COMMERCIAL REIMBURSEMENT POLICY

Injection and Infusion Services

Active

Section: General Coding
Policy Number: 038
Effective Date: 04/01/24

Description

This policy addresses coding and reimbursement for therapeutic, prophylactic, and diagnostic injections and infusions.

Definitions

Modifier 25: Identifies a significant, separately identifiable E/M service by the same physician or other qualified healthcare professional on the same day of the procedure or other service.

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.

Policy Statement

Blue Cross and Blue Shield of Minnesota (Blue Cross) will reimburse Current Procedural Terminology (CPT®) codes 96360-96379, 96401-96549, and G0498. These services describe hydration and therapeutic or diagnostic injections and infusions of chemotherapeutic, non-chemotherapeutic and other highly complex drug or biologic agents.

Evaluation and Management Services

Blue Cross does not allow separate reimbursement for an evaluation and management (E/M) service provided on the same day as an injection and/or infusion service. If a significant, separately identifiable E/M service is performed, the appropriate E/M code with modifier 25 appended should be submitted in addition to the administration service. Separate reimbursement will not be made for code 99211 (with or without modifier 25) as this code does not meet the requirement for “significant” as defined by CPT.

Administration

If performed to facilitate the infusion or injection, the following services/items are not reimbursed separately:

- Use of local anesthesia
- IV start
- Access to indwelling IV, subcutaneous catheter or port
- Flush at conclusion of infusion
- Standard tubing, syringes, and supplies; and

- Preparation of the chemotherapy agent(s), highly complex agents, or other highly complex drugs

Syringes, needles, and other supplies used in conjunction with administering an injection or infusion are considered integral to the administration service and will not be reimbursed separately. Refer to *Commercial DME – 001 DME and Supplies Reimbursement Policy.*

When surgical injections are performed as part of a surgical procedure, the administration of the injection is considered part of the procedure itself and will not be reimbursed separately.

Bill drugs administered to the patient by a physician or other qualified healthcare professional (QHP) as part of a clinic or other outpatient visit using the appropriate Healthcare Common Procedure Coding System (HCPCS) code(s) and corresponding valid 11-digit National Drug Code (NDC). Use the units field to specify the appropriate number of units based on the description in the HCPCS manual. Refer to *Commercial General Coding – 005 Unlisted Procedure Code* when submitting an unlisted HCPCS code.

Place of Service
Blue Cross will not reimburse professional charges for CPT codes 96360-96379, 96401-96425, and 96521-96523 when performed in a facility or home place of service. These services will be denied as provider liability.

Documentation Submission

Documentation must identify and describe the drug, dosage and reason administered.

Coverage

Eligible services will be subject to the subscriber benefits, the applicable fee schedule amount, and any coding edits.

The following applies to all claim submissions.

All coding and reimbursement is subject to all terms of the Provider Service Agreement and subject to changes, updates, or other requirements of coding rules and guidelines. All codes are subject to federal HIPAA rules, and in the case of medical code sets (HCPCS, CPT, ICD), only codes valid for the date of service may be submitted or accepted. Reimbursement for all Health Services is subject to current Blue Cross Medical Policy criteria, policies found in the Provider Policy and Procedure Manual sections, Reimbursement Policies and all other provisions of the Provider Service Agreement (Agreement).

In the event that any new codes are developed during the course of Provider's Agreement, such new codes will be paid according to the standard or applicable Blue Cross fee schedule until such time as a new agreement is reached and supersedes the Provider's current Agreement.

All payment for codes based on Relative Value Units (RVU) will include a site of service differential and will be calculated using the appropriate facility or non-facility components, based on the site of service identified, as submitted by Provider.

Coding

The following codes are included below for informational purposes only and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply subscriber coverage or provider reimbursement.

CPT/HCPCS Modifier: 25
ICD-10 Diagnosis: N/A
ICD-10 Procedure: N/A
CPT/HCPCS: Refer to *Appendix*
Revenue Codes: N/A

Resources

Current Procedural Terminology (CPT®)
Healthcare Common Procedure Coding System (HCPCS)
National Correct Coding Initiative (NCCI) Policy Manual
Medicare Claims Processing Manual Chapter 12 - Physicians/Nonphysician Practitioners

Policy History

4/6/2016	Initial Committee Approval
7/6/2020	Annual Policy Review
1/4/2021	Code Update
3/23/2021	Code Update
5/27/2021	Code Update
6/29/2021	Code Update
9/28/2021	Code Update
1/25/2022	Annual Policy Review and Code Update
03/22/2022	Code Update
04/26/2022	Code Update
05/24/2022	Code Update
06/28/2022	Code Update
08/23/2022	Code Update
10/25/2022	Code Update
01/01/2023	Code Update
01/26/2023	Code Update
05/23/2023	Annual Policy Review
03/26/2024	Annual Policy Review

BlueCross BlueShield Minnesota

APPENDIX

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									