

Eli's Rehab Report

Reader Question: Dont Code Both Injection and Nurse Visit

Question: When our nurses administer injections, we usually report the codes for injection administration, the drug itself, and the nurse visit (99211). When our physicians administer injections, we don't report their E/M code with the injection code, so are we coding the nurse injections incorrectly?

Colorado Subscriber

Answer: Most carriers maintain strict policies against billing for injectable medication administration (90782, Therapeutic, prophylactic or diagnostic injection [specify material injected]; subcutaneous or intramuscular) and a nurse visit (99211, Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician). You can bill either 99211 and the medication's J code, or 90782 and the medication.

Most practices adhere to the following rule when deciding which option to choose: If the nurse evaluates the patient at all (for instance, the nurse asks the patient to perform range-of-motion exercises before performing the injection), report 99211. If the nurse just administers the injection, report 90782.

Remember that the history, examination and medical decision-making components that CPT requires for most other E/M codes are not included in 99211's descriptor.