

Policy Name	Therapeutic & Diagnostic Injection
<p>Summary</p>	<p>Therapeutic and diagnostic injections are administered via various routes including; subcutaneous, intravenous, intramuscular, or intra-arterial, to treat, prevent, or assist in the identification of a disease.</p> <p>This policy follows the Centers for Medicare and Medicaid Services (CMS) reimbursement guidelines when evaluation and management (E/M) services are performed by the same physician or other health care professional on the same date of service as a therapeutic and diagnostic injection.</p> <p>If both a problem-oriented E/M service and a therapeutic or diagnostic injection code are submitted by the same physician or other healthcare professional on the same date of service, only the injection code will be reimbursed unless a significant, separately identifiable E/M service has been performed, as identified by modifier 25.</p> <p>When a preventive E/M service is performed on the same day as a therapeutic or diagnostic injection, the modifier 25 is not required.</p> <p>If a therapeutic or diagnostic injection is the only service performed, an injection administration code may be submitted in addition to the appropriate HCPCS code.</p>
<p>Related Coding Information</p>	<p>Modifier 25 <i>Significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service.</i></p> <p>Code range that applies to this policy: 90772 – 90779 99201 – 99205 99211 – 99215 99241 – 99245 99251 – 99255 99281 – 99285 99291 – 99296 99298 – 99300</p>

99304 – 99310
99324 – 99328
99334 – 99337
99341 – 99345
99347 – 99350
99381 – 99387
99391 – 99397
99401 – 99404
99406 – 99409
99411 – 99412
99431 – 99435

- Resources**
- Current Procedural Terminology (CPT)
 - Center for Medicare and Medicaid Services (CMS)

Effective Date 12/8/07

Revision Date 12/12/07

Explanation of Change 12/12/07 2008 Annual CPT Update
12/8/07 Policy Creation