



# Tetanus Code Change, Coding Injections and Infusions, Facility and After Hours Codes

■ DAVID STERN, MD, CPC

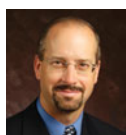
**Q.** What codes should we use in place of the discontinued 90701 (tetanus vaccines, diphtheria, tetanus toxoids, and whole cell pertussis vaccine [DTP], for intramuscular use) and 90718 (tetanus and diphtheria toxoids [Td] adsorbed when administered to individuals 7 years or older, for intramuscular use) that were discontinued effective July 1, 2012?

**A.** You should use 90714 (Tetanus and diphtheria toxoids [Td] adsorbed, preservative free, for use in individuals 7 years or older, for intramuscular use) because only preservative-free Td is available for administration.

DTP is a cellular vaccine that caused many untoward reactions. It is no longer used in the USA, and the Tdap vaccine is used instead. Use 90715 (Tetanus, diphtheria toxoids and acellular pertussis vaccine [Tdap], for use in individuals 7 years or older, for intramuscular use). ■

**Q.** When giving a TB skin test, can we charge for a subcutaneous injection?

**A.** Use CPT 86580 (Skin test; tuberculosis, intradermal) for purified protein derivative (PPD) testing in the office. This test is not a vaccine; rather, it is a screening test for the presence of an immune response, indicating the presence of tuberculosis. In addition, code 86580 includes intradermal injection of the substance.



**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](http://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.

The AMA Resource Based Relative Value System (RBRVS) does not include the work for reading the test. Therefore, you can also code 99211 for the nurse reading. However, per incident-to regulations, the physician must be in the office at the time of the reading in order to code the 99211.

If the test is positive, you can code for the additional services rendered during the visit. Typically, the physician will perform a face-to-face encounter with the patient for further evaluation and management (reviewing the diagnosis, physical exam, risk, possibility of a false-positive test, treatment options, etc.). You would code the E/M appropriately (99212-99214). You would also want to code for any additional testing (such as a chest x-ray).

The appropriate ICD-9 code is V74.1, Special screening examination for bacterial and spirochetal diseases; Pulmonary tuberculosis. ■

**Q.** How would I code and bill for adult and child Epi-Pens? Is HCPCS code J3490 the correct code, using the number of injectable pens as 1 unit?

**A.** You can bill for the injection administration using CPT 96372, "therapeutic, prophylactic, or diagnostic injection...subcutaneous or intramuscular" along with the medication itself. Some payors will accept HCPCS code J0171, "Adrenalin, epinephrine" while others may prefer HCPCS code J3490, "Unclassified drugs." You will want to check with the payor to see which is required. Remember that if you bill J3490, you will want to include the drug name and dosage in Box 19 of the CMS 1500 form.

The code for the medicine is the same for a child and for an adult. ■

*I would strongly recommend that start and stop times of each IV therapy service provided be documented.*

**Q.** When coding for intravenous (IV) therapies, CPT says to document the time. Is it sufficient to document the length of time of the IV as opposed to the start and stop times?

**A.** There is no specific requirement for documenting start and stop times, but hydration therapy cannot be reported if it is performed as a concurrent infusion. For example, during hydration therapy, an IV push of a medicine was given in the same IV site. Because the push was given concurrent with the hydration, you cannot count the duration of the push towards the total time of the hydration.

In the event of an audit, you would want those times documented in order to show that services were billed appropriately. Therefore, I would strongly recommend that start and stop times of each IV therapy service provided be documented. ■

**Q.** I am opening a walk-in urgent care clinic as part of my primary care practice and am encountering resistance with reimbursement. A major payor has stated it will not reimburse code S9o88 and that they will only reimburse for the E/M codes. Who recognizes S9o88, 99o5o, and 99o51 codes and how much is the reimbursement for all three codes?

**A.** You are correct in noticing that reimbursement for certain codes can make a significant difference to the financial health of your urgent care center. We have executed 500+ urgent care contracts. It is important for centers to negotiate these rates up front, as payors are usually quite resistant to these discussions once the contract is signed.

In states that are new to private urgent care centers, we have to do a lot of education of payors in order to get them up to speed about reasonable terms for urgent care centers.


I would like to share the rates that you should expect from each payor, but unfortunately the government forbids sharing of rates as a violation of antitrust statutes. ■

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## The Journal of Urgent Care Medicine Statement of Ownership

UNITED STATES POSTAL SERVICE® (All Periodicals Publications Except Requester Publications)		
1. Publication Title JUCM, Journal of Urgent Care Medicine	2. Publication Number 0 0 2 - 2 3 0	3. Filing Date 9/18/2012
4. Issue Frequency Monthly (except August)	5. Number of Issues Published Annually 11x	6. Annual Subscription Price 50.00
7. Complete Mailing Address of Known Office of Publication (Not printer) (Street, city, county, state, and ZIP+4®) Braveheart Group 120 N Central Ave, Suite 1N, Ramsey, NJ 07446		Contact Person Peter Murphy Telephone (include area code) 201-529-4020
8. Complete Mailing Address of Headquarters or General Business Office of Publisher (Not printer) Braveheart Group 120 N Central Ave, Suite 1N, Ramsey, NJ 07446		
9. Full Names and Complete Mailing Addresses of Publisher, Editor, and Managing Editor (Do not leave blank) Publisher (Name and complete mailing address) Peter Murphy 120 N Central Ave, Suite 1N, Ramsey, NJ 07446 Editor (Name and complete mailing address) Judy Orvos 120 N Central Ave, Suite 1N, Ramsey, NJ 07446 Managing Editor (Name and complete mailing address)		
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12. Tax Status (For completion by nonprofit organizations authorized to mail at nonprofit rates) (Check one) <input checked="" type="checkbox"/> The purpose, function, and nonprofit status of this organization and the exempt status for federal income tax purposes: <input type="checkbox"/> Has Not Changed During Preceding 12 Months <input type="checkbox"/> Has Changed During Preceding 12 Months (Publisher must submit explanation of change with this statement)		

13. Publication Title JUCM, Journal of Urgent Care Medicine	14. Issue Date for Circulation Data Below September 2012	
15. Extent and Nature of Circulation Clinicians practicing medicine in urgent care	Average No. Copies Each Issue During Preceding 12 Months	No. Copies of Single Issue Published Nearest to Filing Date
a. Total Number of Copies (Net press run)	11,992	11,914
b. Paid Circulation (By Mail and Outside the Mail)	6,642	6,745
(1) Mailed Outside-County Paid Subscriptions Stated on PS Form 3541 (include paid distribution above nominal rate, advertiser's proof copies, and exchange copies)		
(2) Mailed In-County Paid Subscriptions Stated on PS Form 3541 (include paid distribution above nominal rate, advertiser's proof copies, and exchange copies)		
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(4) Paid Distribution by Other Classes of Mail Through the USPS (e.g., First-Class Mail®)		
c. Total Paid Distribution (Sum of 15b (1), (2), (3), and (4))	6,642	6,745
d. Free or Nominal Rate Distribution (By Mail and Outside the Mail)	5,016	4,844
(1) Free or Nominal Rate Outside-County Copies Included on PS Form 3541		
(2) Free or Nominal Rate In-County Copies Included on PS Form 3541		
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(4) Free or Nominal Rate Distribution Outside the Mail (Carriers or other means)	50	100
e. Total Free or Nominal Rate Distribution (Sum of 15d (1), (2), (3) and (4))	5,066	4,944
f. Total Distribution (Sum of 15c and 15e)	11,708	11,689
g. Copies not Distributed (See Instructions to Publishers #4 (page #3))	284	225
h. Total (Sum of 15f and g)	11,992	11,914
i. Percent Paid (15c divided by 15f times 100)	56.7%	57.7%
16. <input type="checkbox"/> Total circulation includes electronic copies. Report circulation on PS Form 3526-X worksheet.		
17. Publication of Statement of Ownership <input checked="" type="checkbox"/> If the publication is a general publication, publication of this statement is required. Will be printed in the <u>October 2012</u> issue of this publication. <input type="checkbox"/> Publication not required.		
18. Signature and Title of Editor, Publisher, Business Manager, or Owner  Publisher		Date 9/18/2012
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