

Internal Medicine Coding Alert

Want to Make an Extra \$32 Each Time You Report 90784? Experts Show You How

Why E/M bundles could cause denials

If you want to get the most out of recent increases in therapeutic injection codes (90782-90788), make sure you know the needle injection site, the reason for the injection, and the kind of drug the physician used, coding experts say.

Intravenous Injections Pay More

Knowing the internist's method of administration can help you decide when to use therapeutic injection codes 90783 (Therapeutic, prophylactic or diagnostic injection [specify material injected]; intra-arterial) and 90784 (... intravenous), says **Sheldrian LeFlore, CPC**, senior consultant with Gates, Moore & Company in Atlanta. Whether the doctor injected the drug directly into the vein or artery can make all the difference to your coding.

What to do: The internist gives an intravenous injection of Demerol (J2175) to a patient with a severe migraine headache (346.x). Because the physician injected the drug into the vein for therapeutic services, you could report 90784.

Bonus: Medicare pays more for 90784 than any other injection code in the 90782-90788 series. In the 2004 Physician Fee Schedule, the national reimbursement for 90784 increased from about \$18 to \$50 when compared to 2003 rates. That means you get \$32 more per visit when you use 90784.

On the other hand, when the internist's documentation shows that he injected drugs through the patient's artery, you must use 90783. Medicare reimbursement for 90783 jumped from \$15 in 2003 to \$25 this year.

Assign 90782 for Injections

Often internal medicine coders incorrectly believe they can assign 90782 (... subcutaneous or intramuscular) for all injections, including allergy shots (95115-95199) and vaccine administration services (G0008-G0010 and 90471-90472). Such a mistake could cost your practice \$21 a visit.

Tip: You should report 90782 only for subcutaneous or intramuscular injections when the patient receives therapeutic, prophylactic or diagnostic services, not vaccine or toxoid injections, LeFlore says. For example, you could use 90782 for the physician's B-12 shots.

CPT designates separate codes for immunotherapy and vaccine administration procedures. To code allergy shots, use the 95115-95199 series (allergen immunotherapy). When the physician administers a vaccine, choose G0008-G0010 (Medicare vaccine administration codes) for Medicare-covered vaccines, and 90471-90472 (CPT's immunization administration codes) for private payers.

Otherwise, if you submit 90782 for an immunotherapy or vaccine administration claim, your internist will be out the \$25 Medicare now pays for the code, because Medicare will deny the claim. In 2003, the government paid \$4 for 90782.

Antibiotic Injections Require 90788

When the internist administers an antibiotic injection, you should choose 90788 (Intramuscular injection of antibiotic [specify]).

Example: You may use 90788 when the physician provides an intramuscular injection of penicillin to treat a patient's strep throat. You should not report the other injection codes (90782-90784) when the physician injects an antibiotic, because CPT specifically designates 90788 for that purpose.

The 2004 fee schedule increased payment for 90788 by almost \$18. If you report the code this year, you could expect \$23, depending on your region.