Facility Coding Quick Guide

A practical reference for hospital outpatient & facility coders

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Facility vs Professional Coding Checklist

- Facility coding captures hospital resources, nursing services, supplies, and technical components.
- Professional coding captures the provider's work and medical decision-making.
- Do not code facility services based solely on the provider note.
- Always validate services using nursing documentation and MAR records.

Infusion Therapy Decision Guide

- Only one initial service may be reported per encounter.
- Initial code is based on hierarchy, not time order.
- Subsequent services must follow CPT sequencing rules.
- Hydration is not billable when it is routine or secondary to another infusion.

Hydration Billing Requirements

- Documentation must support medical necessity.
- Minimum of 31 minutes of infusion time required.
- Routine IV fluids are not separately billable.
- Start and stop times must be clearly documented.

Documentation Must-Haves

- Medication Administration Record (MAR)
- Start and stop times for each service
- Dosage, route, and method of administration
- Clear indication of sequential vs concurrent services

Top Facility Coding Errors

- Billing hydration without medical necessity.
- Reporting multiple initial infusion or IV push codes.
- Coding from the provider note only.
- Ignoring payer-specific outpatient policies.

ER & Observation Coding Workflow

- Identify encounter type.
- Determine primary service.
- Review nursing documentation.
- Apply CPT hierarchy and sequencing rules.
- Confirm medical necessity and time thresholds.