

Internal Medicine Coding Alert

Reader Questions: Don't Code Built-In Service as Separate E/M

Question: A nurse practitioner (NP) sees a 65-year-old established patient for a pneumonia vaccination. Before administering the vaccine, she takes a brief history, checks the patient's vital signs and rules out any contraindications for the vaccine. Can I report an E/M in addition to the vaccination codes?

South Carolina Subscriber

Answer: Probably not. From your description of the NP's actions, she did not do much beyond providing the E/M service built into most CPT codes. For that reason, you should just report the vaccination codes.

On the claim, report the following:

- 90732 (Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, for use in individuals 2 years or older, for subcutaneous or intramuscular use) for the pneumonia vaccine
- 90471 (Immunization administration [includes percutaneous, intradermal, subcutaneous or intramuscular injections]; one vaccine [single or combination vaccine/toxoid]) for the pneumonia vaccine administration.

Note: For Medicare patients, and payers that observe Medicare rules, use G0009 (Administration of pneumococcal vaccine when no physician fee schedule service on the same day) for the administration rather than 90471.

Be sure to link V03.82 (Need for prophylactic vaccination and inoculation against bacterial diseases; Streptococcus pneumoniae [pneumococcus]) to 90732 and 90471 (or G0009) to prove medical necessity for the service.

Explanation: All CPT codes have an inherent E/M service (a brief patient assessment required before undergoing any type of procedural service) built into them. The E/M the NP provides the patient during the vaccination must go beyond this inherent E/M in order to report a separate E/M code.

If you can identify a problem that the nurse assesses and separately treats (at the direction of the physician), you might be able to report an E/M service along with the immunization codes.