

Internal Medicine Coding Alert

READER QUESTION: Inject a Reason

Question: A patient presents with elevated blood sugar. A physician administers an insulin injection to control the patient's diabetes. Should I link the injection to E932.3? Which other ICD-9 and CPT codes should I report?

Arizona Subscriber

Answer: No, in this case you should not report E932.3 (Drugs, medicinal and biological substances causing adverse effects in therapeutic use; hormones and synthetic substitutes; insulins and antidiabetic agents). The patient was not having an adverse reaction to insulin as E932.3 describes. Instead, the physician administered the insulin as a therapeutic injection to control the patient's diabetes. Consequently, you should link the injection (90782, Therapeutic, prophylactic or diagnostic injection [specify material injected]; subcutaneous or intramuscular) to the diagnosis for diabetes, such as 250.03 (Diabetes mellitus without mention of complication; type I [insulin dependent type] [IDDM] [juvenile type], uncontrolled).

Of course, the doctor would have to evaluate a patient who presents with elevated blood sugar to determine necessary treatment. Therefore, the physician should also report the appropriate-level office visit (99211-99215, Office or other outpatient visit for an established patient), which he or she should link to 790.6 (Nonspecific findings on examination of blood; other abnormal blood chemistry). Some carriers, such as Medicare, do not pay the injection administration code (90782) when submitted with an E/M code (9921x). But most commercial insurers will pay for both the procedures and the service without a modifier. Thus, unless you know that the payer disallows the administration charge, you should file it.

In addition to reporting the payer-preferred injection and E/M combination, don't forget to code for the insulin medication. For carriers that accept HCPCS level-two supply codes, you should report J1815 (Injection, insulin, per 5 units) per five units of insulin used. Otherwise, use CPT supply code 99070 (Supplies and materials [except spectacles], provided by the physician over and above those usually included with the office visit or other services rendered [list drugs, trays, supplies, or materials provided]).