Injection and Infusion Services Policy

<table>
<thead>
<tr>
<th>Policy Name</th>
<th>Injection and Infusion Services</th>
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</thead>
<tbody>
<tr>
<td><strong>Summary</strong></td>
<td>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.</td>
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<td><strong>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) in an office place of service.</strong></td>
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<td><strong>Policy Statement</strong></td>
<td><strong>Injections and E/M Services</strong></td>
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<td>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. If a separate and distinct E/M service has been performed, modifier 25 should be appended to the E/M code. Both the E/M and the injection service will then be reimbursed.</td>
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<td><strong>Exceptions:</strong></td>
<td>• 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.</td>
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<td>• 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 &quot;significant&quot; as defined by CPT, and therefore should not be submitted in addition to the procedure code for the injection.</td>
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<td><strong>Injections and Medications</strong></td>
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<td>Medications provided at the time of the diagnostic and therapeutic injection should be reported with the appropriate HCPCS drug codes.</td>
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<td><strong>Injection &amp; Infusion Services and Supplies</strong></td>
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| | 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

Definitions

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.

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

Code Lists

Injection and Infusion Services E/M Code List
Injection and Infusion Services Code List
Injection and Infusion Services Supply Code List

Resources

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

Effective Date

01/01/1996

Revision Updates

09/27/2019 Annual policy review
01/01/2019 Code list update
01/01/2018 Code list update
05/11/2017 Annual policy review
01/01/2017 Code list update
10/14/2016 Code list update
08/18/2016 Annual policy review
07/01/2016 Code list update
04/01/2016 Code list update

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