

Internal Medicine Coding Alert

Reader Question: Injections During an E/M

Question: If an osteoarthritis patient receives a celestone injection, can I bill for the office visit, the celestone (J0704) and the administration (90782)? Is it true Medicare will only pay for the office visit and the J code? What about other carriers?

Georgia Subscriber

Answer: Medicare considers an injection code such as 90782 (therapeutic, prophylactic or diagnostic injection; subcutaneous or intramuscular) to be bundled with most other services performed on the same day and will not pay for the administration of an injection (90782) and an E/M on the same day.

However, coders can bill injections separately from other procedures performed the same day during flu season. For instance, a patient comes in for a B-12 and flu shot. The appropriate codes to report are 90782 and J3420 (injection, vitamin B-12 cyanocobalamin, up to 1,000 mg) for the B-12 injection, and G0008 (administration of influenza virus vaccine when no physician fee schedule service on the same day) for the flu shot and 90659 (influenza virus vaccine, whole virus, for intramuscular or jet injection use) for the flu product. Attaching modifier -59 (distinct procedural service) to 90782 will ensure payment.

Most commercial insurance companies will pay for the administration (90782) in addition to an E/M or other procedure code. No modifier is required. For commercial carriers, therefore, you may report all three services, the office visit, the celestone (J0704) and the administration (90782).