

# Diabetes Mellitus Coding Tips

## Coding & Documentation<sup>1</sup>

Specificity	“With”	Use additional code (if applicable)	
<b>Document</b> <ul style="list-style-type: none"> <li>• <b>Type</b> of diabetes (type 1, type 2 or other)</li> <li>• <b>Body System</b> Affected</li> <li>• <b>Complication/Manifestation</b> affecting the body system (See table on page 2)</li> </ul>	DM complications listed after the term “with” in the alphabetic index have a presumed causal relationship and do not have to be linked by the provider.  <ul style="list-style-type: none"> <li>• Do not link conditions when documentation clearly states they are unrelated or when another guideline exists that specifically requires a documented linkage between two conditions.</li> <li>• For conditions not specifically linked by the relational term “with” the provider documentation must link the conditions in order to code them as related.</li> </ul>	<b>Use of Insulin, Oral Hypoglycemics and Injectable Non-insulin Drugs</b>	
		<b>IF documentation indicates ...</b>	<b>THEN assign code(s):</b>
<b>“History of”</b>  <b>Avoid using the phrase “history of” when the condition is being monitored.</b>  <ul style="list-style-type: none"> <li>• Incorrect: “Patient has a history of diabetes.”</li> <li>• Correct: “Patient has type 2 diabetes currently controlled with insulin.”</li> </ul>		Insulin & Diabetes (type unspecified)	<b>E11</b> -Type 2 diabetes mellitus <b>Z79-</b> , Long-term (current) use of insulin or oral hypoglycemic drugs
		Oral antidiabetic medications & insulin	<b>Z79.4</b> , Long-term (current) use of insulin
		Insulin & injectable non-insulin antidiabetic drug <b>NEW</b>	<b>Z79.4</b> , Long term (current) use of insulin) <b>Z79.899</b> , Other long term (current) drug therapy
		Oral hypoglycemic drugs & injectable non-insulin antidiabetic drug <b>NEW</b>	<b>Z79.84</b> , Long term (current) use of oral hypoglycemic drugs <b>Z79.899</b> , Other long term (current) drug therapy

The educational material herein complies with accepted ICD-10 guidelines and is for general supplemental purposes only. The information herein is not guaranteed to be complete, free of errors, or the most current revision. It is the responsibility of the provider to document accurate and complete codes, clinical rationale, and medical services rendered to support appropriate ICD-10 code(s) according to official billing and coding guidelines, procedures, and regulations.

<sup>1</sup>2021 ICD-10-CM Official Guidelines for Coding and Reporting <https://www.cdc.gov/nchs/data/icd/10cmguidelines-FY2021.pdf>

# Diabetes Mellitus Coding Tips

## Coding & Documentation<sup>1</sup> (Continued)

Diabetes Type	ICD-10-CM	Use combination codes and additional codes when appropriate. Follow ICD-10 coding guidelines for code assignment and sequencing. (Examples below are not all not all inclusive. Codes are assigned based upon provider documentation of condition and diagnosis.)						
		4 <sup>th</sup>	System Complication	Conditions with Assumed Relationship	Condition & Link MUST be Documented	Code Also (if applicable)		
<b>Primary</b>	<b>Category</b>	.0-	hyperosmolarity	hyperosmolarity w/wo coma				
		Type 1	E10	.1-	ketoacidosis	Ketoacidosis w/wo coma		
		Type 2	E11	.2-	kidney	chronic kidney disease, glomerulonephrosis, glomerulosclerosis, Kimmelsteil-Wilson disease, nephropathy, renal tubular degeneration	<b>renal complications NEC,</b> microalbuminemia, proteinuria	CKD Stage (N18.1-N18.6) Acute Renal Failure (N17.9)
		Other	E13	.3-	ophthalmic	Cataract, retinopathy, macular edema, retinal detachment	<b>ophthalmic complication NEC,</b> blindness, glaucoma, Retinal ischemia, vitreous hemorrhage, rubeosis iridis	Glaucoma (H40-H42)
				.4-	neurological	Amyotrophy, autonomic (poly)neuropathy, gastroparesis, gastroparesis, loss of protective sensation (LOPS), mononeuropathy, myasthenia, neuralgia, neuropathy, polyneuropathy	<b>neurologic complication NEC,</b> cranial nerve palsy, neuropathic ulcer	
		<b>Secondary</b>		.5-	circulatory	Gangrene, peripheral angiopathy, (PVD/PAD) w/wo gangrene	<b>Circulatory complication NEC,</b> Ischemic or stasis ulcer, atherosclerosis, coronary artery disease	
		Due to other condition	E08	.6-	other	Charcot's joints, dermatitis, foot ulcer, hyperglycemia, hypoglycemia, necrobiosis lipoidica, neuropathic arthropathy, osteomyelitis, periodontal disease	<b>Arthropathy NEC, oral complication NEC, skin complication NEC, other specified complication NEC,</b> cellulitis, erectile dysfunction, limited joint mobility, obesity, high cholesterol, hypertension	Site of ulcer (L97.-, L98.-)
		Drug/chemical induced	E09	.8-	unspecified			
				.9-	without complication			

Assign as many codes as needed to identify all associated conditions the patient has at the time of the encounter.

<sup>2</sup>AHA Coding Clinic, First Quarter 2013, Page 3, Bilateral Peripheral Neuropathy 2

## Coding & Documentation<sup>1</sup> (Continued)

### Example 1:

***“Diabetes Type II and Cellulitis of Lower Left Leg” documented.***

- If the provider DOES make the link that cellulitis is due to diabetes  
**CODE:** E11.628 Type 2 diabetes mellitus with other skin complications and L03.116 Cellulitis of left lower limb
- If the provider does NOT make the link that cellulitis is due to diabetes  
**CODE:** E11.9 Type 2 diabetes mellitus and L03.116 Cellulitis of left lower limb

**Rationale:** Cellulitis is not listed as a specific condition under the word “with” and instead falls under “skin complication NEC”.

### Example 2:

***Peripheral Neuropathy and Diabetes***

- If provider does not indicate “mono” or “poly”, search for MEAT to support the appropriate code selection, otherwise  
**CODE:** Exx.40, Diabetes mellitus with diabetic neuropathy, unspecified
- If peripheral neuropathy is documented, default to **polyneuropathy**<sup>2</sup> provided MEAT indicates location of the symptoms. (In the alphabetic index, unspecified peripheral neuropathy is coded to G62.9 for polyneuropathy, unspecified.)  
**CODE:** Exx.42, Diabetes mellitus with diabetic polyneuropathy
- If diabetic autonomic peripheral neuropathy is specifically documented  
**CODE:** Exx.43, Diabetes mellitus with diabetic autonomic (poly)neuropathy

**Rationale:** An automatic link can be made to code DM with neurologic complications if both conditions have been documented “active or current”.

**Polyneuropathy** is damage or disease affecting peripheral nerves in roughly the same areas on both sides of the body. It usually begins in the hands and feet and may progress to the arms and legs and sometimes to other parts of the body where it may affect the autonomic nervous system.

**Mono** - damage or abnormal sensation to one nerve, i.e. “one foot”

**Poly** - damage or abnormal sensation to multiples nerves, i.e. “both feet”, “both hands”, or “all extremities”

# Diabetes Mellitus Coding Tips

## HEDIS®

HEDIS	
<p><b>Annual HbA1c Testing</b>  <b>≤ 9% is controlled</b> (Submit lab values)                      CPT® 83036, 83037                      CPT II® 3044F, 3051F, 3052F</p> <p><i>Members ages 18–75 with diabetes (type 1 and type 2) who were compliant with HbA1C control (≤9.0)</i></p>	<p><b>Blood Pressure Control</b>  <b>BP, &lt; 140/90 Controlled</b>                      CPT                      Diastolic &lt; 80, 3078F                      Diastolic 80–89, 3079F                      Systolic &lt; 130, 3074F                      Systolic &lt; 130-139, 3075F</p>
<p><b>Statin Therapy</b>  <b>Received Statin Therapy</b>                      Dispensed at least one statin medication of any intensity</p> <p><b>Statin Adherence 80%</b>                      Remained on statin medication of any intensity for at least 80% of treatment period.</p> <p><i>Members ages 40–75 with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD)</i></p>	<p><b>Remote Blood Pressure Monitoring</b>                      CPT 93784, 93788, 93790, 99091, 99453, 99454, 99457, 99473, 99474</p> <p><i>Members ages 18–75 with diabetes (type 1 and type 2) who had BP control (&lt; 140/90 mm Hg)</i></p>
<p><b>Attention for Nephropathy</b>                      ICD-10 Specific coding can be used to close gaps</p> <p><b>Urine Test</b>                      CPT 81000-81003, 81005, 82042-82044, 84156                      CPT II 3060F- 3062F</p> <p><b>Nephropathy Treatment</b>                      ACE/ARB, Dx of ESRD/Stage 4 CKD, kidney transplant status, in care of nephrologist                      CPT II 3066F, 4010F</p> <p><i>Members ages 18–75 with diabetes (type 1 and type 2) who had medical attention for nephropathy</i></p>	<p><b>Eye Exam</b>  <b>Retinal Screening</b>                      CPT 67028, 67030, 67031, 67036, 67039-67043, 67101, 67105, 67107, 67108, 67110, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92225-92228, 92230, 92235, 92240, 92250, 92260, 99203-99205, 99213-99215, 99242-99245                      CPT II 2022F, 2023F-2026F, 2033F, 3072F</p> <p><b>Unilateral Eye Enucleation</b>                      CPT 65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114</p> <p><i>Members ages 18–75 with diabetes (type 1 and type 2) who had an eye exam (retinal) performed</i></p>
	<p><b>Kidney Health Evaluation for Patients With Diabetes</b>  <b>Estimated Glomerular Filtration Rate (eGFR)</b>                      CPT 80047, 80048, 80050, 80053, 80069, 82565</p> <p><b>Urine Albumin-Creatinine Ration (uACR)</b>                      CPT 82043, 82570</p> <p><i>Members 18–85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR)</i></p>