Volume Depletion
  o R11.10- Vomiting, unspecified
  o R19.7- Diarrhea, unspecified
  o R41.0- Disorientation
  o R55- Syncope and collapse
  o 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

Note: Add-on CPT Codes in the following grids are identified with the “+” symbol and require the selection of a primary CPT code

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

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

- Services include:
  - Hydration Infusions

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
<th>Time Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>96360</td>
<td>Intravenous infusion, hydration, initial, 31 minutes to 1 hour</td>
<td>31 minutes up to 1 hour</td>
</tr>
<tr>
<td>+ 96361</td>
<td>Intravenous infusion, hydration, each additional hour (reported for intervals &gt;30 minutes beyond 1 hour increments)</td>
<td>Add-on for each additional hour (after 31 minutes)</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>96446</td>
<td>Chemotherapy administration into the peritoneal cavity via indwelling port or catheter</td>
<td>Non-timed based service</td>
</tr>
</tbody>
</table>
| 96450    | Chemotherapy administration, into CNS (e.g. intrathecal), requiring and including spinal puncture | Non-timed based service.  
Service includes lumbar puncture CPT code 62270  
If fluoroscopic guidance is performed, use 77003 |
| 96416    | Chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump | Non-timed based, greater than 8 hours,  
Portable or implantable pump                      |
| 96401    | Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic | Non-timed based service.  
Non-hormonal anti-neoplastic                      |
| 96402    | Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic | Non-timed based service.  
Hormonal anti-neoplastic                          |
| 96405    | Chemotherapy administration; intralesional, up to and including 7 lesions | Non-timed based service.  
Number of lesions, not number of injections       |
| 96406    | Chemotherapy administration; intralesional, more than 7 lesions | Non-timed based service.  
Number of lesions, not number of injections       |
### Johns Hopkins Medicine Approved Drug Listing Non-Chemotherapy Drugs

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

- 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

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