

Internal Medicine Coding Alert

Look for New V Code to Track Insulin Use:

Deletions don't mean you can forget about insulin dependence

Although internal medicine practices will be using pancreatic cells, not insulin use, to determine types of diabetes, your internist should still document whether a patient takes insulin.

To help you accurately report insulin use, CMS has created new ICD-9 code V58.67 (Long-term [current] use of insulin). You should list V58.67 for any patient who's taking insulin regularly, says **Beth Fisher**, medical systems specialist with the National Center for Health Statistics (NCHS) in Hyattsville, Md.

Watch out: Don't let the phrase "long-term" in the code's descriptor trip you up. Neither CMS nor NCHS has defined long-term, Fisher says. Also, because the descriptor lists "current" beside the phrase, you can assign V58.67 for nearly "anybody who is using insulin," she adds. For instance, you could use the code for a gestational diabetes (648.8x) patient who's on insulin.

What to do: Typically, internists will use V58.67 as a secondary code to identify patients with Type II diabetes who take insulin. That means you will likely report V58.67 with the following fifth digits:

1. 0 -- Type II or unspecified type, not stated as uncontrolled
2. 2 -- Type II or unspecified type, uncontrolled.

For example, suppose the physician diagnosed a patient with 250.12 (Diabetes with ketoacidosis; type II or unspecified type, uncontrolled), and the patient was on insulin. In that case, you may be able to list V58.67 as a secondary diagnosis code.