

HCC Department Coding Newsletter

ISSUE #8

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MONTHLY CODING SPOTLIGHT



DIABETES MELLITUS

The most common manifestations of DM have combination code assignments to include the type of DM and the complication. Sometimes these codes can stand alone, other times they require an additional code to elaborate the condition. These combination codes can be seen with hyperosmolarity, kidney, ophthalmic, neurologic, circulatory, skin, oral and glycemic disorders.

Within these combination code sets there may be an “other” coding option. This allows a more specific diagnosis within the code set to be made with a second code detailing the condition.

In the case where there is not a pre-defined combination code, E11.69 is available, DM with other *specified* complication. This is where a complication attributed to DM can be reported but needs further reference. The key here is to document the complication and link it to the DM. This will require two codes for the proper reporting of the diagnosis.

As many diabetic codes can be assigned as needed to fully report the manifestations linked to DM. Additionally, there is E11.65 to report DM out of control or poorly controlled and of course E11.9, DM without manifestation.

Example:

A/P: Type II DM with PVD, stable, A1C is 7.8, on ASA and pravastatin. Patient is a current smoker and education was provided on the benefits of stopping.

Diagnoses:

⇒ **E11.51** DM w/angiopathy without gangrene, **F17.210** Nicotine Dependence

It should be noted here that this code includes the diagnoses of DM as well as PVD and no secondary code is required. It would not be necessary to code PVD again separately unless instructed within the coding guidelines to do so.

DM CODES AT A GLANCE



E08._ **DM due to an underlying condition**

E09._ **DM due to a drug or chemical**

E10._ **DM Type I**

E11._ **DM Type II**

E11.0_ **DM with hyperosmolarity** **not an inclusive list of all available codes*

E11.2_ **DM with kidney complications**

E11.21 DM with nephropathy

E11.22 DM with CKD (use additional code to identify stage of CKD)

E11.29 DM with other kidney complication

E11.3_ **DM with ophthalmic complication** **not an inclusive list of all available codes*

E11.31_ DM with unspecified retinopathy

E11.32_ DM with mild nonproliferative retinopathy

E11.33_ DM with moderate nonproliferative retinopathy

E11.34_ DM with severe nonproliferative retinopathy

E11.35_ DM with proliferative retinopathy

E11.36 DM with diabetic cataract

E11.37_ DM with macular edema, resolved following treatment

E11.39 DM with other ophthalmic complication (use additional code to identify complication)

E11.4_ **DM with neurological complications**

E11.40 DM with neuropathy

E11.41 DM with mononeuropathy

E11.42 DM with polyneuropathy

E11.43 DM with autonomic neuropathy

E11.44 DM with amyotrophy

E11.49 DM with other neurological complication

E11.5_ **DM with circulatory complications**

E11.51 DM with peripheral angiopathy without gangrene

E11.52 DM with peripheral angiopathy with gangrene

E11.59 DM with other circulatory complications

E11.6_ **DM with other specified complications** **not an inclusive list of all available codes*

E11.61_ DM with arthropathy

E11.62_ DM with skin complications

E11.63_ DM with oral complications

E11.64_ DM with hypoglycemia

E11.65 DM with hyperglycemia

E11.69 DM with other specified complication (use additional code to identify complication)

AZPC Coding and Documentation materials are based on current guidelines and are to be used for reference only. Clinical and coding decisions are to be made based on the independent judgement of the treating physician or qualified health care practitioner and the best interests of the patient. ICD-10-CM, CPT and HCPCS are the authoritative references for purposes of assigning diagnoses and procedure codes to be reported. It is the responsibility of the physician and/or coding staff to determine and submit accurate codes, charges and modifiers for services rendered.