

## Internal Medicine Coding Alert

### Reader Questions: Code Separately for Anaphylaxis

**Question:** A patient came in to receive an allergy injection. She had an anaphylactic reaction to the injection. The internist administered an IV to deliver fluids and 4 mg of dexamethasone. He administered 3 cc of epinephrine twice and 25 mg of Benadryl intramuscularly. The patient also required oxygen. The doctor spent another 30 minutes directly observing the patient. How should I code the treatments in the office?

Florida Subscriber

**Answer:** Anaphylactic shock is a concern when administering allergy injections. In most cases, you should report each service separately, starting with the original encounter the allergy injection. Code the injection with the appropriate injection code, such as 95115 (Professional services for allergen immunotherapy not including provision of allergenic extracts; single injection). Services such as nurse observation do not warrant billing a separate E/M.

A patient who has a severe reaction, however, requires a physician's services. Therefore, you should report the appropriate established patient office visit code (99212-99215). The incident's seriousness and potential for morbidity probably involve a moderate to high level of medical decision-making and may justify billing 99214-99215. To indicate that the service constitutes a separate service, you should append 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 office visit code.

If the physician spends more than 30 minutes over the time CPT allots for the E/M code, you should report prolonged services. For instance, if your doctor indicates he performed 99215 (physicians typically spend 40 minutes) and remained with the patient for an additional 30 minutes, use +99354 (Prolonged physician service in the office or other outpatient setting requiring direct [face-to-face] patient contact beyond the usual service [e.g., prolonged care and treatment of an acute asthmatic patient in an outpatient setting]; first hour [list separately in addition to code for office or other outpatient evaluation and management service]). For each additional 30 minutes, assign +99355 (each additional 30 minutes [list separately in addition to code for prolonged physician service]).

For the IV infusion, assign 90780 (IV infusion for therapy/diagnosis, administered by physician or under direct supervision of physician; up to one hour) for the administration of the dexamethasone and fluids. If the IV infusion continued longer than one hour, you should also report add-on code +90781 (each additional hour, up to eight [8] hours [list separately in addition to code for primary procedure]).

Although the E/M service usually includes the administration of epinephrine and Benadryl injections, code the medications with the appropriate supply code. For each injection of epinephrine, bill J0170 (Injection, adrenaline, epinephrine, up to 1 ml ampule). Code the Benadryl as J1200 (Injection, diphenhydramine HCl, up to 50 mg). For each of the dexamethasone injections, assign J1094 (Injection, dexamethasone acetate, 1 mg) or J1100 (Injection, dexamethasone sodium phosphate, 1 mg).

Possible codes for the IV fluids include J7042 (5% dextrose/normal saline [500 ml = 1 unit]) and J7060 (5% dextrose/water [500 ml = 1 unit]). No CPT code exists for the oxygen administration, which is also included in the E/M.

If the patient develops a life-threatening complication that requires high-complexity decision-making and treatment to stabilize and improve his clinical condition, you should code for critical care services (99291-99292). In addition to coding



for the critical care services, you would code for any procedures not included in the critical care definition.

Answers to You Be the Coder and Reader Questions provided by **Kathy Pride, CPC, CCS-P**, HIM applications specialist with Quadramed, a national healthcare information technology and consulting firm based in San Rafael, Calif; and **Bruce Rappoport, MD, CPC**, a board-certified internist who works with physicians on compliance, documentation, coding and quality issues for RCH Healthcare Advisors LLC, a Fort Lauderdale, Fla.-based healthcare consulting company.