

Coding & Documentation¹

Specificity	Use additional code (if applicable)	
Document: <ul style="list-style-type: none"> • Type of diabetes • Body system affected • Complication/manifestation affecting the body system 	Use of insulin, oral hypoglycemics and injectable non-insulin drugs	
	IF documentation indicates:	THEN assign code(s):
	Insulin and diabetes (type unspecified)	E11 – Type 2 diabetes mellitus Z79 – Long-term (current) use of insulin or oral hypoglycemic drugs
“History of”	Oral antidiabetic medication and insulin	Z79.4 – Long-term (current) use of insulin
Avoid using the phrase “history of” when the condition is being monitored. <ul style="list-style-type: none"> • Incorrect: <i>Patient has a history of diabetes.</i> • Correct: <i>Patient has type 2 diabetes, currently controlled with insulin.</i> 	Insulin and injectable non-insulin antidiabetic drugs	Z79.4 – Long-term (current) use of insulin Z79.899 – Other long-term (current) drug therapy
	Oral hypoglycemic drugs & injectable non-insulin antidiabetic drugs	Z79.84 – Long-term (current) use of oral hypoglycemic drugs Z79.899 – Other long-term (current) drug therapy
“With”		
Diabetes mellitus 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"> • 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. • For conditions not specifically linked by “with,” the provider documentation must link the conditions to code them as related. 		

The educational material herein complies with accepted ICD-10 guidelines and is for general supplemental purposes only. This information 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.

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

Diabetes Mellitus



Type	ICD-10-CM		Use combination codes and additional codes when appropriate. Follow ICD-10 guidelines for code assignment and sequencing. The examples below are not all-inclusive. Codes are assigned based on provider documentation of condition and diagnosis.			
	Category	4th	Complication	Conditions with assumed relationship	Condition and link MUST be documented	Code also (if applicable)
Type 1	E10	.0-	hyperosmolarity	hyperosmolarity with or without coma		
		.1-	ketoacidosis	ketoacidosis with or without coma		
Type 2	E11	.2-	kidney	chronic kidney disease (CKD), glomerulonephrosis, glomerulosclerosis, Kimmelstiel-Wilson disease, nephropathy, renal tubular degeneration	renal complication (necrotizing enterocolitis (NEC)), microalbuminemia, proteinuria	CKD stage (N18.1–N18.6) acute renal failure (N17.9)
Other	E13	.3-	ophthalmic	cataract, retinopathy, macular edema, retinal detachment	ophthalmic complication (NEC), blindness, glaucoma, retinal ischemia, vitreous hemorrhage, rubeosis iridis	CKD stage (N18.1–N18.6) acute renal failure (N17.9)
Secondary						
Due to other condition	E08	.4-	neurological	amyotrophy, autonomic (poly) neuropathy, gastroparesis, gastroparesis, loss of protective sensation (LOPS), mononeuropathy, myasthenia, neuralgia, neuropathy, polyneuropathy	neurologic complication (NEC), cranial nerve palsy, neuropathic ulcer	
		.5-	circulatory	gangrene, peripheral angiopathy, peripheral vascular disease (PVD) or peripheral artery disease (PAD) with or without gangrene	circulatory complication (NEC), ischemic or stasis ulcer, atherosclerosis, coronary artery disease	
Drug- or chemical-induced	E09	.6-	other	Charcot joint, dermatitis, foot ulcer, hyperglycemia, hypoglycemia, necrobiosis lipoidica, neuropathic arthropathy, osteomyelitis, periodontal disease	arthropathy (NEC), oral complication (NEC), skin complication (NEC), other specified complication (NEC), cellulitis, erectile dysfunction, limited joint mobility, obesity, high cholesterol, hypertension	site of ulcer (L97.-, L98.-)
		.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.

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Diabetes Mellitus



Example 1:

Diabetes Type II and Cellulitis of Lower Left Leg

- If the provider **does** make the link that cellulitis is due to diabetes:
 - **Code:** E11.628 type 2 diabetes mellitus with other skin complications; 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; 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-, use MEAT² to support the appropriate code selection. Otherwise:
 - **Code:** Exx.40 diabetes mellitus with diabetic neuropathy, unspecified
- If **peripheral neuropathy** is documented, default to polyneuropathy³ if MEAT indicates location of the symptoms. (In the alphabetic index, unspecified peripheral neuropathy is coded as 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 diabetes mellitus with neurological complications if both conditions have been documented as 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. It 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, such as “one foot”

Poly-: Damage or abnormal sensation to multiples nerves, such as “both feet,” “both hands” or “all extremities”

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² MEAT: Monitoring, Evaluating, Assessing/Addressing, Treating

³ AHA Coding Clinic, First Quarter 2013, Page 3, Bilateral Peripheral Neuropathy.

Diabetes Mellitus



HEDIS®				
Annual HbA1c Testing	Statin Therapy	Kidney Evaluation for Patients with Diabetes	Blood Pressure Control	Eye Exam
<p>< 8% is controlled (submit lab values)</p> <p>CPT® Code(s): 83036</p> <p>CPT II Code(s) 3044F, 3051F</p>	<p>Received statin therapy</p> <p>Dispensed at least one statin medication of any intensity</p> <p>Statin adherence 80%</p> <p>Remained on statin medication of any intensity for at least 80% of treatment period</p>	<p>Estimated glomerular filtration rate (eGFR)</p> <p>CPT Code(s): 80047, 80048, 80050, 80053, 80069, 82565</p> <p>Urine albumin-creatinine ration (uACR)</p> <p>CPT Code(s): 82043, 82570</p>	<p>Blood pressure < 140/90 controlled</p> <p>CPT Code(s):</p> <p>Diastolic < 80 — 3078F</p> <p>Diastolic 80–89 — 3079F</p> <p>Systolic < 130 — 3074F</p> <p>Systolic 130–139 — 3075F</p> <p>Remote blood pressure monitoring</p> <p>CPT Code(s): 93784, 93788, 93790</p>	<p>Retinal screening</p> <p>CPT Code(s): 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, 99226, 92230, 92235, 92240, 92250, 92260, 99203–99205, 99213–99215, 99242–99245</p> <p>CPT II Code(s): 2022F, 2023–2026F, 2033F, 3072F</p> <p>Unilateral eye enucleation</p> <p>CPT Code(s): 65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114</p>
<p><i>Members ages 18–75 with diabetes (type 1 or type 2) who were compliant with HbA1c control</i></p>	<p><i>Members ages 40–75 with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD)</i></p>	<p><i>Members ages 18–75 with diabetes (type 1 or type 2) who received a kidney health evaluation, defined by an estimated eGFR and a uACR</i></p>	<p><i>Members ages 18–75 with diabetes (type 1 or type 2) who had blood pressure control (< 140/90 mm Hg)</i></p>	<p><i>Members ages 18–75 with diabetes (type 1 or type 2) who had a retinal eye exam performed</i></p>

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