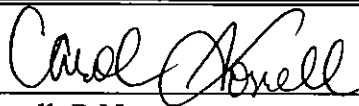
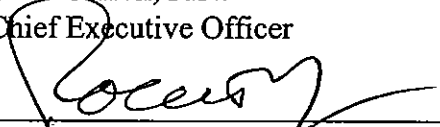

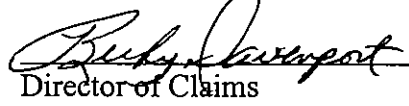



**KERN HEALTH SYSTEMS
POLICIES AND PROCEDURES**

TITLE: KERN HEALTH SYSTEMS POLICIES & PROCEDURES		INDEX NUMBER 6.21		Page 1 of 2	
SECTION: Claims		ISSUE DATE: FEBRUARY 1, 2002			
SUBJECT: Infusion Billing Guidelines		EXTERNAL APPROVAL		DMC	DHS
					01-09-02
Review Date					
Revision No.					
Effective Date	02/01/01				

Approved		Date	11/2/01
	Carol Sorrell, R.N. Chief Executive Officer		
Approved		Date	10/1/01
	Medical Director		
Approved		Date	10/31/01
	Chief Financial Officer		
Approved		Date	10/29/01
	Director of Claims		
Approved		Date	10/23/01
	Claims Manager		

POLICY:

All infusion services must be billed by the provider using the appropriate CPT/HCPCS codes and modifiers in accordance with the guidelines and restrictions set forth in this policy and procedure.

PURPOSE:

To provide guidance to infusion service providers for billing preparation and submission.

PROCEDURE:

1.0 BILLING PREPARATION AND SUBMISSION

Claims should be submitted to KHS in accordance with *KHS Policy and Procedure #6.01* –

**KERN HEALTH SYSTEMS
POLICIES AND PROCEDURES**

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Claims Submission/Reimbursement.

Providers must submit a complete HCFA 1500 or UB92 form to bill for services provided. Applicable CPT/HCPCS codes, including modifiers, should be used to properly identify the service provided.

2.0 RESTRICTIONS AND REQUIREMENTS FOR ADDITIONAL DOCUMENTATION

Claims should be submitted in accordance with the restrictions and requirements for additional documentation in the following table.

Procedure Code	Description	Restriction/Requirement
X7700	IV hydration - 1000 ml	
X7702	Each additional 1000 ml	
90780	IV infusion for therapy/diagnosis, administered by physician or under direct supervision of physician; up to one hour.	Should not be used for chemotherapy. Not reimbursable when rendered to hospital inpatients or patients in a Nursing Facility Level A or B, hospital outpatient department, or at home because a nurse usually performs infusion therapy in these facilities. ¹ Services billed by these facilities are denied D62-Service Not Billable by Provider.
90781	Each additional hour, up to eight hours	See Code 90780
96408	Chemotherapy administration, intravenous; push technique	
96410	Chemotherapy administration; infusion technique, up to one hour	
96412	Each additional hour, up to eight hours	

¹ Medi-Cal Guidelines June 2000 (2-Injections; page 6)