Non-Chemotherapy Injection and Infusion Services Policy, Professional

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

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 Medicare Advantage reimbursement policies 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 (CMS 1450). 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 resource regarding UnitedHealthcare's Medicare Advantage reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Medicare Advantage 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 Medicare Advantage 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, and/or the enrollee's benefit coverage documents**. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Medicare Advantage due to programming or other constraints; however, UnitedHealthcare Medicare Advantage strives to minimize these variations.

UnitedHealthcare Medicare Advantage may modify this reimbursement policy at any time to comply with changes in CMS policy and other national standard coding guidelines by publishing a new version of the reimbursement policy on this website. However, the information presented in this reimbursement policy is accurate and current as of the date of publication. UnitedHealthcare Medicare Advantage encourages physicians and other health care professionals to keep current with any CMS policy changes and/or billing requirements by referring to the CMS or your local carrier website regularly. Physicians and other health care professionals can sign up for regular distributions for policy or regulatory changes directly from CMS and/or your local carrier. UnitedHealthcare's Medicare Advantage reimbursement policies do not include notations regarding prior authorization requirements.

** For more information on a specific enrollee's benefit coverage, please call the customer service number on the back of the member ID card.

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

Overview

This UnitedHealthcare Medicare Advantage 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 non-chemotherapy therapeutic and diagnostic injection services (CPT codes 96372-96379), infusion (CPT 96365-96371) and intravenous fluid infusion for hydration (CPT codes 96360-96361) when reported with evaluation and management (E/M) services.

Reimbursement Guidelines

Facility, Emergency Room, and Ambulatory Surgical Center Services:

Per CPT and the CMS National Correct Coding Initiative (NCCI) Policy Manual, CPT codes 96360-96379 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) is 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 E/M service is not separately reimbursed.
If a significant, separately identifiable E/M 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 99381-99429: 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 and Q&A #5.

Definitions	
Hydration	An IV infusion that consists of pre-packaged fluid and electrolytes strictly to replace fluids.
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 Evaluation and Management Service by the Same Physician or Other Qualified Health care Professional on the Same Day of the Procedure

	or Other Service: The physician may need 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 or Other Qualified Health Care Professional	The same individual rendering health care services reporting the same Federal Tax Identification number.

Questions and Answers	
1	**Q:** Will UnitedHealthcare Medicare Advantage 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. Refer to the "incident to" guidelines within the Professional/Technical Component Policy for additional guidelines pertaining to CPT codes 96360-96549 and G0498 performed in a facility setting.
2	**Q:** Will UnitedHealthcare Medicare Advantage 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, UnitedHealthcare Medicare Advantage 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. 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. **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.
3	**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 Medicare Advantage separately reimburse for both of these? **A:** Yes, UnitedHealthcare Medicare Advantage would reimburse for both the HCPCS drug code and the Injection or Infusion code (CPT 96360-96549 and G0498) under the guidelines of this policy.
4	**Q:** Will UnitedHealthcare Medicare Advantage 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, UnitedHealthcare Medicare Advantage 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 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.
5	**Q:** If a Preventive Medicine E/M service is reported with an Injection (96372-96379), will UnitedHealthcare Medicare Advantage reimburse for both? **A:** Yes, UnitedHealthcare Medicare Advantage 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.

Codes	
CPT code section	
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)
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)
96379	Unlisted therapeutic, prophylactic, or diagnostic intravenous or intra-arterial injection or infusion

Resources

https://www.cms.gov/

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

2/1/2019	Annual Anniversary Date and Version Change • Added language to Application Section • Archived history prior to 2/1/2017
8/31/2018	Policy number changed from 2018R0009A (new version) • Added the word 'Professional' to the policy title
3/14/2018	Anniversary Review (new version) • Updated Preamble • Added Drug Codes section • Added Q&A Section • Added Attachments • History prior to 12/16/2015 archived
9/10/2014	New Policy