Diabetes Mellitus
Coding Quick Reference Guide

Risk Stratification refers to the alignment of patients with the right clinical initiatives, according to their clinical complexity. Accurately and completely documenting and communicating a patient's chronic diagnoses drives such care coordination and high-quality clinical care. Diagnosis coding and documentation should always capture the complete picture of a patient's health status at the highest level of specificity appropriate for the patient.

Clinical Information and Documentation Tips

Only one diagnosis code is needed each year to establish a patient's diabetes. Multiple diabetic complications do not multiply the diabetes HCC risk adjustment factor for the patient, though certain complications will automatically link to an additional HCC category without submission of another ICD-10 code (for example, diabetes with peripheral angiopathy/PVD, ulcers, and proliferative diabetic retinopathy). Best practice is to include all diabetic complications in your documentation at least once per year to ensure comprehensive continuity of care.

For some diabetic complications, submitting an additional ICD-10 diagnosis code that maps to other HCC categories will convey additional complexity to the insurer (e.g. chronic kidney disease stage 3 and above).

ICD-10-CM guidelines indicate that causation is assumed with some diabetic complications (for example, it is not necessary to produce the results of a kidney biopsy to confirm that nephropathy is due to diabetes).

Questions to ask before choosing a code:

- ✓ Is this Type 1 or Type 2 diabetes?
- ✓ Is it controlled or uncontrolled? If uncontrolled, does the patient have hyperglycemia or hypoglycemia?
- ✓ Does that patient have complications from diabetes?
- ✓ Is the patient treated with insulin?
- ✓ Does my note include documentation that shows that I monitored, evaluated, assessed or treated diabetes today?

Reminders + Tips:

- Anytime "other specified" appears in a DM code description it requires further documentation; the complication must be clearly stated in the note and coded separately. **Examples include:** E11.69, DM type 2 with other specified complication and E11.59, DM type 2 with other specified circulatory complication
- Uncontrolled Diabetes must clarify whether it uncontrolled due to hyperglycemia or with hypoglycemia.
- Diabetes has many conditions where, for coding purposes, a causal relationship is assumed. Examples include: cataracts, CKD , dermatitis, foot ulcer, hyperglycemia, hypoglycemia, nephropathy, neuropathy, polyneuropathy and retinopathy.

This information is a tool for addressing common billing and coding issues, which are explained more fully in the CPT© Manual and the official, CMS-approved ICD-10 guidelines. You should not rely exclusively on this information. Providers bear full responsibility for their own billing and coding, as well as compliance with all applicable Federal and state laws and regulations.

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Best Documentation Practices

Subjective

In the subjective section of the office note, document the presence or absence of current symptoms related to diabetes mellitus (DM). If there are no current symptoms, this section should show the patient was screened for symptoms.

Objective

The objective section should describe current physical exam findings related to DM and its complications or manifestations with cause-and-effect linkage clearly documented. Include results of related laboratory and other diagnostic testing.

Assessment

Specificity: Document DM to the highest level of specificity. Include all of the following:

- **Type or cause** – Type 1, type 2, due to an underlying condition (specify condition), due to drugs or chemicals (specify drug or chemical), due to other condition or event (specify condition or event), type 1.5 aka latent autoimmune diabetes in adults (LADA)
- **All complications or manifestations** – Use linking terms that clearly show cause-and-effect. Best practice is to describe each complication as "diabetic," even when there are multiple complications. For example: "Diabetes mellitus Type 2 with diabetic peripheral neuropathy and diabetic foot ulcer."
- **Current status of control** – Do not describe diabetes as both uncomplicated and uncontrolled, as this represents a contradiction. In ICD-10-CM, the clinician is required to specify whether "uncontrolled" means hyperglycemia or hypoglycemia.

Abbreviations: Limit, or avoid altogether, the use of abbreviations. Best practice is as follows:
The initial notation of the condition should be spelled out in full with the abbreviation in parentheses: "diabetes mellitus (DM)" or "Type 2 diabetes mellitus (DMT2/T2DM/DMII)".
Subsequent mention of DM can be made using the abbreviation.

Current vs. Historical: Do not use the descriptor "history of" to describe current diabetes.

- In diagnosis coding, the phrase "history of" means the condition is historical and no longer exists as a current/active problem.

Plan

- Document a specific and concise treatment plan for diabetes and all diabetic complications
- Include insulin, oral or injectable antidiabetic medication dosage and instructions for use
- Orders for lab or other diagnostic tests
- Diet and exercise counseling
- If referrals are made or consultations requested, the office note should indicate to whom or where the referral of consultation is made or from whom consultation advice is requested.
- Include the date or time frame for the next appointment

Associated Conditions

The ICD-10-CM classification presumes cause-and-effect linkage between diabetes and certain conditions unless the physician specifically indicates the conditions are not related. These conditions are coded as diabetic complications, even in the absence of physician documentation explicitly linking them, unless the documentation clearly indicates these conditions are not caused by diabetes — for example, by stating the actual non diabetes-related cause.

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Common ICD-10 Diagnosis Codes

Types of Diabetes Mellitus	Instructional notes	ICD-10 Root
Diabetes mellitus due to underlying condition	-Code first the underlying condition -Use additional code to identify	E08.-
Drug or chemical induced diabetes	-Code first poisoning due to drug/toxin -Use additional code to identify drug -Use additional code to identify use of insulin or antidiabetic medications	E09.-
Type 1 diabetes mellitus (DMT1)	N/A	E10.-
Type 2 diabetes mellitus (DMT2)	-Use additional code to identify use of insulin or antidiabetic medications	E11.-
Other specified diabetes mellitus	-Use additional code to identify use of insulin or antidiabetic medications	E13.-
Gestational diabetes (in pregnancy)	-Use additional code from E08-E13 to further identify any manifestations -Use additional code to identify use of insulin	O24.-

ICD-10-CM codes listed below are for E11: Diabetes mellitus type 2 (DMT2). Other diabetic types use the same suffixes for each root listed above.

Diabetic Complications	ICD-10	v24	v28
DMT2 with diabetic nephropathy	E11.21	18	37
DMT2 with diabetic chronic kidney disease*	E11.22	18	37
DMT2 with nonproliferative diabetic retinopathy with macular edema, unspecified eye	E11.3219	18	37
DMT2 with nonproliferative diabetic retinopathy without macular edema, unspecified eye	E11.3299	18	37
DMT2 with proliferative diabetic retinopathy with macular edema, unspecified eye	E11.3519	18/122	37/298
DMT2 with proliferative diabetic retinopathy without macular edema, unspecified eye	E11.3599	18/122	37/298

*Indicates additional code(s) needed to fully report the diabetic complication/manifestation

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Common ICD-10 Diagnosis Codes

Diabetic Complications	ICD-10	v24 HCC	v28 HCC
DMT2 with diabetic cataract	E11.36	18	37
DMT2 with diabetic polyneuropathy	E11.42	18	37
DMT2 with diabetic autonomic neuropathy (e.g. gastroparesis)	E11.43	18	37
DMT2 with peripheral angiopathy without gangrene	E11.51	18/108	37
DMT2 with other circulatory complications* (e.g. hypertension, cardiomyopathy)	E11.59	18	37
DMT2 with diabetic neuropathic arthropathy (e.g. Charcot's joints)	E11.610	18	37
DMT2 with diabetic dermatitis	E11.620	18	37
DMT2 with diabetic foot ulcer*	E11.621	18/161	37/383
DMT2 with periodontal disease	E11.630	18	37
DMT2 with hypoglycemia without coma	E11.649	18	38
DMT2 with hyperglycemia	E11.65	18	38
DMT2 with other specified complication* (e.g. hyperlipidemia, osteomyelitis)	E11.69	18	37

Additional Codes	ICD-10	v24	v28
DMT2 without complication	E11.9	19	38
Long term (current) use of insulin	Z79.4	19	38
Long term (current) use of oral hypoglycemic drugs	Z79.84	_	
Pancreas transplant status	Z94.83	186	35
Other long term (current) drug therapy (e.g. injectable noninsulin antidiabetic drugs)	Z79.899	_	
Acquired total absence of pancreas	Z90.410	_	

*Indicates additional code(s) needed to fully report the diabetic complication/manifestation

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