Internal Medicine Coding Alert

Reader Question: Clonidine Suppression Test

Question: How should I code the physician part of a clonidine suppression test? Under evocative/suppression testing, CPT 2001 specifies to report physician attendance and monitoring during the test using the appropriate E/M code plus the prolonged service codes if required. However, CPT 2001 also states that prolonged service codes should not be reported if using infusion codes 90780-90781. For example, after an established patient signs the consent form for the infusion procedure, a Hep-Lock is placed and the patient receives 2 mg of clonidine. The patient then has 10 blood draws every 24 minutes. The Hep-Lock is irrigated after each blood draw, and the patient is monitored during the four-hour procedure. Should I code this as a level-two or -three office visit? Can I code 99354 x 1, 99355 x 4 and 36415 x 10? Would the Hep-Lock and/or the irrigation be included in the office visit charge?

Maryland Subscriber

Answer: The Hep-Lock is placed for infusion of heparin during clonidine suppression testing. We recommend coding the IV infusion with 90780 (IV infusion for therapy/diagnosis, administered by physician or under direct supervision of physician; up to one hour) for the first hour and 90781 (... each additional hour, up to eight hours) x 3 for the three additional hours. For the injection, use HCPCS code J1642 (injection, heparin sodium, [Heparin Lock Flush], per 10 units) or 99070 (supplies and materials [except spectacles], provided by the physician over and above those usually included with the office visit or other services rendered [list drugs, trays, supplies, or materials provided]) depending on the payer. Charge one unit each for 10 units of heparin infused. You may also report an office visit (e.g., 99212 or 99213) with modifier -25 (significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service) appended, if appropriate. Because the reason for the blood draw is to collect individual specimens for analysis of the level of clonidine in the patient's blood, it is appropriate to report separately 10 units of 36415 (routine venipuncture or finger/heel/ear stick for collection of specimen[s]). Although this is appropriate coding, it is questionable if the payer will pay for all 10 units. The payer will more likely limit reimbursement to a maximum number (i.e., three-five) venipunctures.

The prolonged services codes (99354 and 99355) would not be appropriate in this instance because there are other more appropriate codes (i.e., 90780-90781) to describe the procedure.