Internal Medicine Coding Alert

You Be the Coder: How to Code Multiple Injections

Question: An internist diagnoses a patient with bronchitis and gives him a Rocephin injection due to other medical health issues. The patient also receives a B-12 shot for pernicious anemia. Should I report 90772 more than once? If so, should I use units or a modifier?

Indiana Subscriber

Answer: When a patient receives multiple injections, you should report each injection using 90772 (Therapeutic, prophylactic or diagnostic injection [specify substance or drug]; subcutaneous or intramuscular). Code 90772's descriptor specifies "injection," not "injections" plural.

In addition, the AMA's clinical example for 90772 describes a single injection. "A 19-year-old male presents with severe dysuria. A urethral swab is performed and found to be consistent with gonorrhea," according to CPT Changes 2006--An Insider's View.

Whether you should use units or a modifier to report more than one therapeutic, prophylactic or diagnostic injection depends on the payer. Because 90772 replaces 90782 (Therapeutic, prophylactic or diagnostic injection [specify material injected]; subcutaneous or intramuscular) and G0351 (Therapeutic or diagnostic injection [specify substance or drug]; subcutaneous or intramuscular), you should bill 90772 as you did for multiple injections last year until a policy comes out. Some payers may require units, such as 90772 x 2. Others will prefer a modifier on the second injection code, probably 59 (Distinct procedural service) to indicate the B-12 injection as occurring at a separate site from the Rocephin shot.

Important: You can help identify the injections as separate services rather than accidental duplicate billing by using different diagnoses. For instance, link the Rocephin injection (90772) to a bronchitis ICD-9 code (such as 466.0, Acute bronchitis). Report the B-12 injection (such as 90772-59) with its associated diagnosis, such as 281.0 (Pernicious anemia).