

Internal Medicine Coding Alert

Reader Question: Choose Codes Carefully in OD Reporting

Question: Our clinician recently diagnosed a patient with 'complications arising from overdose of insulin.' How should we report this diagnosis?

Kansas Subscriber

Answer: When your clinician diagnoses a patient taking a wrong dose of any drug, you will need to use an appropriate poisoning code to report the diagnosis.

In your case, since the patient took a wrong dose of insulin and experienced adverse reactions, you report the diagnosis with "poisoning caused by insulin." However, to report the appropriate code for this diagnosis, you need to delve further into the patient chart to see if the patient took the wrong dosage "unintentionally" or "intentionally."

Based on this, you have three code choices to report from that include the following for an initial encounter:

- T38.3X1A (Poisoning by insulin and oral hypoglycemic [antidiabetic] drugs, accidental [unintentional], initial encounter)
- T38.3X2A (Poisoning by insulin and oral hypoglycemic [antidiabetic] drugs, intentional self-harm, initial encounter)
- T38.3X4A (Poisoning by insulin and oral hypoglycemic [antidiabetic] drugs, undetermined, initial encounter).

You should then report the patient's symptoms. For example, if the patient complained of light-headedness and blurred vision after taking the insulin, you should report R42 (Dizziness and giddiness) and H53.8 (Other visual disturbances).

Note: If on the other hand, the poisoning by insulin happened because of someone else intentionally trying to harm the patient, you report the initial encounter with T38.3X3A (Poisoning by insulin and oral hypoglycemic [antidiabetic] drugs, assault, initial encounter) instead.