

Internal Medicine Coding Alert

News You Can Use: What the 2005 Fee Schedule Means for IM Offices

Good news: Your internist won't see the expected 3.3 percent pay cut

This year, your internist should see a 1.5 percent increase in CMS payments in addition to improving coverage and reimbursement for injections and vaccinations, according to Medicare's 2005 Final Rule.

CMS' aggregate spending under the fee schedule will jump 4 percent to \$55.3 billion, up from \$53.1 billion in 2004, according to a CMS press release. A Medicare Modernization Act provision that raised physician payment rates by 1.5 percent, as well as a move that negated a previous law's planned 3.3 percent payment rate cut for 2005 helped increase spending, the agency said.

Report Same-Day Services With Injections

Based on the Final Report, the next time you report 90782 (Therapeutic, prophylactic or diagnostic injection [specify material injected]; subcutaneous or intramuscular) for a B-12 shot and 99211 (Office or other outpatient visit ...) for the nurse visit to Medicare, you'll probably get reimbursed for both codes. Medicare now pays for injections on the same day as other payable services, according to the [Fee Schedule](#).

"It's definitely going to increase [practices'] income," says **Deborah Mullen, CPC**, a program director at the Sanford-Brown Institute in Atlanta. "The cost of the drugs themselves is so minimal" that being able to report the injections in addition to other services should "help doctors break even if not get ahead."

Old way: **Peggy Lore, CMOM**, an office manager at Franklin Medical Group in Franklin, Pa., says that previously, when a nurse provided a B-12 shot during an office visit, she reported 99211 and the appropriate drug code, such as J3420 (Injection, vitamin B-12 cyanoco-balamin, up to 1,000 mcg). But she didn't submit 90782 for the injection, she says.

That's because Medicare bundled injection codes like 90782 or 90788 (Intramuscular injection of antibiotic [specify]) with 99211.

New way: But as of Jan. 1, 2005, you can report both the injection code and 99211 together, according to CMS.

Modifier note: Whether you should append modifier -25 (Significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service) to the E/M code depends on the National Correct Coding Initiative (NCCI) edits, coding experts say.

NCCI doesn't allow modifiers to unbundle injections and E/M codes. That means Medicare may change the indicator to "1," which would require you to use modifier -25. Or the payer could delete the bundle altogether, which means you wouldn't need a modifier.

In other news, CMS has improved payment rates for many vaccinations and injections. For example, payments for administering the influenza vaccine (G0008) will increase from \$8 to \$18, CMS said.