

Internal Medicine Coding Alert

READER QUESTIONS: Gain \$19 When Patient Supplies B-12

Question: We have many patients who have been given a prescription for vitamin B-12. They fill the script and bring in their own vials. The nurse then administers the injection. Because we are not providing the medicine from our own stores, and only performing the injection, how should I code?

Georgia Subscriber

Answer: These previsit actions do not affect your procedure coding. You should still code--and get paid for--the injection administration, just omit the supply code.

Here's how: Because the internist does not supply the B-12, you shouldn't code for the medication with J3420 (Injection, vitamin B-12 cyanocobalamin, up to 1,000 mcg). The injection administration code, however, represents only the service, not the supply.

You should report the injection administration with 90772 (Therapeutic, prophylactic or diagnostic injection [specify substance or drug]; subcutaneous or intramuscular) if the internist directly supervises the B-12 shot. Medicare nationally pays almost \$19 for 90772. The 2006 National Physician Fee Schedule assigns 0.49 relative value units to the injection code.

Be careful: If the internist is not in the office setting and immediately available throughout the service, you should instead assign 99211 based on CPT guidelines. But be sure to check insurers' incident-to criteria before filing 99211 without direct supervision. Some payers including Medicare may require direct supervision for incident-to services. (For more details, see April 2006 Internal Medicine Coding Alert "Check Payer's 99211 Supervision Rules.")