The following is an excerpt from CPT 2006. It is being provided early to support the Centers for Medicare and Medicaid Services comment period on the Hospital Outpatient Prospective Payment System (OPPS) proposed rule. As with all content in CPT 2006, the following CPT codes and guidelines are not eligible for use until January 1, 2006. As such, the following should only be used pursuant to developing comments on the OPPS proposed rule.

**Hydration, Therapeutic, Prophylactic, and Diagnostic Injections and Infusions (Excludes Chemotherapy)**

Physician work related to hydration, injection, and infusion services predominantly involves affirmation of treatment plan and direct supervision of staff.

If a significant separately identifiable Evaluation and Management service is performed, the appropriate E/M service code should be reported using modifier 25 in addition to 90760-90779. For same day E/M service a different diagnosis is not required.

If performed to facilitate the infusion or injection, the following services are included and are not reported separately:

a. Use of local anesthesia
b. IV start
c. Access to indwelling IV, subcutaneous catheter or port
d. Flush at conclusion of infusion
e. Standard tubing, syringes, and supplies

(For decloting a catheter or port, see 36550)

When multiple drugs are administered, report the service(s) and the specific materials or drugs for each.

When administering multiple infusions, injections or combinations, only one “initial” service code should be reported, unless protocol requires that two separate IV sites must be used. The “initial” code that best describes the key or primary reason for the encounter should always be reported irrespective of the order in which the infusions or injections occur. If an injection or infusion is of a subsequent or concurrent nature, even if it is the first such service within that group of services, then a subsequent or concurrent code from the appropriate section should be reported (eg, the first IV push given subsequent to an initial one-hour infusion is reported using a subsequent IV push code).

When reporting codes for which infusion time is a factor, use the actual time over which the infusion is administered.
**Hydration**

Codes 90760-90761 are intended to report a hydration IV infusion to consist of a pre-packaged fluid and electrolytes (eg, normal saline, D5-½ normal saline+30mEq KCl/liter), but are not used to report infusion of drugs or other substances. Hydration IV infusions typically require direct physician supervision for purposes of consent, safety oversight, or intraservice supervision of staff. Typically such infusions require little special handling to prepare or dispose of, and staff that administer these do not typically require advanced practice training. After initial set-up, infusion typically entails little patient risk and thus little monitoring.

\[90760\] Intravenous infusion, hydration; initial, up to 1 hour

(Do not report 90760 if performed as a concurrent infusion service)

\[90761\] each additional hour, up to 8 hours (List separately in addition to code for primary procedure)

(Use 90761 in conjunction with 90760)

(Report 90761 for hydration infusion intervals of greater than 30 minutes beyond 1 hour increments)

(Report 90761 to identify hydration if provided as a secondary or subsequent service after a different initial service [90760, 90765, 90774, 96409, 96413] is provided)

**Therapeutic, Prophylactic, and Diagnostic Injections and Infusions**

A therapeutic, prophylactic, or diagnostic IV infusion or injection (90765-90799) (other than hydration) is for the administration of substances/drugs. The fluid used to administer the drug(s) is incidental hydration and is not separately reportable. These services typically require direct physician supervision for any or all purposes of patient assessment, provision of consent, safety oversight, and intra-service supervision of staff. Typically, such infusions require special consideration to prepare, dose or dispose of, require practice training and competency for staff who administer the infusions, and require periodic patient assessment with vital sign monitoring during the infusion.

Intravenous or intra-arterial push is defined as: a) an injection in which the health care professional who administers the substance/drug is continuously present to administer the injection and observe the patient, or b) an infusion of 15 minutes or less.

(Do not report 90765-90779 with codes for which IV push or infusion is an inherent part of the procedure (eg, administration of contrast material for a diagnostic imaging study))

\[90765\] Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour

\[90766\] each additional hour, up to 8 hours (List separately in addition to code for primary procedure)
(Report 90766 in conjunction with 90765, 90767)
(Report 90766 for additional hour(s) of sequential infusion)
(Report 90766 for infusion intervals of greater than 30 minutes beyond 1 hour increments)

9λ90767 additional sequential infusion, up to 1 hour (List separately in addition to code for primary procedure)
(Report 90767 in conjunction with 90765, 90774, 96409, 96413 if provided as a secondary or subsequent service after a different initial service. Report 90767 only once per sequential infusion of same infusate mix)

9λ90768 concurrent infusion (List separately in addition to code for primary procedure)
(Report 90768 only once per encounter)
(Report 90768 in conjunction with 90765, 96413)

λ90772 Therapeutic, prophylactic or diagnostic injection (specify substance or drug); subcutaneous or intramuscular
(For administration of vaccines/toxoids, see 90465-90466, 90471-90472)
(Report 90772 for non-antineoplastic hormonal therapy injections)
(Report 96401 for anti-neoplastic nonhormonal injection therapy)
(Report 96402 for anti-neoplastic hormonal injection therapy)
(Do not report 90772 for injections given without direct physician supervision. To report, use 99211)

λ90773 intra-arterial

λ90774 intravenous push, single or initial substance/drug
(90772-90774 do not include injections for allergen immunotherapy. For allergen immunotherapy injections, see 95115-95117)

9λ90775 each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure)
(Use 90775 in conjunction with 90765, 90774, 96409, 96413)
(Report 90775 to identify intravenous push of a new substance/drug if provided as a secondary or subsequent service after a different initial service is provided)

λ90779 Unlisted therapeutic, prophylactic or diagnostic intravenous or intra-arterial injection or infusion
(For allergy immunizations, see 95004 et seq)
Chemotherapy Administration

Chemotherapy administration codes 96401-96549 apply to parenteral administration of non-radiouclide anti-neoplastic drugs; and also to anti-neoplastic agents provided for treatment of noncancer diagnoses (eg, cyclophosphamide for auto-immune conditions) or to substances such as monoclonal antibody agents, and other biologic response modifiers. These services can be provided by any physician. Chemotherapy services are typically highly complex and require direct physician supervision for any or all purposes of patient assessment, provision of consent, safety oversight and intra-service supervision of staff. Typically, such chemotherapy services require advanced practice training and competency for staff who provide these services; special considerations for preparation, dosage or disposal; and commonly, these services entail significant patient risk and frequent monitoring. Examples are frequent changes in the infusion rate, prolonged presence of nurse administering the solution for patient monitoring and infusion adjustments, and frequent conferring with the physician about these issues.

If performed to facilitate the infusion or injection, the following services are included and are not reported separately:

a. Use of local anesthesia
b. IV start
c. Access to indwelling IV, subcutaneous catheter or port
d. Flush at conclusion of infusion
e. Standard tubing, syringes and supplies
f. Preparation of chemotherapy agent(s)

(For declotting a catheter or port, use 36550)

Report separate codes for each parenteral method of administration employed when chemotherapy is administered by different techniques. The administration of medications (eg, antibiotics, steroidal agents, antiemetics, narcotics, analgesics) administered independently or sequentially as supportive management of chemotherapy administration, should be separately reported using 90760, 90761, 90765, 90779 as appropriate.

Report both the specific service as well as code(s) for the specific substance(s) or drug(s) provided. The fluid used to administer the drug(s) is considered incidental hydration and is not separately reportable.
When administering multiple infusions, injections or combinations, only one "initial" service code should be reported, unless protocol requires that two separate IV sites must be used. The “initial” code that best describes the key or primary reason for the encounter should always be reported irrespective of the order in which the infusions or injections occur. If an injection or infusion is of a subsequent or concurrent nature, even if it is the first such service within that group of services, then a subsequent or concurrent code from the appropriate section should be reported (eg, the first IV push given subsequent to an initial one-hour infusion is reported using a subsequent IV push code).

When reporting codes for which infusion time is a factor, use the actual time over which the infusion is administered.

If a significant separately identifiable Evaluation and Management service is performed, use the appropriate E/M service code should be reported using modifier 25 in addition to 96400-96401-96549. For same day E/M service, a different diagnosis is not required.

Regional (isolation) chemotherapy perfusion should be reported using the codes for arterial infusion (96420-96425). Placement of the intra-arterial catheter should be reported using the appropriate code from the Cardiovascular Surgery section. Placement of arterial and venous cannula(s) for extracorporeal circulation via a membrane oxygenator perfusion pump should be reported using 36823. Code 36823 includes dose calculation and administration of the chemotherapy agent by injection into the perfusate. Do not report 96409-96425 in conjunction with 36823.

(For home infusion services, see 99601-99602)

**Injection and Intravenous Infusion Chemotherapy**

Intravenous or intra-arterial push is defined as: a) an injection in which the healthcare professional who administers the substance/drug is continuously present to administer the injection and observe the patient, or b) an infusion of 15 minutes or less.

(96400 has been deleted. To report, see 96401, 96402)

λ96401 Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic

λ96402 hormonal anti-neoplastic

σ96405 Chemotherapy administration, intralesional; intralesional, up to and including 7 lesions

σ96406 intralesional, more than 7 lesions

(96408 has been deleted. To report, use 96409)

λ96409 intravenous, push technique, single or initial substance/drug

(96410 has been deleted. To report, use 96413)

9λ96411 intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)

(Use 96411 in conjunction with 96409, 96413)

(96412 has been deleted. To report, use 96415)
Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug

(96414 has been deleted. To report, use 96416)

96415 each additional hour, 1 to 8 hours (List separately in addition to code for primary procedure)

(Use 96415 in conjunction with 96413)

(Report 96415 for infusion intervals of greater than 30 minutes beyond 1-hour increments)

(Report 90761 to identify hydration, or 90766, 90767, 90775 to identify therapeutic, prophylactic, or diagnostic drug infusion or injection, if provided as a secondary or subsequent service in association with 96413)

96416 initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump

(For refilling and maintenance of a portable pump or an implantable infusion pump or reservoir for drug delivery, see 96521-96523)

96417 each additional sequential infusion (different substance/drug), up to 1 hour (List separately in addition to code for primary procedure)

(Use 96417 in conjunction with 96413)

(Report only once per sequential infusion. Report 96415 for additional hour(s) of sequential infusion)

**Intra-Arterial Chemotherapy**

96420 Chemotherapy administration, intra-arterial; push technique

96422 infusion technique, up to one hour

96423 infusion technique, one to 8 hours, each additional hour up to 8 hours (List separately in addition to code for primary procedure)

(Use 96423 in conjunction with 96422)

(Report 96423 for infusion intervals of greater than 30 minutes beyond 1-hour increments)

(For regional chemotherapy perfusion via membrane oxygenator perfusion pump to an extremity, use 36823)

96425 infusion technique, initiation of prolonged infusion (more than 8 hours), requiring the use of a portable or implantable pump

(For refilling and maintenance of a portable pump or an implantable infusion pump or reservoir for drug delivery, see 96520, 96521-96523, 96530)
Other Chemotherapy

Code 96523 does not require direct physician supervision. Codes 96521-96523 may be reported when these devices are used for therapeutic drugs other than chemotherapy.

(For collection of blood specimen from a completely implantable venous access device, use 36540)

96440  Chemotherapy administration into pleural cavity, requiring and including thoracentesis

96445  Chemotherapy administration into peritoneal cavity, requiring and including peritoneocentesis

96450  Chemotherapy administration, into CNS (eg, intrathecal), requiring and including spinal puncture

(For intravesical (bladder) chemotherapy administration, use 51720)

(For insertion of subarachnoid catheter and reservoir for infusion of drug, see 62350, 62351, 62360-62362; for insertion of intraventricular catheter and reservoir, see 61210, 61215)

96520  Refilling and maintenance of portable pump

(96520 has been deleted. To report, use 96521)

(96520 has been deleted. To report, use 96521)

96521  Refilling and maintenance of portable pump

96522  Refilling and maintenance of implantable pump or reservoir for drug delivery, systemic (eg, intravenous, intra-arterial)

(For refilling and maintenance of an implantable infusion pump for spinal or brain drug infusion, use 95990-95991)

96523  Irrigation of implanted venous access device for drug delivery systems

(Do not report 96523 if an injection or infusion is provided on the same day)

96530  Refilling and maintenance of implantable pump or reservoir for drug delivery, systemic (eg, intravenous, intra-arterial)

(For refilling and maintenance of an implantable infusion pump for spinal or brain drug infusion, use 95990)

(For collection of blood specimen from a completely implantable venous access device, use 36540)

(96530 has been deleted. To report, use 96522)

(96530 has been deleted. To report, use 96522)

96542  Chemotherapy injection, subarachnoid or intraventricular via subcutaneous reservoir, single or multiple agents

96545  Provision of chemotherapy agent
(96545 has been deleted)

(For radioactive isotope therapy, use 79005)

(96545 has been deleted)

(For radioactive isotope therapy, use 79005)

96549  Unlisted chemotherapy procedure