Recently, I read a couple of good articles relating to drug allergies and adverse effects. Both articles stressed that it is important to teach patients the difference between true allergic reactions to drugs and anticipated adverse effects to drugs because treatment decisions could be affected.

An allergic reaction occurs when the immune system overreacts to a harmless substance, such as a drug, which triggers an allergic reaction. Intolerances to drugs may produce similar symptoms, but do not involve the immune system.

A patient may indicate that he is “allergic to penicillin” because he experiences diarrhea when taking penicillin. Or, she may say she is “allergic to aspirin” because taking aspirin gives her heartburn. Or, he may claim to be “allergic to cough syrup

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with codeine” because he experiences constipation and drowsiness when taking opium-derived medications. Such adverse effects are more drug intolerances than allergic reactions.

Symptoms of allergic drug reactions may include:

- Constriction of the airways and wheezing or breathing difficulties, tightness in chest
- Fainting, dizziness, confusion, or weakness
- Fall in blood pressure, sometimes to dangerously low levels
- Fever
- Hives, rashes and itching
- Swelling of tissues (in the face, tongue, lips and/or throat) which can impact breathing and swallowing
- Tachycardia
- Weak pulse
- Paleness
- Vomiting

When coding an adverse effect for a drug that has been correctly prescribed and properly administered, assign the appropriate code to the side effect of the drug, first (e.g., diarrhea), followed by the appropriate code for the adverse effect of the drug. Then code the underlying condition being treated that necessitates the drug.

**Example of adverse effect from a properly prescribed and properly administered drug:** Initial encounter for opioid-induced constipation due to HYDROCODONE that patient takes for chronic pain. Chronic pain caused by lumbosacral spinal stenosis and intervertebral disc disorders in the thoracic region with radiculopathy, which were diagnosed four years ago.

- K59.03 Drug-induced constipation
- T40.2X5A Poisoning by, adverse effect of and underdosing of other opioids
- M48.07 Spinal stenosis, lumbosacral region
- M51.14 Intervertebral disc disorders with radiculopathy, thoracic regions
- G89.29 Chronic pain, not elsewhere classified (other chronic pain)
**Example of allergic reaction:** Initial encounter for patient who went into anaphylactic shock after taking properly prescribed and properly administered penicillin for cellulitis of the buttock.

T88.6XXA (Anaphylactic reaction due to adverse effect of correct drug or medication properly administered)
T36.0X5A (Adverse effect of penicillins, initial encounter)
L03.317 (cellulitis of the buttock)

If you are in a position to educate your service providers or clinical staff, ask them to be specific about the drug reaction the patient experienced and to document which drug caused the reaction. This will help differentiate between a patient with a true drug allergy and a patient with a drug intolerance. This documentation may also help support a higher level of medical decision making for an E/M service, aid the service provider in choosing an alternate medication, and promote quality patient care.

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