

Injection and Infusion Services Policy, Professional

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies may use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.*

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general reference resource regarding UnitedHealthcare’s reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, the enrollee’s benefit coverage documents and/or other reimbursement, medical or drug policies. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations. UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Application
This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS -1500) or its electronic equivalent or its successor form. This policy applies to all products and all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals. This policy does not apply to DME and home health care/home health agencies.

Policy
<p>Overview</p> <p>This UnitedHealthcare reimbursement policy is aligned with the American Medical Association (AMA) Current Procedural Terminology (CPT®) and Centers for Medicare and Medicaid Services (CMS) guidelines.</p> <p>This policy describes reimbursement for therapeutic and diagnostic Injection services (CPT codes 96372-96379) when reported with evaluation and management (E/M) services.</p> <p>This policy also describes reimbursement for Healthcare Common Procedure Coding System (HCPCS) supplies and/or drug codes when reported with Injection and Infusion services (CPT codes 96360-96379).</p> <p>For the purpose of this policy, the Same Individual Physician or Other Qualified Health Care Professional is the same individual rendering health care services reporting the same Federal Tax Identification number.</p>

Reimbursement Guidelines
Injections (96372-96379) and Evaluation and Management Services by Place of Service

Facility, Emergency Room, and Ambulatory Surgical Center Services:

Per CPT and the CMS National Correct Coding Initiative (NCCI) Policy Manual, CPT codes 96372-96379 are not intended to be reported by the physician in the facility setting. Thus, when an E/M service and a therapeutic and diagnostic Injection service are submitted with CMS Place of Service (POS) codes 19, 21, 22, 23, 24, 26, 51, 52, and 61 for the same patient by the Same Individual Physician or Other Qualified Health Care Professional on the same date of service, only the E/M service will be reimbursed and the therapeutic and diagnostic Injection(s) is not separately reimbursed, regardless of whether a modifier is reported with the Injection(s).

Also refer to the "incident to" guidelines within the Professional/Technical Component Policy for additional guidelines pertaining to CPT codes 96360-96379 performed in a facility setting.

For additional information, refer to the Questions and Answers section, Q&A #1.

Non-Facility Injection Services:

E/M services provided in a non-facility setting are considered an inherent component for providing an Injection service. CPT indicates these services typically require direct supervision for any or all purposes of patient assessment, provision of consent, safety oversight, and intra-service supervision of staff. When a diagnostic and therapeutic Injection procedure is performed in a POS other than 19, 21, 22, 23, 24, 26, 51, 52, and 61 and an E/M service is provided on the same date of service, by the Same Individual Physician or Other Health Care Professional, only the appropriate therapeutic and diagnostic Injection(s) will be reimbursed and the EM service is not separately reimbursed.

If a significant, separately identifiable EM service is performed unrelated to the physician work (Injection preparation and disposal, patient assessment, provision of consent, safety oversight, supervision of staff, etc.) required for the Injection service, Modifier 25 may be reported for the EM service in addition to 96372-96379. If the E/M service does not meet the requirement for a significant separately identifiable service, then Modifier 25 would not be reported and a separate E/M service would not be reimbursed.

Exceptions

CPT 99211: E/M service code 99211 will not be reimbursed when submitted with a diagnostic or therapeutic Injection code, with or without Modifier 25. This very low service level code does not meet the requirement for "significant" as defined by CPT, and therefore should not be submitted in addition to the procedure code for the Injection.

CPT 99381-99412, 99429: The Preventive Medicine codes (99381-99412, 99429) do not need Modifier 25 to indicate a significant, separately identifiable service when reported in addition to the diagnostic and therapeutic Injection service. The Preventive Medicine codes include routine services such as the ordering of immunizations or diagnostic procedures. The performance of these services is to be reported in addition to the Preventive Medicine E/M code. Therefore, diagnostic and therapeutic Injections can be reported at the same time as a Preventive Medicine code without appending Modifier 25.

For additional information, refer to the Questions and Answers section, Q&A #2, Q&A #3 and Q&A #6.

[CMS POS Database](#)

Injection and Infusion Services (96360-96379) and HCPCS Supplies

Consistent with CPT guidelines, HCPCS codes identified by code description as standard tubing, syringes, and supplies are considered included when reported with Injection and Infusion services, CPT codes 96360-96379, and will not be separately reimbursed.

Inclusive Supply Codes

A4206	A4207	A4208	A4209	A4210	A4212	A4213	A4215	A4216	A4217
A4218	A4220	A4222	A4223	A4244	A4245	A4246	A4247	A4248	A4300
A4301	A4305	A4306	A4320	A4322	A4450	A4550	A4649	A4927	A4930
A6203	A6206	A6216	A6219	A6257	A6260	A6402	A6413	A6448	A6449
A6450	A6453	A6454	A6455	A6457	A9279	E0776	S1015	S1016	

EM Codes for Injection Codes

99091	99202	99203	99204	99205	99211	99212	99213	99214	99215
99217	99218	99219	99220	99221	99222	99223	99224	99225	99226
99231	99232	99233	99234	99235	99236	99238	99239	99241	99242
99243	99244	99245	99251	99252	99253	99254	99255	99281	99282
99283	99284	99285	99288	99291	99292	99304	99305	99306	99307
99308	99309	99310	99315	99316	99318	99324	99325	99326	99327
99328	99334	99335	99336	99337	99339	99340	99341	99342	99343
99344	99345	99347	99348	99349	99350	99354	99355	99356	99357
99358	99359	99360	99366	99367	99368	99374	99375	99377	99378
99379	99380	99415	99416	99417	99421	99422	99423	99424	99425
99426	99427	99437	99441	99442	99443	99446	99447	99448	99449
99450	99451	99452	99453	99454	99455	99456	99457	99458	99460
99461	99462	99463	99464	99466	99467	99468	99469	99471	99472
99473	99474	99475	99476	99477	99478	99479	99480	99487	99489
99490	99491	99499	G0088	G0245	G0246	G0463	G0508	G0509	G0513
G0514	G2010	G2012	G2082	G2083	G2212	G9481	G9482	G9483	G9484
G9485	G9486	G9487	G9488	G9489	G9490	G9685	G9978	G9979	G9980
G9981	G9982	G9983	G9984	G9985	G9986	G9987	S0273	S0274	S0285

Drug Codes

UnitedHealthcare reimbursement policy is aligned with CMS and will separately reimburse for the HCPCS drug code when submitted with Injection or Infusion codes (CPT 96360-96379) by the Same Individual Physician or Other Qualified Health Care Professional on the same date of service under the guidelines of this policy.

For additional information, refer to the Questions and Answers section, Q&A #4.

Definitions	
Infusion	A controlled method of administering a substance (drugs, fluids, nutrients, etc) continuously over an extended period of time
Injection	Insertion of a drug, substance, or solution into the body part (ex: subcutaneous tissue, muscle, vascular tree, or an organ)
Same Individual Physician or Other Qualified Health Care Professional	The same individual rendering health care services reporting the same Federal Tax Identification number.

Questions and Answers	
1	<p>Q: Will UnitedHealthcare separately reimburse for a therapeutic and diagnostic Injection service performed in a facility in addition to the E/M service provided on the same date of service by the Same Individual Physician or Other Qualified Health Care Professional?</p> <p>A: Therapeutic and diagnostic Injection services performed in an emergency room, ambulatory surgical center, and facility (POS 19, 21, 22, 23, 24, 26, 51, 52, and 61) are not separately reimbursed from the E/M service.</p>
2	<p>Q: Will UnitedHealthcare separately reimburse for the office E/M service performed with the therapeutic or diagnostic Injection given on the same date of service by the Same Individual Physician or Other Qualified Health Care Professional?</p> <p>A: No, UnitedHealthcare does not separately reimburse an E/M service in addition to the Injection service. When an E/M Injection service is submitted for the same member on the same date of service, there is a presumption that the E/M service represents the physician work that is part of the Injection procedure. CPT indicates therapeutic and diagnostic Injection service(s) typically require(s) direct supervision for any or all purposes, of patient assessment, provision of consent, safety oversight, intra-service supervision of staff, preparation and disposal of the Injection materials, and the required practice training of staff for competency in the administration of Injections/Infusions.</p> <p>Example: The following example describes an E/M service that is not separately reimbursed from a therapeutic and diagnostic Injection: A physician or nurse sees a patient in the office for a scheduled Injection, asks about prior allergic reactions, instructs on post-injection care of the Injection site and administers the Injection. The E/M service is integral to the Injection and is not separately reimbursable.</p>
3	<p>Q: Will UnitedHealthcare separately reimburse for an office E/M service when provided in other than POS 19, 21, 22, 23, 24, 26, 51, 52, and 61 if a significant, separately identifiable E/M service is performed in addition to the therapeutic or diagnostic Injection given on the same date of service by the Same Individual Physician or Other Health Care Professional?</p> <p>A: Yes, UnitedHealthcare will separately reimburse for an E/M service (other than CPT 99211) unrelated to the physician work associated with the Injection service (CPT 96372-96379) when reported with a Modifier 25. Refer to Q&A #2 for a description of the physician or work typically included in the allowance for the therapeutic and diagnostic Injection service. When an E/M service and an Injection or Infusion service are submitted for the same enrollee on the same date of service, there is a presumption that the E/M service is part of the procedure unless the physician identifies the E/M service as a separately identifiable service.</p> <p>Example: The following example describes an E/M service that is separately identifiable from a therapeutic and diagnostic Injection: A physician evaluates a patient's symptoms, diagnoses a serious streptococcal infection, and treats with injectable penicillin. The diagnostic process is separately identifiable from the process of the Injection. The E/M service (other than CPT code 99211) should be reported with Modifier 25 and is reimbursed separately from the therapeutic Injection code and the drug code for the penicillin.</p>

4	<p>Q: If a HCPCS drug code is submitted in addition to the Injection or Infusion codes (CPT 96360-96379) in a non-facility setting and no other service is performed on the same date of service, will UnitedHealthcare separately reimburse for both of these?</p> <p>A: Yes, UnitedHealthcare would reimburse for both the HCPCS drug code and the Injection or Infusion code (CPT 96360-96379) under the guidelines of this policy.</p>
5	<p>Q: Will UnitedHealthcare reimburse the same physician for both an injection (96372-96379) and an E/M service code on the same date of service if each is performed in a different place of service?</p> <p>A: Yes, UnitedHealthcare will separately reimburse the same physician for both an Injection procedure and E/M service on the same date of service if each is performed in a different place of service (POS) and the Injection was provided in a POS other than 19, 21, 22, 23, 24, 26, 51, 52, and 61. For example, if the patient <u>only</u> receives an Injection at a physician's office (POS 11) and later that day the patient is admitted to the hospital (POS 21), both services, the Injection service performed at the physician's office and the E/M performed later that day at the hospital, would be separately reimbursed under the guidelines of this policy because the Injection service and E/M service were performed in different locations by the same physician on the same date of service. Injection services are not reimbursable when provided in POS 19, 21, 22, 23, 24, 26, 51, 52, and 61.</p>
6	<p>Q: If a Preventive Medicine E/M service is reported with an Injection (96372-96379), will UnitedHealthcare reimburse for both?</p> <p>A: Yes, UnitedHealthcare will reimburse for the Injection procedure and the Preventive Medicine E/M Code. When an E/M service and a procedure are submitted for the same enrollee on the same date of service, there is a presumption that the E/M service is part of the procedure unless the physician identifies the E/M service as a separately identifiable service. Since the Injection procedure does not include the components of a Preventive Medicine E/M service, the Injection can be reported separately and the Preventive Medicine E/M code does not need a modifier to indicate it is distinct or separate from the Injection procedure.</p>

Resources

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services
 Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

History

1/1/2022	Policy Version Change Policy List Change: E/M codes for injection codes 96372-96379 Updated History Section: Entries prior to 1/1/2020 Archived
5/31/2021	Policy Version Change Attachments Section: Removed attachment(s) and converted to table(s)
3/28/2021	Policy Version Change Attachment Section: E/M codes for injection codes 96372-96379 Updated History Section: Entries prior to 4/1/2019 archived
2/1/2021	Policy Version Change Reimbursement Section: Removed bookmarks to attachments Questions & Answer Section: Removed reference to Pro/Tech policy History Section: Entries prior to 2/1/2019 archived
1/1/2021	Policy Version Change Policy List Change: E/M codes for injection codes 96372-96379 updated History Section: Entries prior to 1/1/2019 Archived
5/8/2020	Policy Version Change



	Added Commercial to Header Definitions section: Removed Modifier 25 definition
2/7/2020	Annual Anniversary Date and Version Change Policy List Change: Removed list dates within spreadsheet
1/1/2020	Policy Version Change Injections (96372-96379) and Evaluation and Management Services by Place of Service: The Preventive Medicine codes (99381 - 99429) changed to (99381-99412, 99429) Policy List Change: E/M Codes for Injection codes 96372-96379 History Section: Entries prior to 1/1/2018 archived
10/8/2003	Policy implemented by UnitedHealthcare Employer & Individual
2/10/1999	Policy approved by the Reimbursement Policy Oversight Committee