CODING Q&A

Administration Codes for Injections, Billing for Medicare Wellness Exam, Billing Joint Injections With E/Ms, Coding for Keloid Injection

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Q. What is the appropriate administration code for a Medicare patient who receives influenza, Pneumovax, and tetanus vaccinations? What are the proper administration codes for the same patient if he/she receives a tetanus and flu shot?

-Name Withheld

A. For Medicare:

- Influenza vaccine administration is G0008
- Pneumovax administration is G0009
- Tetanus vaccine administration is 90471

Q. If you perform an annual Medicare wellness exam, can you bill for additional services provided, such as administration of Tdap and zoster vaccinations?

-Name Withheld

A. These vaccines are covered only under Medicare Part D prescription plans. You have three choices here: 1) Become a Medicare provider for Part D vaccines to receive payment directly; 2) Write a prescription for the patient to receive these vaccines at a pharmacy; or 3) Provide the vaccines at a direct cost to the patient. If you choose the last option, then you should provide the patient with a printed CMS-1500 to submit to the Part D plan for any benefits payable for out-of-network services.

David E. Stern is a certified professional coder. He is a partner in Physicians Immediate Care, operating 18 clinics in Illinois, Oklahoma, and Nebraska. Dr. Stern was a Director on the founding Board of UCAOA and has received the Lifetime Membership Award of UCAOA. He serves as CEO of Practice Velocity (*www.practicevelocity.com*), providing software solutions to over 750 urgent care centers in 48 states. He welcomes your questions about urgent care in general and about coding issues in particular.

Q. Can I bill a joint injection on the same date as an E/M? I was taught you should bill the joint injection only.

-Name Withheld

A. If you saw the patient previously and brought him/her back in for a scheduled visit for the injection, then you may only bill the joint injection. If the patient visited the clinic for evaluation of a joint and if you evaluated the patient and documented a significant and identifiable E/M, then you may bill the E/M with modifier -25 (significant, separately identifiable evaluation and management service by same physician on same day of procedure or other service), plus the CPT code for joint injection, plus the HCPS code for the medication injection. Note: If you mix the corticosteroid with an anesthetic, such as lidocaine, there is no additional HCPS code for the lidocaine medication.

Q. What is the correct code for an injecting a keloid?

-Name Withheld

A. You should use code 11900 (intralesional injection up to seven lesions). Note: You can only report one unit per seven lesions even if multiple injections are required for some lesions.