

## Internal Medicine Coding Alert

### You Be the Coder ~ Be Careful With Bee-Sting Diagnosis

**Question:** A new patient reports to the internist after inadvertently getting too close to a beehive and suffering bee stings. After performing a level-two E/M service, the internist diagnoses anaphylactic shock from insect venom and injects the patient with an antigen mix to treat the condition. How should I code this scenario?

Tennessee Subscriber

**Answer:** You'll report an E/M code along with an injection code -- but don't forget your ICD-9 codes to demonstrate medical necessity.

For the injection, report 95130 (Professional services for allergen immunotherapy in prescribing physician's office or institution, including provision of allergenic extract; single stinging insect venom). Don't forget to link these ICD-9 codes to 95130 to demonstrate medical necessity for the encounter:

- 989.5 (Toxic effect of other substances, chiefly nonmedicinal as to source; venom) for the venom's effect on the patient.
- 995.0 (Certain adverse effects not elsewhere classified; other anaphylactic shock) to represent the patient's shock.
- E905.3 (Venomous animals and plants as the cause of poisoning and toxic reactions; hornets, wasps, and bees) to indicate the cause of the patient's injury.

For the E/M service, report 99202 (Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: an expanded problem-focused history; an expanded problem-focused examination; straightforward medical decision-making). As with 95130, you should attach ICD-9 codes 989.5, 995.0 and E905.3 to 99202 to prove medical necessity for the E/M.

**Don't forget:** Attach modifier 25 (Significant, separately identifiable E/M service by the same physician on the same day of the procedure or other service) to 99202 to show that the E/M and the injection were separate services.