Part B Insider (Multispecialty) Coding Alert

INJECTIONS: Watch Out--Carriers Deny E/M Service With 90772

Don't forget the 25 modifier, but separate diagnosis isn't necessary

Medicare is supposed to pay for a separate office visit along with new injection code 90772, except for a level-one office visit (**99211**). But many coders report that Part B carriers are denying either an E/M code or the 90772 when both are billed on the same date.

Do this: You must put a 25 modifier on the E/M code, says coder **Ronda Scalise** with **Premier Medical Group** in Clarksburg, WV. Any time she forgets to put the 25 modifier on the office visit, the carrier denies it, instead paying only for the "J" code for the drug and 90772 for administration. She also adds a 59 modifier to the 90772 to be on the safe side.

The Correct Coding Initiative manual says you can bill "other office/outpatient evaluation and management CPT codes" along with 90772, but you must use the 25 modifier. And the physician must provide "a significant and separately identifiable E & M service," the manual says in chapter 11, section 5.

Important: The separate E/M doesn't need a different diagnosis than the injection service, notes consultant **Debbie Farmer** with **Auditing for Compliance and Education** in Joplin, MO. But you do need to document that the physician did "significantly more than just providing the therapeutic injection services," she warns. You must show work above and beyond preparing the patient for an injection.