

Internal Medicine Coding Alert

You Be the Coder: Avoid Coding Confusion For Multiple Injections

Question: We report injection administration with 96372. However, if two injections were to be provided to the same patient on the same calendar date of service, should I report only one unit of 96372 or should I report two units of the code? Also, can an E/M code be reported for the same patient with the injection code?

New Jersey Subscriber

Answer: When your internist performs administration of an injection, you report it with 96372 (Therapeutic, prophylactic, or diagnostic injection [specify substance or drug]; subcutaneous or intramuscular). If your provider provided two injections to the same patient on the same calendar date of service, you will have to report two units of the code. You will have to append the modifier 59 (Distinct procedural service) to the second unit of the code to let the payer know that your clinician provided two injections to the patient.

You should not routinely report an E/M code with 96372. If the E/M service is separate and significant, then you can report an E/M code for the encounter. However, to allow payment for both the codes, you will have to append the modifier 25 (Significant, separately identifiable evaluation and management service by the same physician or other qualified health care professional on the same day of the procedure or other service) to the E/M code or else reimbursement for the service will be denied.

Reminder: Don't forget to report the appropriate J codes for the drugs that were administered. The CPT® code 96372 only covers the administration while reporting the appropriate J codes will cover the expenses in procuring the drug.