



2008 Injection and Infusion Therapy Building Blocks



Therapy type		Chemotherapy: including... monoclonal antibody agents & biological response modifiers	Therapeutic, prophylactic, or diagnostic	Hydration
ONLY 1 "Initial" service unless protocol requires 2 - IV sites to be used (Initial category = Therapy focus)	INITIAL	96413 - IV infusion up to 1 h (initial)	90765 - IV infusion up to 1 h (initial)	90760 - IV infusion 31 min to 1 h (initial)
		96409 - IV push (initial)	90774 - IV push (initial)	
This therapy type may be chosen in addition to another initial service on the same day.			90769 - SQ infusion up to 1 h. (SQ Infusions ≤ 15 min, use 90772) (Includes pump set-up & establishment of SQ infusion site)	
Select all that apply	ADDITIONAL THERAPY TIME	+96415 - IV infusion each additional hour (Use with 96413 or 96417)	+90766 - IV infusion each additional hour (Use with 90765 or 90767)	+90761 - IV infusion each additional hour (Use with 90760, 90765, 90774, 96409, 96413)
		96417 - IV infusion 1st hour of an additional different drug (Can be used with 96413)	90767 - IV infusion 1st hour of an additional sequential drug (Can be used with 90765, 90774, 96409, 96413)	
			90768 - IV infusion: Additional separate admixture concurrent therapeutic drug (May use only ONCE per encounter) (Can be used with 90765, 90766, 96413, 96415, 96416)	
		96411 - IV push: Additional different drug , EACH (Use with 96409, 96413)	90775 - IV push: Additional different drug , EACH (Use with 90765, 90774, 96409, 96413)	
			90770 - SQ infusion each additional hour (Use with 90769)	
			90771 - SQ infusion Additional pump set up with new infusion site(s) (Use with 90769)	
Use as needed per drug; These may require modifier 59 as appropriate if used with additional therapy time . Confirm CCI edit and appropriate modifier usage.	INJECTIONS OR PROLONGED SERVICE	96402 - IM/SQ injection Hormonal antineoplastic	90772 - IM/SQ injection	
		96401 - IM/SQ injection Nonhormonal antineoplastic		
		96416 - Prolonged infusion: > 8 hours (requiring portable infusion pump)		
		96405 - Intralesional < 7 lesions		
		96406 - Intralesional > 7 lesions		
		96420 - Intra-arterial push	90773 - Intra-arterial push	
Coding limitations and additional guidance for code selection:				
IMPORTANT INFO	If infusion time is less than 15 minutes, code as an IV push (IVP).			
	"Each additional hour" code ONLY if time exceeds 30 minutes in addition to the hour .			
	Report hydration if ordered by provider and only IF hydration time exceeds 30 minutes in duration .			