

INJECTION AND INFUSION SERVICES POLICY (CES)

Policy Number: ADMINISTRATIVE 180.30C TO

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Related Policy
<ul style="list-style-type: none"> • Procedure/Technical Component (CES)

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 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent or its successor form. This policy applies to 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.

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 or Other Qualified Health Care Professional is the same individual 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 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) are not separately reimbursed, regardless of whether a modifier is reported with the Injection(s).

Also refer to the "incident to" guidelines within the Reimbursement Policy titled *Professional/Technical Component (CES)* for additional guidelines pertaining to CPT codes 96360-96549 performed in a facility setting.

For additional information, refer to the Questions and Answers section, [Q&A1](#).

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 Qualified 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 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 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 code 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 codes 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&A2](#), [Q&A3](#) and [Q&A6](#).

- [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](#)

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 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&A4](#).

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 (e.g., 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.

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/HCPCS Codes										
96360	96361	96365	96366	96367	96368	96369	96370	96371	96372	96373
96374	96375	96376	96377	96379	96401	96402	96405	96406	96409	96411
96413	96415	96416	96417	96420	96422	96423	96425	96440	96446	96450
96521	96522	96523	96542	96549	G0498					

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CPT/HCPCS Codes										
E&M Codes Applicable When Reported Injection Codes 96372-96379										
99091	99201	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	99421	99422	99423	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	G0245	G0246	G0463	G0508	G0509
G0513	G0514	G2010	G2012	G2082	G2083	G9481	G9482	G9483	G9484	G9485
G9486	G9487	G9488	G9489	G9490	G9685	G9978	G9979	G9980	G9981	G9982
G9983	G9984	G9985	G9986	G9987	S0273	S0274	S0285			

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HCPCS Codes										
Injection and Infusion Inclusive Supplies										
Standard tubing, syringes, and supply HCPCS codes considered inclusive to Injection and Infusion services										
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					
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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 Qualified 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 Reimbursement Policy titled <i>Professional/Technical Component (CES)</i> for additional guidelines pertaining to CPT codes 96360-96549 and G0498 performed in a facility setting.
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 Qualified 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 Qualified 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 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 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.

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. [2020R0009C

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
07/01/2020	<p>Reimbursement Guidelines</p> <ul style="list-style-type: none"> Revised list of CPT codes associated with Preventive Medicine; replaced "99381-99429" with "99381-99412, 99429" <p>Definitions</p> <ul style="list-style-type: none"> Removed definition of "Modifier 25" <p>Supporting Information</p> <ul style="list-style-type: none"> Archived previous policy version ADMINISTRATIVE 180.29C T0