Codify
BY AAPC

Eli's Rehab Report

Reader Questions: Selectively Report E/Ms With Supartz Injections

Question: Can we bill an office visit along with a supartz injection for patients on every visit? For example, when the patient reports for her first supartz injection, we bill 99213, 20610 and J7317 with a diagnosis of 715.16 (Osteoarthrosis, localized, primary; lower leg). Can we bill these codes together the remaining four consecutive shots, which we perform weekly?

Michigan Subscriber

Answer: If your practice sees the patient solely to administer the injection, you won't be able to report an E/M code in addition to the injection code at each visit. The provider's documentation would not be able to support billing the E/M each week.

In most circumstances, therefore, you should report 20610 (Arthrocentesis, aspiration and/or injection; major joint or bursa [e.g., shoulder, hip, knee joint, subacromial bursa]) and J7317 (Sodium hyaluronate, per 20 to 25 mg dose for intra-articular injection).

FYI: Although your 2006 HCPCS books may indicate a new J code, J7318, to use for Hyaluronan (sodium hyaluronate), CMS decided not to implement this code. According to CMS Change Request 4131:

CMS has decided to further evaluate several unique issues associated with the classification of sodium hyaluronan products. Therefore, CMS will not implement its decision to establish a single new code--J7318 "Hyaluronan (Sodium Hyaluronate) or Derivative, Intra-Articular Injection, 1 mg"--to describe all sodium hyaluronate/hyaluronans. The codes used in 2005 will still apply.

Of course, your office may experience rare exceptions to this rule.

For example, if the established patient presents to your practice for the repeat knee arthritis injection treatment and also has a new complaint of wrist pain following a fall, you can report both the injection and the E/M code (such as 9921x, Office or other outpatient visit for the evaluation and management of an established patient ...).

In this case, you should append modifier 25 (Significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service) to the E/M code to show your insurer that the E/M visit included more than the simple pre-injection assessment.

Remember to include a different diagnosis code for the E/M portion of the visit in which your physician examined the patient's wrist.

As is always the case when you use a modifier, you should ensure that your physician's documentation demonstrates the separate nature of the services.

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