

## Internal Medicine Coding Alert

### Pinpoint an Injection or an E/M

You generally cannot bill an injection code and an E/M visit on the same day. Determine the reason for the visit, and code based on that criteria.

For example, if a patient comes in just for an injection in the 90782-90788 series, Medicare says, you should use the injection code rather than an E/M code. However, if the patient comes in for an E/M visit and the provider decides while evaluating the patient to give an injection (for migraine pain, for example), then you should bill the E/M, and the injection administration is bundled into it. You can also bill a low-level E/M (such as 99211) instead of the injection code if the patient develops complications and has to be observed after receiving the injection. (See the July 2002 Internal Medicine Coding Alert for more information on the 90782-90788 series and 99211.)

Coders will sometimes try to bill an E/M service with the allergy shot codes (95115 and 95117), but "you cannot unless a significant, separately identifiable service is provided," says **Karen Jeghers, PA-C, CPC**, manager of Compliant Billing Services, a Carver, Mass.-based firm that provides coding, billing and consulting services. "If the patient came in just for an allergy injection, only use the injection code."

The same is true with a vaccination. Medicare will pay for an E/M visit with vaccine administration only if you provide a significant, separately identifiable service. Some private payers, however, bundle administration of the vaccine into the E/M code.

On the other hand, you can sometimes code a trigger point or arthrocentesis injection and a related E/M visit. For example, if the physician performs an E/M service and determines in the course of the examination that the patient needs a trigger point injection (20552 or 20553) or arthro-centesis injection (20600-20610 series), you can code both the E/M and the injection, appending 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, says **Charol Spaulding, CPC, CPC-H**, vice president of Coding Continuum Inc., a healthcare consulting firm in Tucson, Ariz., and a licensed PMCC instructor for the American Academy of Professional Coders. But if the same patient returns two weeks later for an injection only, code the injection and appropriate medications only because that is the intent of the visit.