



Hydration, Injections and Infusions: Correct Reimbursement is a Team Effort

Now that we have had six months to become familiar with the OPPS CY2008 guidance from CMS on coding hydration, injections and infusions, this is a good time to review some important points and determine:

- ▶ Are there continued weak spots in application of the coding guidelines for injections and infusions?
- ▶ Are you familiar with the hierarchy of coding hydrations, injections and infusions and how to apply it in the typical situations seen in your facility?
- ▶ Are you finding consistent documentation of start and stop times?
- ▶ Do you know what guidance, if any, has been provided by your fiscal intermediary (FI)?
- ▶ Do you know the impact to your revenue when hydration, injections and infusions are coded incorrectly?

Application of Coding Guidelines

Coding and reporting of outpatient infusions and injections impact a variety of departments within each facility. Some areas where they are common include the Emergency Department and Infusion/Chemotherapy Clinic. Depending on your facility's process, the coders in the HIM department or the Emergency Department (ED) or clinic staff may be entering the infusion and injection codes that transfer to the UB-04. If they are not entering the codes correctly, consider:

- ▶ Giving the department a copy of the hierarchy for coding hydration, injections and infusions to be used as a quick reference.
- ▶ Providing feedback to the most frequent offenders and include the specific reimbursement impact of errors.

Basic guidelines to remember:

- ▶ Only one initial service code should be reported per encounter, unless two separate IV sites are required (medical necessity must be established for multiple access sites).
- ▶ Hydration is not reported for a time period of less than 31 minutes (i.e., it cannot be reported as a push).
- ▶ "Each additional hour" codes are reported only if an interval of at least 91 minutes occurs following the previous service.
- ▶ Concurrent infusions are reported only once per encounter.
- ▶ IV push is defined as:
 - ▷ an injection in which the health care professional is continuously present for administration and observation of the patient, or

- ▷ an infusion that lasts 15 minutes or less (except for hydration).
- ▶ Fluid used to administer a drug is considered incidental hydration and is not reported separately.

Hierarchy for Coding Hydration, Injections and Infusions for Facility Billing

The final rule for OPPS CY2008 clarified the hierarchy to be used when coding combinations of hydration, injections and infusions for **facilities**. The hierarchy does not apply to **physician** coding and billing.

The hierarchy is as follows:

- ▶ Chemotherapy infusions
- ▶ Chemotherapy injections
- ▶ Nonchemotherapy infusions
- ▶ Nonchemotherapy injections
- ▶ Hydration

Documentation of Start and Stop Times

Many facilities have reported missing stop times in the documentation of infusions. Infusions cannot be coded appropriately without clear documentation of stop time and can result in a significant loss of revenue when the error occurs frequently.

Education to the providers about the importance of documenting start and stop times for infusions is critical! This is a great topic for a process improvement initiative.

Guidance from FIs

Your FI may have guidelines and tips posted on their website for coding injections and infusions. Be sure you are familiar with their advice.

Some FIs suggest that an infusion with no stop time documented should be down coded to an intravenous push charge. However, other FIs do not recommend this practice. If your FI is one of the latter, you may not report the code at all if the infusion does not include the stop time. Whether your FI allows down coding to an IV push or not, you may be losing significant revenue due to missing documentation of stop times.

Impact to Revenue due to Coding and Documentation Errors

Many hydration, infusion and injection coding errors can be quantified to demonstrate your facility's potential loss.

For example, an initial infusion (CPT 90760) in 2008 has an estimated APC payment rate of \$114.64. In your review, you may find that initial IV pushes are being coded rather than initial infusions due to:

- ▶ Errors in applying the hierarchy (i.e., infusions should always be coded as the initial service rather than IV pushes when both are present), or
- ▶ Stop times for infusions are not documented, therefore resulting in down coding to IV push (for those areas where the FI allows this practice)

An initial IV push (CPT 90774) has an estimated APC payment rate of \$51.22. Therefore, every time an initial infusion is miscoded as an initial IV push, your facility loses an estimated \$63.42 per infusion. When you consider the volume of infusions given at your hospital every day, these dollars mount up quickly. You can annualize this loss to demonstrate the financial difference your care providers and coders can make simply by understanding the hierarchy and improving documentation. They may be surprised at the impact! Remember that proper reimbursement is a team effort and it is important that the entire team is aware of their role.