

Modifier Coding Alert

Reader Questions: Make Modifier a Part of Multi-Shot Claims

Question: A 36-year-old new patient reports to the physician complaining of a headache and severe fatigue. After performing and documenting a level-two E/M service, the physician injects 10 mg of acetaminophen and 900 micrograms (mcg) of vitamin B-12. Can we report both injections?

South Carolina Subscriber

Answer: You should be able to report both injections and an E/M code, but the injection modifier might vary by payer. On the claim, you should report 99202 (Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: an expanded problem focused history; an expanded problem focused examination; straightforward medical decision making) for the E/M service. Append modifier 25 (Significant, separately identifiable evaluation and management service by the same physician or other qualified health care professional on the same day of the procedure or other service) to 99202 to show that the E/M was a separate service from the injections.

Then, report 96372 (Therapeutic, prophylactic, or diagnostic injection [specify substance or drug]; subcutaneous or intramuscular) twice for the injections. You'll most likely append modifier 59 (Distinct procedural service) to the second 96372. Which modifier you choose for multiple injection claims is up to the payer, so be sure to check if you are unsure.

Remember: You should also code for the drugs and vitamins the physician used for the injections. Report J0131 (Injection, acetaminophen, 10 mg) for the acetaminophen and J3420 (Injection, vitamin b-12 cyanocobalamin, up to 1000 mcg) for the B-12.