

Internal Medicine Coding Alert

READER QUESTIONS: Avoid a Universal Therapeutic Injection Code

Question: The September Internal Medicine Coding Alert discusses coding for injections with 90782. I thought Medicare deleted this code and replaced it with G0351. Which code should I use?

Ohio Subscriber

Answer: Although Medicare did replace 90782 with G0351, CMS did not delete the CPT code. The AMA creates, revises and eliminates CPT codes. Medicare may perform the same actions albeit via HCPCS level-II codes.

HCPCS level-II codes, such as G0351, may represent services or supplies that the CPT Manual doesn't describe. The alphanumeric service codes may also identify alternative coding for Medicare carriers.

Action: You should use both 90782 and G0351 depending on the insurer. You should still code a therapeutic injection to private payers as 90782 (Therapeutic, prophylactic or diagnostic injection [specify material injected]; subcutaneous or intramuscular). For Medicare patients, always report a therapeutic injection with G0351 (Therapeutic or diagnostic injection [specify substance or drug]; subcutaneous or intramuscular).

Now that you know about 90782 and G0351's overlapping role, let's look at the reader question "2 Injections Plus 1 Visit Equals 1 Denial" that you refer to. The scenario describes an internist who administers a testosterone shot and an allergy shot during the same office visit. The answer recommends submitting 95115 and 90782-59 on claims dated Oct. 1, 2002, to Dec. 31, 2004. For visits after Dec. 31, 2004, you don't need to attach the modifier.

While 95115 and 90782/90782-59 is appropriate coding for claims through Dec. 31, 2004, you need a third option for this year. Starting Jan. 1, 2005, when a patient receives both a testosterone shot and an allergy shot, you can submit the claim with either 95115 and 90782 or 95115 and G0351. Use the initial combination for private payers and the latter coding for Medicare patients.