



Clover Health Non-Chemotherapy Injection and Infusion Services Reimbursement Policy

Policy # RP-068

Policy Title	Non-Chemotherapy Injection and Infusion Services Reimbursement Policy
Policy Department	Payment Strategy Operations
Effective Date	10/1/2022
Revision Date(s)	
Next Review Date	

Disclaimer:

Clover Health applies CMS criteria and guidelines, National Coverage Determinations (NCD), Local Coverage Determinations (LCD), Clover Policies, and MCG for determining medical necessity. Clover Policies are intended to provide a standard guideline but are not used to preempt providers judgement in rendering services. Providers are expected to provide care based on best practices and use their medical judgement for appropriate care.

Description:

This policy describes reimbursement for non-chemotherapy injection, infusion services, and intravenous hydration services when billed with Evaluation and Management (E/M codes). This policy applies to contracted and non-contracted Clover Health providers for all Clover, Medicare Advantage plans.

Definitions:

- Injection Services
 - Insertion of a drug, substance, or solution into the body part (ex: subcutaneous tissue, muscle, vascular tree, or an organ) (CPT Codes 96272-96379)
- Infusion Services
 - A controlled method of administering a substance (drugs, fluids, nutrients, etc) continuously over an extended period of time. (CPT Codes 96365-96371)
- Evaluation and Management Services (E&M)
 - Evaluation and management codes, often referred to as E&M codes represent cognitive services provided by a physician or other qualified healthcare professional. (CPT Codes 99202-99499)
- Intravenous Fluid Infusion for Hydration



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- Hydration therapy is a simple treatment that delivers fluids directly into your bloodstream through a small IV inserted into your arm. The fluids may also include vitamins, electrolytes, antioxidants and even medication in the mix

Policy:

Facility

Current Procedural Terminology (CPT) and the CMS National Correct Coding Initiative (NCCI) Policy Manual have outlined that CPT codes 96360-96379, diagnostic and therapeutic injection and infusion services, should not be reported by a physician provided in a facility (POS 19,21,22,23,24,26,51,52, and 61). Diagnostic and therapeutic injection services billed with an E&M service on the same date of service by the same physician are not separately reimbursed as they are considered a component of the E&M. Only the E/M will be reimbursed. Addition of a modifier to the injection will not allow for additional reimbursement

Non-Facility

When diagnostic and therapeutic injection services are provided during an E/M visit in a non-facility setting, the E/M is considered to be a component of the injection/infusion service and will not be separately reimbursed.

CPT codes 96372-96379 may be reported with modifier 25 in a non-facility setting if the E&M service meets the requirements for a significant separately identifiable service.

CPT code 99211 is not reimbursable even if submitted with a modifier 25 as the service level of this code is low and not significant.

CPT codes 99381-99412, 99429 for preventive services do not require modifier 25 to be recognized as a significant, separate service from a diagnostic or therapeutic injection service.

Hydration concurrent with other drug administration services is not separately reportable.



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<u>Claim Codes (if applicable)</u>	<p>Intravenous Fluid Infusion for Hydration Codes</p> <ul style="list-style-type: none">● 96360<ul style="list-style-type: none">○ Intravenous infusion, hydration; initial, 31 minutes to 1 hour● 96361<ul style="list-style-type: none">○ Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure) <p>Infusion Services Codes</p> <ul style="list-style-type: none">● 96365<ul style="list-style-type: none">○ Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour● 96366<ul style="list-style-type: none">○ Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)● 96367<ul style="list-style-type: none">○ Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour (List separately in addition to code for primary procedure)● 96368<ul style="list-style-type: none">○ Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (List separately in addition to code for primary procedure)● 96369<ul style="list-style-type: none">○ Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); initial, up to 1 hour, including pump set-up and establishment of subcutaneous infusion site(s)● 96370<ul style="list-style-type: none">○ Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); each additional hour (List separately in addition to
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	<p>code for primary procedure)</p> <ul style="list-style-type: none">● 96371<ul style="list-style-type: none">○ Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); additional pump set-up with establishment of new subcutaneous infusion site(s) (List separately in addition to code for primary procedure) <p>Injection Services Codes</p> <ul style="list-style-type: none">● 96372<ul style="list-style-type: none">○ Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular● 96373<ul style="list-style-type: none">○ Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intra-arterial● 96374<ul style="list-style-type: none">○ Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug● 96375<ul style="list-style-type: none">○ Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure)● 96379<ul style="list-style-type: none">○ Unlisted therapeutic, prophylactic, or diagnostic intravenous or intra-arterial injection or infusion <p>Exception Codes</p> <ul style="list-style-type: none">● 99211<ul style="list-style-type: none">○ Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician or other qualified health care professional● 99381-99412 & 99429<ul style="list-style-type: none">○ Preventive Services
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	<ul style="list-style-type: none">• Modifier 25<ul style="list-style-type: none">○ A significant, separately identifiable evaluation and management (E/M) service by the same physician or other qualified healthcare professional on the same day of the procedure or other service. <p>Facility Place of Service Codes</p> <ul style="list-style-type: none">• 19,21,22,23,24,26,51,52, and 61
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References
https://www.cms.gov/files/document/chapter11cptcodes90000-99999final11.pdf
https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf
American Medical Association (AMA) Current Procedural Terminology (CPT®)
CMS National Correct Coding Initiative Policy Manual for Medicare Services- Chapter XI Section B