

**IV INFUSION MINI
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IV INFUSION FAQ SHEET 2014

1. A Hydrating infusion is defined as an infusion of fluid and electrolytes (eg, normal saline, D5-1/2 normal saline +30mEq KCL/liter). Administration of electrolytes for a therapeutic purpose is billed as a hydrating infusion.
2. Do we charge for IV fluids (IVF) used behind blood, heparin or nitroglycerin?
 - a. No, you cannot charge for administration of the hydration that is used to administer a drug
 - b. You should charge for the bag of fluid used (CS stickered item or direct bill in ED)
3. Do we charge hydration for fluids used to administer sedation drugs?
 - a. No, any time that hydration is used to administer a drug the administration of hydration is not separately chargeable
 - b. You should charge for the bag of fluid used
4. Is infusion of normal saline or heparin used to flush lines chargeable?
 - a. No, the hydrating infusion is not chargeable – the following items are not separately chargeable:
 - Use of local anesthesia
 - Access to indwelling IV subcutaneous catheter or port
 - IV start
 - Flush at conclusion of infusion
 - Standard tubing, syringes and supplies
 - Preparation of chemotherapy agents
5. Is primary always the first administered?
 - a. No, the primary is the reason you are treating the patient/most significant service provided irregardless of the order in which they are administered
6. What if no diagnosis is written by the M.D. for the Infusion?
 - a. A diagnosis has to be documented in the medical record in order to charge for any infusion.
7. What is the timing rule for infusions that last longer than 1 hour i.e. a patient is given an infusion for 1 hour 30 minutes and another patient is given an infusion for 1 hour and 31 minutes?
 - a. The patient that is given 1 hour and 30 minutes of infusion is charged for 1 hour of infusion.
 - b. The patient that is given 1 hour and 31 minutes of infusion is charged an 1 initial hour and 1 additional hour
 - c. Must go at least **31** minutes into the additional hour to charge for it.
8. Does the infusion time start once venous access is obtained?
 - a. No, you do not start timing the infusion until you begin to administer the fluids.
 - b. If you obtain venous access prior to a procedure and start a slow drip of normal saline to keep the line open (TKO) for later use, you would not charge for administration of the TKO.
 - c. Once you administer a therapeutic or chemo drug, or even normal saline at a hydrating rate, you can begin to bill for administration of an infusion.
9. If an IVF is started by EMS and it is maintained in the ED using their IV site and their fluid?
 - a. The initial charge (IV INFUS HYDR EA ADD'L HR <=) would be submitted for the first hour the patient is in the ED even though the ED did not start the IV. You would charge for additional hours using IV INFUS HYDR EA ADD'L HR <=8.
 - b. Document the start time and stop time of the fluids to capture the time spent monitoring.
 - c. No charge for the fluids until one is administered by the ED

10. What if a patient is transferred to my area with an infusion in progress?
 - a. There is no initial charge for this, you only charge sequential hours for the time you spend monitoring using one of the following depending on the fluid being infused:
 - IV INFUS HYDR EA ADD'L HR <=8
 - IV INFUS TPD EA ADD'L HR <=8
 - IV INFUSN CHEMO EA ADD'L HR <=8
 - b. Document the start time and stop time of the fluids to capture the time spent monitoring.
11. What if a patient is transferred from my area with an infusion in progress?
 - a. Charge only for the services you've provided. If you know an infusion is going to run for 5 hours, but the patient is transferred from your area after 2 hours, you would only charge for 2 hours.
 - b. Document the start time and time transferred from area to capture the services provided.
12. A Chemo administration (infusion or push) is defined by the type of drug administered, which includes all biological response modifiers (BRM) and monoclonal antibodies (MA). See list of examples on pages 8-10.
13. Any therapeutic, prophylactic, diagnostic (TPD), or chemo infusion administered for <=15 minutes is considered an IV push (IVP).
14. When would I bill a concurrent infusion?
 - a. When you are simultaneously infusing two bags of therapeutic drugs into the same line, irregardless of the number of drugs per bag.
 - b. Since the two bags are hung concurrently, you would only submit one hourly charge for the administration. The length of the infusion would be calculated from the time the first bag is hung and continue until the first or concurrent bag is dc'd, whichever is later.
 - c. You would also submit a one-time concurrent infusion charge for administration of the concurrent bag.
15. Would a simultaneous infusion of two bags of chemo drugs be billed as a concurrent infusion?
 - a. No, you can submit separate hourly administration charges for each bag of chemo drug even though they are administered simultaneously.
 - b. Assuming the chemo is your primary service, you would charge for one of the infusions using the primary chemo infusion plus additional hours, as appropriate.
 - c. You would use the sequential infusion plus additional hours, as appropriate, to bill for the administration of the second bag of chemo drug.
16. What does sequential infusion or push mean?
 - a. Administration of additional drugs beyond those administered for the primary treatment of the patient irregardless of the order in which they are given.
17. Can I charge for two infusions if they are administered in two different sites?
 - a. Yes, you can charge for two separate infusions, both as initial, if protocol requires they be administered in separate sites.
18. Can I charge for a hydrating infusion given pre or post procedure to prevent the ill effects of the treatment drug?
 - a. Yes, you can charge for the hydration using IV INFUS HYDR EA ADD'L HR <=8.
 - b. You would not use the code for initial hour of hydration since this is not the primary procedure.

CHARGING & CODING SCENARIOS

1. Patient with a headache --- diagnosis of migraine.
 1 liter of saline over 40 minutes -- order written for hydration
 Toradol 30 mg IV push
 1 hour later Phenergan 25 mg IVP and Dilaudid 1 mg. IV push
 2nd liter of fluid given over 1 hour and 25 minutes

SERVICE PROVIDED	CHARGE CODE DESCRIPTION	QTY	CODING
1 liter of saline over 40 minutes	IV INFUS HYDR EA ADD'L HR <=8	1	96361
Toradol 30 mg IV push	PRIMARY INJECTION IV PUSH	1	96374
Phenergan 25 mg IVP	SEQUENTIAL INJ IV PUSH EACH	1	96375
Dilaudid 1 mg. IV push	SEQUENTIAL INJ IV PUSH EACH	1	96375
2nd liter of fluid given over 1 hour and 25 minutes	IV INFUS HYDR EA ADD'L HR <=8	1	96361

2. Cardiac patient with a diagnosis of SVT
 1 liter of fluid over 1 hr --- ordered as hydration
 Adenosine 6 mg IVP at 0948
 Adenosine 6 mg IVP at 0950
 Adenosine 12 mg IVP at 0955 (can't charge for additional IV Pushes of same drug unless they are at least 31 minutes apart)
 Cardiazem 20 mg IVP at 1000
 2nd liter of normal saline with order for 100 ml/hr from 1140 to 1208----
 so less than 30 minutes so no charge? (If this was the first hour of hydrating infusion, you would charge it as long as it is over 15 minutes. Since it is the second hour of hydrating infusion, you are correct, it must go over 30 minutes (this was 28 minutes) in order to charge the second hour of hydrating infusion).

SERVICE PROVIDED	CHARGE CODE DESCRIPTION	QTY	CODING
1 liter of fluid over 1 hr	IV INFUS HYDR EA ADD'L HR <=8	1	96361
Adenosine 6 mg IVP at 0948	PRIMARY INJECTION IV PUSH	1	96374
Adenosine 6 mg IVP at 0950			
Adenosine 12 mg IVP at 0955			
Cardiazem 20 mg IVP at 1000	SEQUENTIAL INJ IV PUSH EACH	1	96375
2nd liter of normal saline 100 ml/hr for 28 minutes			

3. Female patient presents with nausea and vomiting, fever, high blood sugars of 450 with Glucometer on arrival. 1 liter of saline for hydration started at noon, then 200 ml/hr
 5 units of regular insulin IV push
 12.5 mg of phenergan IVP for nausea
 Insulin drip is started at 5 units per hour – started at 1300 (this line is run piggy back to 500 mls of normal saline to maintain the insulin drip. Patient stays on insulin through admission – 2 hours 20 minutes.
 Pt continues to complain of nausea, given compazine 5 mg IVP
 1 gram of rocephin is ordered as concern also of infection given concurrently IV over 35 minutes.

SERVICE PROVIDED	CHARGE CODE DESCRIPTION	QTY	CODING
1 liter of saline for hydration from 1200-1300	IV INFUS HYDR EA ADD'L HR <=8	1	96361
5 units of regular insulin IV push	PRIMARY INJECTION IV PUSH	1	96374
12.5 mg of phenergan IVP for nausea	SEQUENTIAL INJ IV PUSH EACH	1	96375
Insulin drip, 2 hours 20 minutes	SEQUENTL IV INFUSN TPD 1ST HR	1	96367
	IV INFUS TPD EA ADD'L HR <=8	1	96366
500 mls of normal saline to maintain insulin drip			
compazine 5 mg IVP	SEQUENTIAL INJ IV PUSH EACH	1	96375
1 gram of rocephin concurrent IV over 35 minutes	CONCURRENT IV INFUSION GIVEN	1	96368

- Would not charge for saline used to maintain insulin drip
- If rocephin had been given when nothing else was running, you would charge SEQUENTL IV INFUSN TPD 1ST HR instead of CONCURRENT IV INFUSION GIVEN

4. Trauma patient
 IV fluids 2 liters bloused over 1 hour for increased heart rate and BP in the 90's,
 Then 250 ml/hr for 3 hours.
 Propofol continuous IV for 3 hours in ED (Propofol running concurrently with the fluids in 2 separate IV sites)
 Received ATB over 35 minutes (concurrent with propofol infusing in a different site)
 Received Dilaudid IVP x 3 for pain

SERVICE PROVIDED	CHARGE CODE DESCRIPTION	QTY	CODING
IV fluids over 1 hour	IV INFUS HYDR EA ADD'L HR <=8	1	96361
IV fluids 3 more hours			
Propofol IV for 3 hours (concurrent with fluids)	PRIMARY IV INFUSION TPD 1ST HR	1	96365
	IV INFUS TPD EA ADD'L HR <=8	2	96366
Received ATB (concurrent with propofol)	CONCURRENT IV INFUSION GIVEN	1	96368
Received Dilaudid IVP x 3 for pain*	SEQUENTIAL INJ IV PUSH EACH	1	96375

*Could add 96376 x 2 if documentation states that the 2nd and 3rd IVP of Dilaudid were each 31 minutes apart.

5. Patient with iron deficiency anemia and Crohn's
 1 hour infusion of iron followed by
 1 hour 45 minute infusion of infliximab

SERVICE PROVIDED	CHARGE CODE DESCRIPTION	QTY	CODING
1 hour infusion of iron	SEQUENTL IV INFUSN TPD 1ST HR	1	96367
1 hour 45 minute infusion of infliximab	PRIMARY IV INFUSN CHEMO 1ST HR	1	96413
	IV INFUSN CHEMO EA ADDL HR <=8	1	96415

6. Patient (age 7) comes in for IVIG infusion.
 Establish venous access via peripheral IV, may draw labs.
 Premedicate with push of therapeutic drug as ordered by physician.
 Begin infusion which runs for 2hrs 55 minutes.

SERVICE PROVIDED	CHARGE CODE DESCRIPTION	QTY	CODING
Establish venous access via PIV			
Draw labs			
Premedicate as ordered by physician	SEQUENTIAL INJ IV PUSH EACH	1	96375
Infusion runs for 2hrs 55 minutes	PRIMARY IV INFUSN CHEMO 1ST HR	1	96413
	IV INFUSN CHEMO EA ADDL HR <=8	2	96415

7. Patient (age 6) comes in for chemotherapy of Vincristine, Actinomycin, and Cytoxan. Establish IV access typically through PICC, draw labs and await results while starting hydration (required for Cytoxan). Prehydration for 2 hrs 40 minutes based on concentration of urine. Spec gravity needs to be 1.010 - 1.015 to start drug. When labs are verified that patient is well enough for chemo we premed with a therapeutic drug (push). Proceed with vincristine IV push and actinomycin IV push then Cytoxan infusion over 30 minutes to 1 hour. Post hydration required, administered over 1 hour 25 minutes

SERVICE PROVIDED	CHARGE CODE DESCRIPTION	QTY	CODING
Establish IV access typically through central line	PLACE PICC W/O PORT >5	1	36569
Draw labs			
Prehydration for 2 hrs 40 minutes	IV INFUS HYDR EA ADD'L HR <=8	3	96361
Premed therapeutic drug 1	SEQUENTIAL INJ IV PUSH EACH	1	96375
Premed therapeutic drug 2	SEQUENTIAL INJ IV PUSH EACH	1	96375
Proceed with vincristine IV push	SEQUENTL INJ CHEMO IV PUSH EA	1	96411
Actinomycin IV push	SEQUENTL INJ CHEMO IV PUSH EA	1	96411
Cytoxan infusion over 32 minutes	PRIMARY IV INFUSN CHEMO 1ST HR	1	96413
Post hydration for 1 hr 25 minutes	IV INFUS HYDR EA ADD'L HR <=8	1	96361

8. Patient comes for WinRho. Establish venous access typically by PICC. Drug is infused over 15 minutes with a 60 minute observation afterward

SERVICE PROVIDED	CHARGE CODE DESCRIPTION	QTY	CODING
Venous access typically by PICC	PLACE PICC W/O PORT >5	1	36569
Drug infused over 15 minutes	PRIMARY INJECTION IV PUSH	1	96374
60 minute observation afterward	RECOVERY LEVEL 2 PER MIN	60	

9. A hydrating infusion is administered for 1 hour 53 minutes pre procedure. The hydration is not needed during the procedure, but will be needed at the end of the procedure, so it is kept running at a slow rate to keep the line open. After the procedure the patient receives a hydrating infusion that runs for 2 hours and 9 minutes.

SERVICE PROVIDED	CHARGE CODE DESCRIPTION	QTY	CODING
hydrating infusion 1 hour 53 minutes	IV INFUSION, HYDRATION 1ST HR	1	96360
	IV INFUS HYDR EA ADD'L HR <=8	1	96361
infusion running to keep line open			
additional hydration for 2 hours 9 minutes	IV INFUS HYDR EA ADD'L HR <=8	2	96361

10. Infusions administered in 2 Sites – 4 hr infusion of therapeutic drug X in left arm & 3 hr infusion of therapeutic drugs Y and Z (2 bags) in the right arm (medically necessary to administer in different site).

SERVICE PROVIDED	CHARGE CODE DESCRIPTION	QTY	CODING
4 hr infusion of therapeutic drug X in left arm	PRIMARY IV INFUSION TPD 1ST HR	1	96365
	IV INFUS TPD EA ADD'L HR <=8	3	96366
3 hr infusion of drugs Y&Z (2 bags) in the right arm	PRIMARY IV INFUSION TPD 1ST HR	1	96365
	IV INFUS TPD EA ADD'L HR <=8	2	96366
	CONCURRENT IV INFUSION GIVEN	1	96368

11. Infusions administered in 2 Sites & central line – 4 hr infusion of therapeutic drug X in left arm, 3 hr infusion of therapeutic drugs Y & Z (2 bags) in the right arm (medically necessary to administer in different site), and 2 hr therapeutic infusion into a pre-existing central line.

SERVICE PROVIDED	CHARGE CODE DESCRIPTION	QTY	CODING
4 hr infusion of therapeutic drug X in left arm	PRIMARY IV INFUSION TPD 1ST HR	1	96365
	IV INFUS TPD EA ADD'L HR <=8	3	96366
3 hr infusion of drugs Y&Z (2 bags) in the right arm	PRIMARY IV INFUSION TPD 1ST HR	1	96365
	IV INFUS TPD EA ADD'L HR <=8	2	96366
	CONCURRENT IV INFUSION GIVEN	1	96368
2 hr infusion into a pre-existing central line	SEQUENTL IV INFUSN TPD 1ST HR	1	96365
	IV INFUS TPD EA ADD'L HR <=8	1	96366

12. Infusion administered in 2 Sites, central line & push – 4 hr infusion of therapeutic drug X in left arm, 3 hr infusion of therapeutic drugs Y & Z (2 bags) in the right arm, 2 hr therapeutic infusion into a pre-existing central line, and push of drug A administered over 10 minutes.

SERVICE PROVIDED	CHARGE CODE DESCRIPTION	QTY	CODING
4 hr infusion of therapeutic drug X in left arm	PRIMARY IV INFUSION TPD 1ST HR	1	96365
	IV INFUS TPD EA ADD'L HR <=8	3	96366
3 hr infusion of drugs Y&Z (2 bags) in the right arm	PRIMARY IV INFUSION TPD 1ST HR	1	96365
	IV INFUS TPD EA ADD'L HR <=8	2	96366
	CONCURRENT IV INFUSION GIVEN	1	96368
2 hr infusion into a pre-existing central line	SEQUENTL IV INFUSN TPD 1ST HR	1	96365
	IV INFUS TPD EA ADD'L HR <=8	1	96366
Push of drug A administered over 10 minutes	SEQUENTIAL INJ IV PUSH EACH	1	96375

13. Administration of lidocaine - order is to push 1/2 of dose over 20 minutes, rest for 10-15 minutes and push remainder of dose over 10 minutes.

SERVICE PROVIDED	CHARGE CODE DESCRIPTION	QTY	CODING
Lidocaine pushed over 30 minutes	PRIMARY IV INFUSION TPD 1ST HR	1	96365

- Since the 20 minute push and 10 minute push are both given to administer the same drug you would look at the entire time it took to administer the drug. Since administration was over 15 minutes this would be considered an infusion rather than a push regardless of technique used.
- If this same scenario took place with two separate drugs you would charge the following:

SERVICE PROVIDED	CHARGE CODE DESCRIPTION	QTY	CODING
20 minute therapeutic push drug A	PRIMARY IV INFUSION TPD 1ST HR	1	96365
10 minute therapeutic push drug B	SEQUENTIAL INJ IV PUSH EACH	1	96375

INFUSION DOCUMENTATION REQUIREMENTS 2014

The following elements should be documented

- Diagnosis
 - Critical component – Must indicate the primary reason you are treating the patient today—i.e., anemia, cancer, side effects of chemo (specify), hydration, combination or other condition
- What type substance is being administered?
 - Therapeutic/prophylactic medications
 - Hydration
 - Chemotherapy (determined by type of drug, not diagnosis)
 - **Monoclonal antibodies** – infliximab (Remicade), daclizumab (Zenapax), natalizumab (Tysabri), rituximab (Rituxan)
 - Non-hormonal anti-neoplastic
 - Hormonal anti-neoplastic
- How was each drug administered?
 - IV Infusion
 - IV Push (**includes any infusion <15 minutes**)
 - Intra-arterial
 - Subcutaneous/Intramuscular
 - Intra-lesional?
 - Other methods of administration – i.e. Intrathecal, peritoneal, implantable ports or pumps?
- In what order was the substance administered?
 - “Initial” substance—primary reason for encounter (chemo, other meds, hydration) regardless of the order they are given in
 - Subsequent – Meds, chemo or hydration given before or after primary (“initial”) substance, can be charged per substance per hour
 - Concurrent – 2 (or more) meds running at the same time--can only be charged once per encounter (not hydration) in addition to the initial (primary) substance
- Time for each administration
 - Include start and stop times for **each** drug administered
 - Must go at least 31 minutes into subsequent hour to charge for next hour
 - Can only count time that substance(s) are actually running
 - **Do they ever do “prolonged” (greater than 8 hours) infusion?**
 - Multiple IVP of the same drug must be given at least 31 minutes apart to charge.

What is NOT separately reportable?

- The fluid used to administer the drug
- Use of local anesthesia
- IV Start
- Flush at conclusion of infusion
- Standard tubing, syringes and supplies
- Preparation of chemotherapy agents

Other procedures performed

Refill and maintenance of the pumps – portable or implantable

Irrigation of implanted venous access device for drug delivery systems

**per CPT Changes 2006-An Insider's View*

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Drugs to charge as Chemotherapy

8/4/2014

Although these drugs may be used to treat non-cancerous diagnoses, in 2006 they are billed using the chemotherapy range of charge codes.

Biological response Modifiers

Monoclonal Antibodies

Brand Name	Generic Name	Indication
Rituxan	rituximab	
Zenapax	daclizumab	
Remicade	infliximab	
Tysabri	natalizumab	
Avastin	bevacizumab	
Herceptin	trastuzumab	
Taceva	erlotinib	
Erbitux	cetuximab	
OKT3	muromonab-CD3	
Xolair	omalizumab	
Zevalin	ibritumomab tiuxetan	
Bexxar	tositumomab	
Mylotarg	gemtuzumab ozogamicin	
ReoPro	abciximab	
MabCampath	alemtuzumab	
Oncolym	Lym-1	
Vitaxin		
Lymphocide		
Edobacomab	XMMEN-OE5	
sibrotuzumab	immunoglobulin G1 : anti-(human FAP (fibroblast activation protein)) disulfide with human-mouse monoclonal BIBH1 ?-chain, dimer	
Oregovemab	OvaRex; Mab-B43.13; Monoclonal antibody B43.13	

Other types of BRM

Brand/Generic names	Indication
abetimus	riquent
Ampligen	
BCG	
Bestatin	
CMV IG - Cytomegalovirus immune globulin intravenous	
Cyclosporine	
DNCB (2,4-Dinitrochlorobenzene)	
Interferon	
Interleukin	
IVIG (intravenous immune globulin)	
Lentinan	
rCD4	
Thymosin fraction 5	

SUBCUTANEOUS/INTRAMUSCULAR ANTINEOPLASTIC INJECTIONS

Hormonal (in alphabetical order) (mostly for breast or prostate cancer diagnoses)

Generic	Brand Name
Abarelix	Barelix, Plenaxis
Amadinone Acetate	-
Arimidex; arimasin	Nastrozole Xemestane; FEC-24304; Nikidess; PNU-155971
Arzoxifene	Y-353381
Atamestane	-
Bethasone Benzoate	Beben; Benisone; W-5975
Bicalutamide CDC117	Casodex; ICI 176334; Propanamide -
Chlorotrianisene	Anisene; Chlorotrianisine; Chloro-tris; Chlortrianizen; Clorestrolo; Clorotrisin;
Clogestone Acetate	AY-11,440
Clomegestone Acetate D3967	SH 741 -
D63153	-
Decapeptyl	D-Trp6 (LH-RH)
Dienestrol	Dehydrostilbestrol; Dienoestrol; Ortho Dienestrol; Synestrol
Diethylstilbestrol	Acnestrol; Honvol; Stilbestrol
Doxercalciferol	ectoral
Dromostanolone Propionate	Drolban#; Drostanolone propionate; Emdisterone; Masterid; Masteril; Masterone; Nedrotestron propionate; Permastril; 32379; Compound 32379
Eligard	Eligar Neuproliden; Neuproreline; Neuprolide
ERA 923	-
Estramustine	Leo 275; Ro 21-8837; Ro 22-2296/000
Estramustine Phosphate Sodium	Emcyt; Estracyt; Ro 21-8837/001
Estrone	Aquest; Crystogen; Femogen Forte; Follicular Hormone; Folliculin; Kestrone;
Fulvestrant	Faslodex; Fulvestrant; ICI-182780; Zeneca 182780
Fluorotestosterone	U-11207; 6a-Fluorotestosterone
Fluoxymesterone	Androfluorene; Android-F; Anrosterolo; Fluo-testin; Fluoximesterone; Flusteron; Flutestos; Halodrin; Halotestin; Neo-Ormonal; Oralsterone; Oratestin; Ora-Testryl; Testoral; Ultandren
Gestaclone	SH-1040
Gestonorone Caproate	Gestronol Hexanoate; SH-582
GnRH Pharmaccine	-
Goserelin Acetate	ICI 118630; Decapeptide 1; Goserelin acetate; LHR 606864; Zoladex
Haloprogesterone	-
Histrelin	ORF 17070; RWJ 17070
Hydroxyprogesterone Caproate	17-AHPC; 17-alpha-Hydroxyprogesterone; Component of Deluteval 2X; Delalutin; Duralutin; Gesterol LA 250; Hydroxyprogesterone Hexanoate; Gesterol; Hy-Gestrone; Hylutin; Hyprogest; Pro-Depot; Prodrox; Proluton CB-7432; SB-223030
Idoxifene	
Ketoconazole	Apo-Ketoconazole; Nizoral; Norizol; Novo-Ketonconazole; Nu-Ketocon; R-41400
Lasofoxifene	-
Letrozole	CGS-20267; Femara
Leuprolide Acetate	Abbott-43818; Carcinil; Eligard; Leuprolide; Leuprorelin; Lupron ; TAP- 144; Viadur
Leuprorelin	-
Medroxyprogesterone Acetate	Alti-MPA; Amen; Curretab; Cycrin; Depcorlutin; Depo-Provera; Farlutin; Gestapuran; Lutopolar; Lutorial; Farlutin; Gestapuran; Lutopolar; Lutorial; Proclim; Provera ; Oragest; Perlutex; Prodasone; Progestal; Proverone;

Megestrol Acetate	Apo-Megestrol; BDH-1298; Compound 5071; Magace; Megace; SC-10363
Melengestrol Acetate (MGA)	BDH-1921; 5373
Methyltestosterone	Android; Andrometh; Androsan; Androsten; Anertan; Dumogran; Component of Estratest; Homandren; Malestrone; Metandren; Methyltestosteronum; Metrone; Neo-Hombreol-M; Oreton Methyl; Component of Premarin with Methyl-testosterone; Steronyl; Synandrets; Synandrotabs; Testoviron; Testred (ICN); Virilon
Mibolerone	Miboleron; U-10997
Nafoxidine HCL	-
Nandrolone Phenpropionate	-
Nilutamide	-
4-Nitroestrone	-
Nitromifene Citrate	-
Nylestriol	-
Oestriol	Estriol; Estriol Sodium Succinate; Estriol Succinate; Oestriol Sodium Succinate; Oestril Succinate; Oestrifen
Oncolar	Octreotide pamoate
Polyestradiol Phosphate	Estradurin ; Leo-114
Pure anti-estrogen	
Quingestanol Acetate	W-4540
Raloxifene	Evista ; Raloxifene Hydrochloride; Raloxifene; Keoxifene Hydrochloride; LY-156758; LY-139481
SERM III	-
SPD424	Histrelin implant; LHRH-Hydrogel implant; RL 0903; SPD 424; Vantas
Stanolone	Dihydrotestosterone; Neodrol
Stilboestrol Dipropionate	Diethylstilbestrol Dipropionate
Tamoxifen Citrate	Alpha-Tamoxifen; Apo-Tamox; Dom-Tamoxifen; Gen-Tamoxifen; ICI-46474;
Testolactone	SQ-9538; Fludestrin; Teolit; Teslac; Teslak; Testolacton; 1-Dehydrotestololactone; Teslac
Testosterone Cypionate	Andro-Cyp 200; Andronaq-LA; Andronate; Component of Depo-Testadiol; DepAndro 100; DepAndro 200;
Testosterone Propionate	Androlan; Malogen; Oreton Propionate; Synandrol; Synerone; Testex
Teverlix	-
Tigestol	-
Toremifene Citrate	FC-1157a; Fareston
Trioxifene Mesylate	Compound 133314
Triptorelin	AY-25650; BIM-21003; BN-52014; CL-118532; Triptorelin pamoate; Triptoreline;

Non-hormonal

Generic

Flutamide

Generic

Apo-Flutamide, Euflex; Eulexin
Niftolid, Niftholide; Niftolife; SCH 13521

INFUSION/INJECTION OVERVIEW BASED ON 2006 CPT CHANGES

	HYDRATION	THERAPEUTIC, PROPHYLACTIC & DIAGNOSTIC	CHEMO	ADD'L HRS FOR USE W/ INITIAL & SEQUENTIAL	
INFUSION	96360 INITIAL UP TO 1 HOUR	96365 INITIAL UP TO 1 HOUR	96413 SINGLE/INITIAL DRUG UP TO 1 HOUR		
	96361 ADDITIONAL HOUR, UP TO 8 -BILL ADDITIONAL HOUR ONLY AFTER >30 MINUTES -WHEN USED FOR SUBSEQUENT DON'T BILL 90760 -CAN BE BILLED AS SUBSEQUENT SERVICE TO 96365, 96374, 96409 & 96413	96366 ADDITIONAL HOUR, UP TO 8 -BILL ADDITIONAL HOUR ONLY AFTER >30 MINUTES -WHEN USED FOR SUBSEQUENT DON'T BILL 90765	96415 ADDITIONAL HOUR, 1-8 HOURS -BILL ADDITIONAL HOUR ONLY AFTER >30 MINUTES		
		96367 ADDITIONAL SEQUENTIAL INFUSION UP TO 1 HOUR -REPORT ONLY ONCE PER SEQUENTIAL INFUSION OF SAME INFUSATE MIX	96417 EACH ADDITIONAL SEQUENTIAL INFUSION (DIFF SUB/DRUG) UP TO 1 HOUR		
		96368 CONCURRENT INFUSION -REPORT ONLY ONCE PER ENCOUNTER W/ 96365 & 96413	- NO CONCURRENT - CONSIDERED SEQUENTIAL INJ RATHER THAN CONCURRENT & BILLED W/ 96411 OR 96417		
			96416 INITIATION OF PROLONGED CHEMO INFUSION >8 HOURS - REQUIRES PORTABLE OR IMPLANTED PUMP		
PUSH		96374 IV PUSH, SINGLE OR INITIAL SUB/DRUG	96409 IV PUSH SINGLE INITIAL SUB/DRUG		
		96375 ADDITIONAL SEQUENTIAL IV PUSH OF SUB/DRUG	96411 IV PUSH EACH ADDITIONAL SUB/DRUG		
		96376 ADDITIONAL SEQUENTIAL IV PUSH OF NEW DRUG	-USE IN CONJUNCTION W/ 96409 & 96413		
		96373 INTRA-ARTERIAL PUSH			
INJ		96379 UNLISTED IV OR INTRA-ARTERIAL INJ OR PUSH			
		96372 SUBQ/IM NON-ANTINEOPLASTIC	96401 SUBQ/IM NON-HORMONAL ANTI-NEOPLASTIC 96402 SUBQ/IM HORMONAL ANTI-NEOPLASTIC		

- ~ When administering multiple infusions, injections or combinations, only one service should be reported as initial/primary, unless protocol requires that two separate IV sites must be utilized.
- ~ The "initial" service is the one that represents the primary reason for the encounter/most significant service provided for the patient, and is reported irrespective of the order in which the services 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.
- ~ The time of the service should be based only upon the administration time for the infusion. Services leading up to and concluding the infusion have been included in the infusion service code are not separately reported. This includes starting the IV and monitoring the patient post-infusion.