Internal Medicine Coding Alert

Reader Questions: 2 Injections Plus 1 Visit Equals 1 Denial?

Question: My internist administers a testosterone shot and an allergy shot during the same office visit. Medicare has denied these claims in the past. How can I code the injections correctly to avoid denials?

Vermont Subscriber

Answer: Without knowing what codes and modifiers you used, it is difficult to say why Medicare rejected your claim, but here's how you should code this scenario:

To bill for the allergy shot administration, report 95115 (Professional services for allergen immunotherapy not including provision of allergenic extracts; single injection), and report 90782 (Therapeutic, prophylactic or diagnostic injection [specify material injected]; subcutaneous or intramuscular) for the administration of the testosterone shot. Depending on when your internist rendered this service, you may need to attach modifier 59 (Distinct procedural service). From Oct. 1, 2002, to Dec. 31, 2004, this code combination was a bundling edit in the National Correct Coding Initiative and required modifier 59 on the component code 90782. If the visit occurred after Dec. 31, 2004, you don't need to attach the modifier.

Answers for You Be the Coder and Reader Questions were reviewed by **Kathy Pride, CPC, CCS-P**, a coding consultant for QuadraMed in Port St. Lucie, Fla.; and **Bruce Rappoport, MD, CPC,** a board-certified internist who works with physicians on compliance, documentation, coding and quality issues for Rachlin, Cohen & Holtz LLP, a Fort Lauderdale, Fla.-based accounting firm with healthcare expertise.