

Internal Medicine Coding Alert

Reader Questions: Code Well Portion, Asthma Treatment Separately

Question: After receiving a preventive medicine service, an established patient has an asthma attack, which the internist treats with nebulizer treatment. Should I separately bill the E/M service related to the asthma?

New York Subscriber

Answer: Yes. In this case, you are not doing the same amount of work that you would have if you had just performed a preventive medicine service on the patient. Code the problem-related portion with the appropriate-level office visit code (99212-99215, depending on the encounter specifics).

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 99212-99215 to indicate that the office visit is significant and separately identifiable from the preventive medicine service (such as 99391-99397, Periodic comprehensive preventive medicine reevaluation and management of an individual ...).

Don't forget to also code the asthma treatment (94640, Pressurized or nonpressurized inhalation treatment for acute airway obstruction or for sputum induction for diagnostic purposes [e.g., with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing (IPPB) device]) and related procedures as appropriate.

In this scenario, you'll need separate documentation to support the 9921x-25 work, as well as linking the CPT code to a separate and distinct ICD-9 code, 493.02 (Extrinsic asthma; with [acute] exacerbation).