

Iron infusions

October 2025

A procedure code for an iron infusion (96199-19 [1920] *Intravenous administration of pharmacological agent, other and unspecified pharmacological agent*) should only be assigned when administered during same day episodes of care.

Where an iron infusion is administered during a multiday stay episode of care, a procedure code should not be assigned.

Clinical coders are to note:

- The procedure code for iron infusions is applicable for both planned and unplanned same day episodes (for example, a scheduled admission or admission via an emergency department) when it is the principal reason for admission
- The reason for the iron infusion should be the principal diagnosis in same day episodes of care.

Australian Coding Standard (ACS) 0042 *Interventions normally not coded*, notes that procedures such as iron infusions are only assigned if:

- they are the principal reason for admission in an episode of care
- anaesthesia is required for the intervention to be performed
- another ACS directs their assignment.

Table 1 Point 8 of ACS 0042 notes the exceptions for the assignment of drug treatment, pharmacotherapy or prescription of drugs are included in:

- agents for neonates:
- parenteral anti-infectives (block [1920])
- total parenteral nutrition (TPN) (96199-07 [1920])
- electrolytes (96199-08 [1920])
- dextrose (96199-19 [1920])
- anti-D for obstetric patients (92173-00 [1884])
- antivenom (block [1920] with extension -04)
- pharmacological agent to induce abortion or labour — see ACHI Alphabetic Index: *Termination of pregnancy* or *Induction/labour*
- pharmacotherapy for neoplasms (block [1920] with extension -00)
- prescription of psychotherapeutic agent in residential or ambulatory mental health care facilities (96241 [1922])
- psychotherapeutic agent in residential or ambulatory mental health care facilities (block [1920] with extension -10)
- thrombolytic therapy (35317-01 [741], 96196-01, 96199-01 [1920])
- vaccination for:
- COVID-19 (92157-03, 92157-04, 92157-05, 92157-06 [1882])
- obstetric patients (see ACHI Alphabetic Index: *Vaccination*).

Validations

A procedure code for an iron infusion is not expected in a multiday episode of care.

Validation H911 *Intervention normally not coded assigned for multiday episode of care. Please review* |. was implemented from 1 July 2019 for multiday episodes of care that have Australian Classification of Health Interventions (ACHI) code 96199-19 [1920] *Intravenous administration of pharmacological agent, other and unspecified pharmacological agent* assigned.

Note: Newborn episodes of care are excluded from this validation.

Examples

Example 1

Patient presented to the Emergency Department (ED) with dizziness. The patient has a known history of menorrhagia. The patient was diagnosed with anaemia due to blood loss and admitted to hospital for an iron infusion.

PD	D50.0	Iron deficiency anaemia secondary to blood loss (chronic)
PR	96199-19	Intravenous administration of pharmacological agent, other and unspecified pharmacological agent

The patient was admitted for an iron infusion. Therefore 96199-19 is coded.

Example 2

Patient presented to their General Practitioner (GP) with extreme fatigue. The patient had a blood test and was diagnosed with iron deficiency anaemia. GP referred the patient to hospital for an iron infusion.

PD	D50.9	Iron deficiency anaemia, unspecified
PR	96199-19	Intravenous administration of pharmacological agent, other and unspecified pharmacological agent

The GP referred the patient for an iron infusion. Therefore 96199-19 is coded.

Example 3

Patient presents to hospital ED with shortness of breath. Investigations show anaemia and an iron infusion is commenced later in the episode of care.

PD	D64.9	Anaemia, unspecified
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The principal reason for admission is anaemia, but it is not indicated the infusion is the principal reason for admission. Therefore 96199-19 is not coded.

Example 4

Patient admitted for same day treatment of ascites by paracentesis and albumin infusion. During the episode it was noted that patient had an iron infusion for iron deficiency anaemia.

PD	R18	Ascites
OD	D50.9	Iron deficiency anaemia, unspecified
PR	30406-00	Abdominal paracentesis
PR	92062-00	Administration of other serum

The principal reason for admission was not iron infusion. Therefore 96199-19 is not coded.

Example 5

Patient admitted to hospital for a laparoscopic unilateral inguinal hernia repair under general anaesthesia. During the episode it was noted that patient had iron deficiency and during their episode of care the patient also had an iron infusion.

PD	K40.90	Unilateral or unspecified inguinal hernia, without obstruction or gangrene, not specified as recurrent
OD	E61.1	Iron deficiency
PR	30609-02	Laparoscopic repair of inguinal hernia, unilateral
PR	92514-99	General Anaesthesia, ASA 99

This episode of care is not same day and the principal reason for admission was not iron infusion. Therefore, 96199-19 is not coded.

Example 6

Patient admitted for regular same day iron infusion for symptoms of Kelly-Paterson syndrome.

PD	D50.1	Sideropenic dysphagia
PR	96199-19	Intravenous administration of pharmacological agent, other and unspecified pharmacological agent

The patient was admitted for an iron infusion. Therefore 96199-19 is coded.

Document History

Version	Date	Status	Key changes made	Author/s
1.0	June 2019	Approved	Version 1.0 published.	Data Quality Team
2.0	May 2024	Approved	Australian Coding Standard (ACS) Twelfth Edition updates, addition of examples, formatting.	Data Quality Team
3.0	October 2025	Approved	Australian Coding Standard (ACS) Thirteenth Edition updates.	Data Quality Team