



Physicians Committed
to Quality

monthly memo mvma ipa

An important announcement from Richard B. Toll, M.D., MVMA President

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Radiology Quality and Cost

MVMA is asking all of our physician members to help us control the increasing costs associated with medical imaging. Nationwide, imaging costs are now rising faster than that of prescription drugs. In 2001, high-tech imaging costs, including CT, MRI, and PET (excluding X-rays) increased 23 percent while drug costs increased by 16 percent. Total radiology costs involve two issues, frequency and cost per test.

Determining the appropriateness of an individual imaging study may be open to discussion. However all practitioners should be able to agree that, **quality being equal**, we should strive to obtain imaging studies at the most cost efficient facility in our community.

Many communities have freestanding imaging facilities in addition to hospital outpatient imaging centers. In many cases the same radiologists work at both facilities. Yet the cost of imaging studies at hospital outpatient departments is significantly higher than in freestanding facilities. This cost discrepancy between freestanding imaging centers and hospital radiology facilities is not just a local phenomenon. An article in the May 6, 2003 edition of the Wall St. Journal pointed out that MRI and CT studies at imaging centers are 27 percent –36 percent less costly than at hospitals. On top of these higher costs, hospitals must add an 8.18 percent HCRA surcharge onto their bill.

We are asking all our physicians and physician extenders to work with us in trying to reduce imaging costs while maintaining high quality by choosing imaging facilities in your area that provide quality services at lower cost. Please discuss this issue with any personnel in your office who have the responsibility for scheduling imaging studies for your patients. With limited financial resources, we must work together to assure that our patients continue to get high quality and efficient medical care.

Coding Tips

Evaluation and Management Codes with Venipunctures, Immunizations, Injections or Infusions

We frequently receive questions regarding the use of Evaluation and Management Services (E&M) in addition to injections, immunizations and venipunctures. The questions are often specifically related to E&M CPT™ code 99211 when nurses render the services.

CPT Assistant provides further clarification on the requirements for billing E&M services with these procedures. The key CPT4 requirement is whether or not the services meet the guidelines for E&M code 99211. CPT requires that the medical record documentation must also fully support the E&M services rendered as separate and identifiable from the professional services associated with venipunctures, injections and immunizations. The administration CPT codes represent the professional component for these services.

Following are excerpts from CPT Assistant on this coding question.

1Evaluation and Management, 99211 (Q&A)

Question: When a patient comes in to our office solely for a blood draw for labs, or for an immunization, should we report CPT code 99211?

AMA Comment: The answer to this coding issue will not be the same for every patient. In some instances, the clinician may be performing an Evaluation and Management service (*i.e., reviewing patient history, performing patient exam and/or medical decision making*) in addition to

doing the venipuncture or immunizing the patient. When performed, the Evaluation and Management service (the office visit) may be reported via CPT code 99211 or other E/M service. You should append modifier-25 to the Evaluation and Management service code to indicate that an Evaluation and Management service and a procedure were performed on the same date of service.

Conversely, if no Evaluation and Management services are performed, **then only report the CPT code for the venipuncture (e.g., 36415) or for the immunization (90700 – 90749).**

Reporting Evaluation and Management Services in Addition to Allergy Immunotherapy

Please note that MVP's Benefit Interpretation Policy (Allergy Testing and Treatment) requires a credentialed participating specialist (e.g. Allergist, ENT specialist or Dermatologist) if there is to be allergy testing and administration of antigens.

A separate Evaluation and Management Service code may be reported in addition to the Allergy Testing codes, **as long as the key components of an E/M service are met. The appropriate documentation, reflecting the performance of the services, is recorded in the patient's medical record.** This applies to both new and established patients, for all types of evaluation and management services."

The Allergen Immunotherapy section states; Codes 95115 – 95199 include the professional services necessary for allergen immunotherapy. Office Visits codes may be used in addition to allergen immunotherapy, **if and only if, other identifiable services are provided at that time.**

For Example:

If a physician sees a patient for professional services for allergen immunotherapy and provides the allergenic extract, single stinging insect venom, CPT code 95130 is reported. If the physician also evaluates a new rash, unrelated to the allergy injection, on the patient's lower extremities and performs a history, an examination, and medical decision making, a separate E/M code can be used based on the level of the three key components. The modifier -25 should be appended to the E/M code.

Reimbursement

Reimbursement for professional **administration** for therapeutic injections, infusions, and immunizations is covered under the following administration codes:

- Immune Globulins Administration: 90780-90784
- Immunization Administration for Vaccines/Toxoids: 90471-90474
- Therapeutic Infusions (excludes chemotherapy) Administration: 90780-90781
- Therapeutic, Prophylactic, or Diagnostic Injection Administration: 90782-90788

Reimbursement for the injected, infused or immunized drug/toxin/vaccine/globulin is covered under:

- Immune Globulins: 90281-90399
- Vaccine/Toxoids: 90476-90749
- Injections/Infusions Therapeutic, Prophylactic or Diagnostic Agents: HCPCS J codes

We hope this coding tip is helpful for your practice.