



Which IV Infusion Services are Most Appropriate for Urgent Care?

Urgent Message: When offered as a medical service consistent with an urgent care center's branding, IV infusion can enable new revenue streams and expand the center's appeal to a new base of patients.

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According to the Urgent Care Association (UCA), the capability to administer intravenous (IV) medications is a defining feature of urgent care.¹ Along with x-ray services and suturing, the availability of IV treatment differentiates urgent care from lower-acuity primary care and retail health clinics. While the UCA does not specify which IV treatments should be made available, urgent care centers should be prepared with the necessary supplies and staff training to administer IV medications and fluids.

Expanding into new infusion services presents an opportunity for urgent care operators who want to build upon the services already offered. IV infusions are in demand for many reasons. For example, consumers are seeking relief from dehydration, hangovers, endurance sports, and mental health concerns. Some patients need routine infusions of a novel medication to treat a chronic condition or chemotherapy to treat cancer. There are many avenues of IV infusion for urgent care to explore.

Of course, not all IV infusion services are profitable or complement the urgent care model. Careful examination of common types of IV infusion offerings can help inform the strategic approach.

IV Infusion Offerings in Urgent Care

Certainly the most common use of IV infusions in urgent care is saline fluids for rehydration to complement routine medical visits. Patients presenting with dehydration from illness or fluid loss often benefit from receiving an infusion during their visit.

Still, some clinics don't offer even this basic service.



Why? In streamlining operations, centers may feel compelled to avoid staffing limitations like needing a registered nurse, licensed practical nurse, certified medical assistant, or physician to deliver the IV service. At the same time, they might not have the capacity to manage lengthy observation times, adverse events, and dealing with a higher acuity level. Others don't have the volume required to generate enough profit from the occasional IV infusion.

But for most clinics, routine rehydration IV infusions are within the capabilities of daily operations. Clinics already offering IV infusions as part of their medical

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The Starting Point

IV fluids for dehydration serve a range of clinical presentations from heat exposure to hangovers to stomach flu. The starting point is for patients to be aware IV fluids administration is a service urgent care offers, paid by insurance when medically necessary, as part of the core injury and illness business.

care may benefit from looking for sensible ways to expand upon this existing service with new business opportunities, while considering the consumer perspective.

1. ‘Designer’ IV Cocktails

Popularized by social media influencers and the growing wellness trend, “designer” IV cocktails offered by specialty clinics have been attracting consumer interest in recent years. Consumers pay roughly \$150-200 in cash for an infusion designed to boost “brain power” or “inner beauty” with a mix of vitamins and minerals.

From a business perspective, this model is dubious at best as households are struggling financially in light of recent inflation to afford necessities. How many consumers are ready to spend \$150 in cash for a weekly “brain boost?” Even in an affluent market, this service is closer to cosmetic Botox, laser treatments, and the aesthetic services offered at a spa than medically necessary care. So while urgent care can technically offer such infusions, they often must be advertised at a low price point to compete with more fashionable venues. The result? Frightfully thin margins for urgent care.

Without an evidence-based, clinical rationale for administering these vitamin cocktails intravenously, urgent care operators could also set themselves up for potential legal risks. Ultimately, the novelty of this category of IV treatment is the driving force for demand, and urgent care operators should be wary of this fleeting trend, especially when it detracts marketing dollars and operational staff from the core illness and injury business.

2. Hangover Recovery

Similar to IV wellness cocktails, hangover recovery infusions have also gained popularity in recent years. The market for these treatments is primarily centered around large cities, especially those with “party” reputations like Miami and Las Vegas. Companies offering IV hangover infusions also operate on a cash basis, charging \$150-200 per visit.

The IV infusion of fluids can help with dehydration

when present, but it will not counteract the symptoms of a hangover, such as headache, nausea, or delayed reaction time. Medical experts agree that there is no “cure” for hangover.²

3. Ketamine

The most controversial type of infusion appearing in urgent care is ketamine. Another cash-based service, patients pay \$300-400 per session for the off-label use of the anesthetic drug. Reports tout the drug’s ability to stimulate brain activity and treat certain behavioral health disorders. However, offering ketamine infusions is not without risk as ketamine is not FDA approved for the treatment of any psychiatric disorder, and providing it without medical monitoring can create serious risk of adverse events.³ The FDA-approved indication for ketamine is as a sole anesthetic agent for diagnostic and surgical procedures.³

Additionally, the fiscal viability of ketamine in urgent care is difficult to assess. A physician is needed—ideally one with prior experience and expertise in off-label use of ketamine—as is a relationship with a specialty pharmacy. Competition in the market can be stiff with many dedicated clinics and specialty behavioral health centers popping up in big cities like Chicago and Los Angeles going after a finite number of patients.

Ketamine infusions are also a more unusual addition to urgent care clinics since they don’t complement the most common clinical presentations. Though some clinics have found success, operators should cautiously consider their goals and demand in their community before undertaking this expansion.

4. Routine Prescription Infusions

Each year, leading drug manufacturers develop new specialty medications that require IV infusion. Many of these must be delivered intravenously on a routine schedule—often monthly or quarterly. Certain chemotherapy infusions also fall into this category. Urgent care is well-positioned to administer these drugs thanks to its convenient evening and weekend hours, already-equipped centers, and proximity to patients. The idea is for urgent care to become an “infusion center.”

Urgent care providers typically do not prescribe infusion medications like risankizumab-rzaa (Skyrizi) or eptinezumab-jjmr (Vyepti). Rather, the patient’s primary care provider or a specialist writes the prescription and would refer the patient to urgent care to receive their infusion. Urgent care centers often have the medical resources to administer these drugs, as well as safety measures like defibrillators, electrocardiogram capabil-

Practical Challenges

There are some practical challenges in urgent care becoming a medical “infusion center.” Infusions in which the diagnosis and prescription originate from an outside specialist may not be reimbursable under urgent care contracts. Urgent care operators should contact their payer partners to identify what they can bill and/or how they can be contracted to provide these services. Some infusion services are reimbursed by pharmaceutical companies.

Referral relationships often start by contacting the specialists treating infusion patients and/or the pharmaceutical companies directly. Processes need to be established to get the medication—whether it’s shipped directly to the center or brought in by the patient—as some of these treatments cost thousands of dollars and many require special handling, such as refrigeration. Additionally, there needs to be a clinical understanding of the administration, side effects, and adverse events of each medication.

Operationally, clinic processes need to be defined including how patients will register, how payment will be processed, which rooms will be taken out of service, which staff members will attend to the patients, and the days infusions will be offered. Consideration must be given to minimize any disruption on the throughput of urgent care visits.

ities, oxygen, and providers with emergency medicine training to manage adverse events.

Currently, medical infusions may be recommended after referral by the treating specialist or primary care physician for administration at hospitals or at specialty “infusion centers,” which are often inconveniently located on medical campuses and/or operate only during daytime hours. For a patient receiving a monthly or quarterly infusion, urgent care could be a tremendous convenience.

As the number of IV infusion therapies continues to grow, this is a potentially profitable avenue for urgent care operators to explore. For patients who need recurring infusions, urgent care is a potentially attractive option thanks to its convenience and efficiency.

How Do You Bill for Infusions?

Initially, a medical coder will need to determine what treatment the patient received, how it was given, and how long it took to deliver the treatment. Once these three criteria are determined, an appropriate therapy code is selected, and based on the duration, an appropriate add-on code is selected.

Table 1. Injection and Infusion Term Definitions

- **Infusion:** Administration of diagnostic, prophylactic, or therapeutic intravenous (IV) fluids and/or drugs given over a period of time. (eg, banana bags, heparin, nitroglycerin, antiemetics, antibiotics, etc.)
- **Injection:** The act of forcing a liquid into the body by means of a needle and syringe. Injections are designated according to the anatomic site involved; the most common are intra-arterial, intradermal, intramuscular, intravenous, and subcutaneous (subQ). Injection delivers a dosage in one “shot” rather than over a period of time.
- **IV Push (IVP):** An IV administration of a therapeutic, prophylactic, or diagnostic drug.
- **IV Piggyback (IVPB):** A method to administer medication through an existing IV tube inserted into a patient’s vein, hence the term “piggyback.” The medication in an IV piggyback is usually mixed in a small amount of compatible fluid, such as normal saline.
- **Intramuscular (IM) Injection:** An injection of a therapeutic, prophylactic, or diagnostic drug into the substance of a muscle, usually the muscle of the upper arm, thigh, or buttock. Intramuscular injections are given when the substance needs to be absorbed quickly.
- **Hydration:** Typically an administration of prepackaged fluids and/or electrolytes without drugs. Examples include normal saline, sodium chloride, dextrose 5% in water, dextrose in ½ normal saline, dextrose in ½ normal saline plus potassium.

Source: Phyllis Dobberstein, RCM Compliance Manager, Experity

Table 1 provides definitions, and **Table 2** provides the CPT codes used for infusion and injection billing.

When infusion and injection codes are reported by the physician or other qualified healthcare professional, the initial code that best describes the key or primary reason for the encounter should always be reported, regardless of the order in which the infusion or injection occurs.

Once the correct initial code is selected, “add on” codes of all other categories of the infusion coding should be chosen.

The primary intent of an injection as described by 96372 is to deliver a small volume of medication in a single shot. The substance is given directly by subcutaneous (subQ), intramuscular (IM), or intra-arterial (IA) routes, as opposed to an intravenous (IV) injection/push that requires a commitment of time. Injection code

Infusion	IV Push	Hydration	Injection
96365 – Initial infusion up to 1 hour	96374 – Initial push or infusion less than 16 minutes	96360 – Initial hydration up to 1 hour; must be at least 31 minutes	96372 – IM/SubQ Injection
96366 – Each additional hour	96375 – IV push, each push of a different drug	96361 – Hydration each additional hour; must be 31 minutes or longer	90471 – IM/SubQ Vaccine
96367 - Sequential infusion up to 1 hour (use 96366 for additional hours of sequential infusion)			
96368 - Concurrent infusion (report only one per encounter)			

Note: In any case with an IVP injection, infusion, or hydration along with an IM or subQ injection, the IM or subQ injection will require modifier 59 for unusual, overlapping services (96372-59).
Source: Phyllis Dobberstein, RCM Compliance Manager, Experity

96373 is reported with any IV drug administration in the same encounter. Modifier 59 should be used when 96373 injection is performed.

When two therapies are performed in the same encounter, the coder will select one initial code of one therapy and add on the code of the other therapy. There will always be one initial code for a date of service unless there are different access sites used for different therapies.

Additional coding and billing considerations include:

- Hydration therapy below 30 minutes is not considered “medically necessary” and hence not coded unless 31 minutes of treatment duration is met.
- “Keep Vein Open” is not coded unless the treatment is medically necessary.
- For IVPB, the documentation on piggybacking or mixing of drugs in fluids should be clearly captured in the medical record.
- Any IVPB below 16 minutes is considered as IVP.

Is Offering Infusions Worth it?

Ultimately, the decision to begin offering or expanding infusion services must be weighed seriously. Operators should consider the needs of their community, the expertise of their providers and staff, as well as the financial benefit and risk. Moreover, care must be taken to not detract from the core business of treating urgent illnesses and injuries, which the community relies on. If adding additional infusion services comes at the cost

of having unreliable illness and injury care, the expansion likely is not worth it. Offering too many services can quickly stretch an urgent care thin, causing the clinic to fail in execution of one or more services.

However, many urgent care clinics do have the capacity to offer infusions as a beneficial service for their community. By meeting demand and providing high-quality care, these services can be profitable and provide access to new segments of the market.

Conclusion

Urgent care is faced with the prospect of diversifying by adding more and more unique services. IV infusions are only one avenue to consider. Though branching out can be a viable way to expand the reach of your center, don't neglect the basics. For those considering an expansion into IV infusions, carefully consider which type is most realistic and beneficial for your center both now and in the future. ■

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