

DIABETES MELLITUS (DM)

Physician Documentation

Diabetes is a chronic, lifelong metabolic disorder affecting uptake and storage of carbohydrate, protein, and fat. Sustained high blood glucose levels lead to the diagnosis. Diabetes should be addressed in every encounter with the diabetic patient, as it will always affect outcomes and care.

Documentation Tips

- **Document the type of diabetes as:**
 - Type 1 (autoimmune; no insulin production)
 - Type 2 (insulin resistance or low production; most common form)
 - Secondary, due to underlying condition
 - Document underlying condition (eg, cystic fibrosis, cancer, pancreatitis, Cushing's)
 - Secondary, due to drugs/chemicals
 - Document drug or chemical causing the adverse effect (eg, corticosteroids, streptozotocin, alloxan, rodenticide Vacor)
 - Other specified form of diabetes
 - Document as genetic defect, postpancreatectomy, etc
- **Do not document diabetes using these outdated terms:**
 - IDDM, NIDDM (from the 1970s; replaced with type 1 and type 2)
 - Juvenile onset, adult onset (type 1 can occur in adults; type 2 can occur in children)
 - Brittle diabetes (outdated terminology; classifies to type 1 diabetes)
- **Document when a comorbidity is *not* due to diabetes.** Coders will link the diabetes to most other conditions, as this is guidance from CMS. If the patient's CKD has another cause, be sure to document it using clear language (eg, "CKD stage 4 due to polycystic kidney disease").
- **Provide qualitative information regarding diabetic control** (eg, "Diabetes is in good control despite pneumonia. Blood glucose today is 105." "Patient's A1C is 7.6, and his goal is 6.5.").
- **Identify treatment method.** Document whether diabetes is controlled by diet and exercise, antidiabetic medications, or insulin. Note if the patient has an insulin pump.
- **Address all complications of diabetes**, with qualitative language that documents the extent or severity of the complication (eg, "10-year diabetic neuropathy has progressed to LOPS").
- **State the obvious.** Do not document "BG of 495." Instead, document, "Patient's blood glucose indicates hyperglycemia at 495." Coders cannot connect the dots or code from laboratory values.
- **Document hyperglycemia as appropriate.** High blood sugar was considered a sign and symptom of diabetes in ICD-9-CM; in ICD-10-CM, it is considered a complication of diabetes and is reported.
- **Document any status resulting from diabetes.** Ensure that the patient's vision loss, amputation, or dialysis status is discussed during the encounter, as appropriate.
- **Remember to address status of annual examinations.** Has the patient had a retinal eye examination? Foot examination? Are elevated A1Cs being addressed with changes to diet/medication? Has macroalbuminuria, hyperlipidemia, or hypertension been assessed?
- **Document all referrals** for dietetic counseling, foot care, or other therapies:

Pregnancy and Diabetes: What to Document

TYPE: Gestational, type 1, type 2, unknown diabetes, abnormal GTT

TREATMENT: Insulin, antidiabetic oral medication, diet and exercise

COMORBIDITIES: Existing complications of diabetes in pregnant patient

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Coder Abstraction

Coding complications of diabetes changed with the 2017 ICD-10-CM guidelines. Now, most comorbidities found under “Diabetes/with” are considered a complication of diabetes. No linkage language from the physician is specifically required, as identified by the “with” rule in the guidelines.

Coding Tips

- **If the type of diabetes is not stated**, the guidelines tell us to report DM, type 2, unless the patient has diabetic ketoacidosis (DKA), in which case, according to the AHA’s *Coding Clinic*, the default is type 1.

| Types of Diabetes | |
|-------------------------------|--|
| E08 Secondary diabetes | due to Cushing’s, CF, cancer, pancreatitis, malnutrition |
| E09 Secondary diabetes | due to drugs or chemicals (code also with T36-T65) |
| E10 Type 1 diabetes | due to autoimmune process |
| E11 Type 2 diabetes | due to shortage of insulin or poor insulin transport |
| E13 Other specified DM | due to genetic defect, pancreatectomy, NEC |

- **Don’t stop with one code.** Use as many codes as required to describe all the complications of diabetes documented for the patient. However, all codes for a patient encounter should be in the same diabetes category (eg, do not report code E11.65 with code E10.43).
- **Report treatment with insulin (Z79.4)** or antidiabetic drugs (Z79.84). If patient is on insulin and oral drugs, report only the insulin.
- **Insulin may be given temporarily** for hyperglycemia therapy. This is not “long-term use.” “Long-term use” describes daily injection of prescribed insulin. Code presence of an insulin pump (Z96.41).

Type 1 Diabetes and Insulin

Because type 1 DM requires insulin injections multiple times daily for survival, there is no need to code Z79.4 with type 1 diabetes.

- **Type 1.5 diabetes** does not have a separate category in ICD-10-CM, and there is no guidance. Query physicians on their preferences or refer to internal coding policies.
- **Do not overlook documented hyperglycemia or hypoglycemia.** While these conditions were once considered incidental to diabetes, if they are documented and treated, they should be reported.
- **Diabetic gastroparesis** is reported as autonomic polyneuropathy (E--.43). Because there are other forms of autonomic polyneuropathy, also report code K31.84, *Gastroparesis*.

Pregnant Patients with DM

For patients with gestational diabetes, report a code from category O24.4-, plus code Z79.84 for use of oral antidiabetic medications, if appropriate. For other forms of diabetes in pregnancy, report a code from category O24, as well as an “E” code to describe the type of diabetes. Except for type 1, also report a code for insulin or oral medication.

- **Causal links are required** for comorbidities not specifically identified in the Alphabetic Index entries under “Diabetes/with.” However, a “with/other specified” comorbidity must be clearly linked in documentation. “Diabetes” documented in the same encounter as “candidiasis infection of skin of groin” does not represent a causal relationship because “Diabetes/with/other specified disorder of skin” is not specific to candidal skin infection. “Diabetic candidiasis of skin” shows a causal link.
- **Poorly controlled/out-of-control diabetes** is reported as hyperglycemia, according to the ICD-10-CM Alphabetic Index.