

## Internal Medicine Coding Alert

### YOU Be the Coder!: PA Monitoring and Allergy Treatment Claims

Question: An established patient with a peanut allergy reports to the internist. The physician assistant (PA) performs a single allergy injection, then monitors the patient for 13 minutes after the shot. The patient has no adverse reactions to the treatment. Can I report 99211 for this post-injection monitoring?

Idaho Subscriber

Answer: In this scenario, reporting 99211 (Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem[s] are minimal. Typically, 5 minutes are spent performing or supervising these services) is not a good idea.

You can report an E/M service along with an allergy injection code only if the PA provides a separately identifiable service during the encounter. The monitoring of a patient after an allergy shot is standard, and considered part of the allergy shot code. According to the Medicare Claims Processing Manual, Chapter 12: "Visits should not be billed with allergy injection services 95115 or 95117 unless the visit represents another separately identifiable service." A separate additional charge for an office visit would not be warranted when the services did not constitute a regular office visit, the manual states.

This language parallels the CPT editorial language contained in the introduction for the allergen and clinical immunology codes (95004-95199): "If a significant, separately identifiable E/M service is performed, the appropriate E/M service code should be reported using modifier 25," CPT 2008 states.

On your claim, report 95115 (Professional services for allergen immunotherapy not including provision of allergenic extracts; single injection) for the injection.