**Reimbursement Policy**

**Title:** Injection and Infusion Services  
**Policy Number:** RP-P-200X  
**Application:** All products  
**Last Updated:** 06/30/2020  
**Effective Date:** 01/01/1996

**Disclaimer:** This reimbursement policy is intended to provide general guidance regarding Medica’s policy for the services described, and does not constitute a guarantee of payment. You are responsible for submitting accurate claims. Factors affecting claims reimbursement may include, but are not limited to, state and federal laws, regulations and accreditation requirements, along with administrative services agreements, provider contracts, and benefit coverage documents. Coding methodology and industry standards are also considered in developing reimbursement policy.

Medica routinely updates reimbursement policies, and new versions are published on this website. If you print a copy of this policy, please be aware that the policy may be updated later, and you are responsible for the information contained in the most recent online version. Medica communicates policy updates to providers via Medica’s monthly e-newsletter, Medica Connections®, as well as through Medica Provider Alerts.

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**Summary:**

This policy addresses reimbursement of diagnostic and therapeutic injection services (CPT® codes 96372-96379) when reported with evaluation and management (E/M) services and/or medications in an office place of service.

In addition, the policy addresses the reimbursement of associated supplies such as standard tubing and syringes when reported with injection and infusion services (codes 96360-96549 and G0498) in an office place of service.

**Policy Statement:**

**Injections and E/M Services**

An E/M service is an integral component of a diagnostic or therapeutic injection. Reimbursement for an E/M service is therefore included in the payment allowance for diagnostic and therapeutic injections; the E/M service should not be reported separately. If both an E/M and injection code are submitted by the same physician or other healthcare professional on the same date of service for the same patient, only the injection code will be reimbursed unless a significant, separately identifiable E/M service has been performed.
Exceptions:

- Preventive E/M codes (99381-99429) include routine services such as the ordering of immunizations or diagnostic procedures, which are not considered included in the preventive E/M service. Preventive E/M codes may therefore be reported in conjunction with injection service codes and modifier 25 is not required to be appended to the E/M code.

- E/M code 99211 will not be reimbursed when submitted with a diagnostic or therapeutic injection code, with or without modifier 25. This 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.

Injections and Medications

Medications provided at the time of the diagnostic and therapeutic injection should be reported with the appropriate HCPCS drug codes.

Injection & Infusion Services and Supplies

Standard tubing, syringes, and other supplies are included in the injection or infusion service (codes 96360-96549) and are considered incidental. Therefore supply codes submitted with codes for the following services will not be separately reimbursed when submitted by the same physician or other healthcare professional on the same date of service for the same patient:

- Diagnostic and therapeutic injections
- Hydration
- Therapeutic, prophylactic, and diagnostic infusions
- Chemotherapy and other highly complex drug or highly complex biologic agent administration

Modifiers:

| 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. |

Code Lists:

- Injection and Infusion Services E/M Code List
- Injection and Infusion Services Code List
- Injection and Infusion Services Supply Code List
**Definitions:**

- **Same Physician or Other Qualified Health Care Professional** – The same individual rendering health care services reporting the same federal tax identification number.

**Resources:**

- Centers for Medicare and Medicaid Services (CMS)
- Healthcare Common Procedure Coding System (HCPCS)

**Effective Date:** 01/01/1996

**Revision Updates:**

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