INJECTION AND INFUSION SERVICES POLICY

Policy Number: ADMINISTRATIVE 180.26 T0 **Effective Date**: January 14, 2019

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Related Policy

- Refer to the Reimbursement Guidelines section of the policy

INSTRUCTIONS FOR USE

The services described in Oxford policies are subject to the terms, conditions and limitations of the member's contract or certificate. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members. Oxford reserves the right, in its sole discretion, to modify policies as necessary without prior written notice unless otherwise required by Oxford's administrative procedures or applicable state law. The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies.

Certain policies may not be applicable to Self-Funded members and certain insured products. Refer to the member specific benefit plan document or Certificate of Coverage to determine whether coverage is provided or if there are any exclusions or benefit limitations applicable to any of these policies. If there is a difference between any policy and the member specific benefit plan document or Certificate of Coverage, the member specific benefit plan document or Certificate of Coverage will govern.

UnitedHealthcare may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

APPLICABLE LINES OF BUSINESS/PRODUCTS

This policy applies to Oxford Commercial plan membership.

APPLICATION

This reimbursement policy applies to services reported using the UB-04 claim form, the 1500 Health Insurance Claim Form (a/k/a CMS-1500), or their electronic equivalents or their successor forms. This policy applies to all network and non-network providers, including hospitals, ambulatory surgical centers, 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.

OVERVIEW

This Oxford reimbursement policy is aligned with the American Medical Association (AMA) Current Procedural Terminology (CPT®) and Centers for Medicare and Medicaid Services (CMS) guidelines.

This policy describes reimbursement for therapeutic and diagnostic Injection services (CPT codes 96372-96379) when reported with evaluation and management (E/M) services.

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 96360-96549 and HCPCS code G0498).

For the purpose of this policy, Same Individual Physician, Hospital, Ambulatory Surgical Center or Other Health Care Professional is the Same Individual, Hospital, Ambulatory Surgical Center or Other Health Care Professional rendering health care services reporting the same Federal Tax Identification number.

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 Health Care Professional on the same date of service, only the E/M service will be reimbursed and the therapeutic and diagnostic Injection(s) are not separately reimbursed, regardless of whether a modifier is reported with the Injection(s).

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 E/M 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 99381-99429: The Preventive Medicine codes (99381-99429) 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
- E/M Codes for Injection Codes 96372-96379

Injection and Infusion Services (96360-96549 and G0498) 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 96360-96549 and HCPCS code G0498) and will not be separately reimbursed.

Injection and Infusion Inclusive Supplies List

Note: Additional editing may be applicable to CPT codes 96360-96549 and HCPCS code G0498 under the *T Status Codes* policy.

Drug Codes

Oxford reimbursement policy is aligned with CMS and will separately reimburse for the HCPCS drug code when submitted with Injection or Infusion codes (CPT codes 96360-96549 and HCPCS code G0498) by the Same Individual Physician or Other 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).

Modifier 25 - Significant, Separately Identifiable Service: Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Same Day of the Procedure or Other Service: It may be necessary to indicate that on the day a procedure or service identified by a CPT code was performed, the patient's condition required a significant, separately identifiable E/M service above and beyond the other service provided or beyond the usual preoperative and postoperative care associated with the procedure that was performed. A significant, separately identifiable E/M service is defined or substantiated by documentation that satisfies the relevant criteria for the respective E/M service to be reported (see Evaluation and Management Services Guidelines for instructions on determining level of E/M service). The E/M service may be prompted by the symptom or condition for which the procedure and/or service was provided. As such, different diagnoses are not required for reporting of the E/M services on the same date. This circumstance may be reported by adding the Modifier 25 to the appropriate level of E/M service. (Per Current Procedural Terminology book)

Same Individual Physician, Hospital, Ambulatory Surgical Center or Other Health Care Professional: The Same Individual Physician, Hospital, Ambulatory Surgical Center or Other Health Care Professional rendering health care services reporting the same Federal Tax Identification number.

APPLICABLE CODES

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies may apply.

CPT Code	Description
96360	Intravenous infusion, hydration; initial, 31 minutes to 1 hour
96361	Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure)
96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour
96366	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)
96367	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	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (List separately in addition to code for primary procedure)
96369	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	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)

CPT Code	Description
96371	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)
96372	Therapeutic, prophylactic or diagnostic injection (specify substance or drug); subcutaneous or intramuscular
96373	Therapeutic, prophylactic or diagnostic injection (specify substance or drug); intra-arterial
96374	Therapeutic, prophylactic or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug
96375	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)
96376	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of the same substance/drug provided in a facility (List separately in addition to code for primary procedure)
96377	Application of on-body injector (includes cannula insertion) for timed subcutaneous injection
96379	Unlisted therapeutic, prophylactic or diagnostic intravenous or intra-arterial injection or infusion
96401	Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic
96402	Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic
96405	Chemotherapy administration; intralesional, up to and including 7 lesions
96406	Chemotherapy administration; intralesional, more than 7 lesions
96409	Chemotherapy administration; intravenous, push technique, single or initial substance/drug
96411	Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)
96413	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug
96415	Chemotherapy administration, intravenous infusion technique; each additional hour (List separately in addition to code for primary procedure)
96416	Chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump
96417	Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour (List separately in addition to code for primary procedure)
96420	Chemotherapy administration, intra-arterial; push technique
96422	Chemotherapy administration, intra-arterial; infusion technique, up to 1 hour
96423	Chemotherapy administration, intra-arterial; infusion technique, each additional hour (List separately in addition to code for primary procedure)
96425	Chemotherapy administration, intra-arterial; infusion technique, initiation of prolonged infusion (more than 8 hours), requiring the use of a portable or implantable pump
96440	Chemotherapy administration into pleural cavity, requiring and including thoracentesis
96446	Chemotherapy administration into the peritoneal cavity via indwelling port or catheter
96450	Chemotherapy administration, into CNS (e.g., intrathecal), requiring and including spinal puncture
96521	Refilling and maintenance of portable pump

CPT Code	Description
96522	Refilling and maintenance of implantable pump or reservoir for drug delivery, systemic (e.g., intravenous, intra-arterial)
96523	Irrigation of implanted venous access device for drug delivery systems
96542	Chemotherapy injection, subarachnoid or intraventricular via subcutaneous reservoir, single or multiple agents
96549	Unlisted chemotherapy procedure

HCPCS Code	Description
G0498	Chemotherapy administration, intravenous infusion technique; initiation of infusion in the office/clinic setting using office/clinic pump/supplies, with continuation of the infusion in the community setting (e.g., home, domiciliary, rest home or assisted living) using a portable pump provided by the office/clinic, includes follow up office/clinic visit at the conclusion of the infusion

QUESTIONS AND ANSWERS

1	**Q:**	Will Oxford 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 Health Care Professional?
	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.
2	**Q:**	Will Oxford 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 Health Care Professional?
	A:	No, Oxford 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 physician 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. **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.
3	**Q:**	Will Oxford 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?
	A:	Yes, Oxford 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 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 member 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. **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.

4	Q:	If a HCPCS drug code is submitted in addition to the Injection or Infusion codes (CPT codes 96360-96549 and HCPCS code G0498) in a non-facility setting and no other service is performed on the same date of service, will Oxford separately reimburse for both of these?
	A:	Yes, Oxford would reimburse for both the HCPCS drug code and the Injection or Infusion code (CPT codes 96360-96549 and HCPCS code G0498) under the guidelines of this policy.
5	Q:	Will Oxford 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?
	A:	Yes, Oxford 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 only 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 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.
6	Q:	If a Preventive Medicine E/M service is reported with an Injection code (96372-96379), will Oxford reimburse for both?
	A:	Yes, Oxford 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 member 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.

ATTACHMENTS

E/M Codes for Injection Codes 96372-96379

A list of Evaluation and Management codes that apply when reported with Injection codes 96372-96379 (as above)

EM for Injection codes 96372-96379

Injection and Infusion Inclusive Supplies

A list of standard tubing, syringes, and supply HCPCS codes considered inclusive to Injection and Infusion services

Injection & Infusion Inclusive Supplies

REFERENCES

The foregoing Oxford policy has been adapted from an existing UnitedHealthcare national policy that was researched, developed and approved by UnitedHealthcare Payment Policy Oversight Committee. [*2018R0009A*]

American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services.

Centers for Medicare & Medicaid Services, CMS Manual System and other CMS publications and services.

POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
01/14/2019	• Updated list of *E/M Codes for Injection Codes 96372-96379* (E/M CPT and HCPCS codes that apply when reported with Injection codes 96372-96379) to reflect annual code edits: ○ Added 99091, 99446, 99447, 99448, 99449, 99451, 99452, 99453, 99454, 99457, 99491, G2010, and G2012 ○ Removed G9686 • Archived previous policy version ADMINISTRATIVE 180.25 T0