

Internal Medicine Coding Alert

You Be the Coder: Watch Number of Injections When Reporting Allergy Shots

Question: If our physician provided allergy shots, what is the correct way to report these allergy shots for patients receiving five injections? Not sure if I have to report it with both 95115 and 95117? Also, if our clinician is observing the patient for an additional half hour or so after providing the injections, should this time spent with the patient be reported separately? If so, what is the code that it needs to be reported with?

Nebraska Subscriber

Answer: When your FP provides only one injection as part of the allergy immunotherapy, you will report it with 95115 (Professional services for allergen immunotherapy not including provision of allergenic extracts; single injection). But, if your clinician provided more than one injection as it seems to be in the case scenario that you have provided, you will report it with 95117 (...2 or more injections). Irrespective of the number of injections provided, any number beyond two should only be reported with one unit of 95117 for a patient on one calendar date of service.

You need to note that 95117 is not an add-on code that you would report. This means you will not have to report 95115 for the first injection and then report 95117 for the additional injections that your clinician administered.

Also, 95115 and 95117 are bundled by Correct Coding Initiative (CCI) edits with the modifier indicator '0,' which means that you cannot report these two codes for the same patient on the same calendar date of service.

The CPT® codes 95115 and 95117 includes any time that is spent by your clinician in providing observation services to check if the patient experiences any allergic reactions after the administration of the injection(s). So, the time spent by your FP in observation need not be reported separately as it is part of the service described by 95115 and 95117.

But, if your clinician performed a separate evaluation of the patient during the same session, you can report this service with an appropriate E/M code (such as 99212-99215, Office or other outpatient visit for the evaluation and management of an established patient...). However, you will need to append the 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 code.