

## Internal Medicine Coding Alert

### You Be the Coder: Kenalog Injection

Reviewed on May 27, 2015

Test your coding knowledge. Determine how you would code this situation before looking at the box below for the answer.

**Question:** Should I use [HCPCS J3301](#) for injecting 1 cc Kenalog-40 for a patient with cystoid macular edema? How should I bill for the service?

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**Answer:** CMS has specified that J3301 equals 10 mg. To bill 40 mg, place a four in the units field on your claim form and remember to multiply the amount you are billing by four. Some carriers also like to have the name of the drug keyed in the comments field or box 19, along with the dosage amount. Code J3301 does not have a relative value unit (RVU) in the [Medicare Physician Fee Schedule](#) (MPFS) however the Average Sales Price (ASP) fee schedule for Medicare Part B drugs has allocated a payment limit of 1.789 for this code in Q2, 2015 (April-June).

Because you are billing for cystoid macular edema, you would probably use an IV injection code 67515 (injection of therapeutic agent into Tenon's capsule).

If the provider carries out this procedure at the time of an initial or established patient visit involving significant, separately identifiable services, list the appropriate E/M visit code with modifier 25 (Significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service) appended, in addition to the therapeutic procedure.