

Internal Medicine Coding Alert

You Be the Coder: All Supplies Will Not Be Covered By Insurers

Question: Can our physician's office bill a syringe code with a vaccine administration code to non-Medicare/Medicaid providers? Also, may I report nebulizer supplies such as the mask, mouthpiece, and tubing with a nebulization?

New York Subscriber

Answer: Unfortunately, the answer is "no" to both of your questions. You should not code a syringe (e.g. A4206, Syringe with needle, sterile, 1 cc or less, each; A4208, Syringe with needle, sterile 3 cc, each) in addition to vaccine administration. You also shouldn't bill a mask (e.g. A7015, Aerosol mask, used with DME nebulizer) or mouthpiece (A4617) and tubing (A4616, Tubing [oxygen], per foot) with a nebulization (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).

Why: The practice expense (PE) component of the relative value units for vaccine administration codes and the nebulizer treatment code already includes the related equipment and medical supplies, including the syringe, post-vaccine bandages, mask, mouthpiece, and tubing.

Remember: You may, however, code the medication, such as the vaccine itself or nebulized albuterol, with the appropriate code (e.g., J7610 (Albuterol, inhalation solution, compounded product, administered through DME, concentrated form, 1 mg).