

Closing Gaps & Meeting Metrics

Coding Tips & Best Practices

September 2022

Diabetes Mellitus Documentation Specificity

Diabetes mellitus is one of the most inaccurately coded chronic conditions. The complexity of diabetes coding and the prevalence of diabetes in the United States make it crucial to document and code accurately to determine treatment and care needed. According to the Centers for Disease Control (CDC), 34.2 million Americans (about one in 10) have diabetes, yet approximately 7.3 million have been undiagnosed.

Diabetes mellitus is directly responsible for many acute and chronic complications in several organ systems, including neuropathy, retinopathy, and skin conditions. Often, the cause-and-effect relationship between diabetes and these manifestations is not coded to the appropriate level of specificity.

Complications of diabetes are under-reported, and diabetes mellitus without complications is usually the condition submitted. Diabetes Mellitus, code E11.9, without mention of complication is appropriate at times. If complications exist, however, you must code to the specific complications and manifestations.

Diabetes mellitus codes are combination codes that describe the type of diabetes, the body system affected, and the complications affecting that body system. If a patient has diabetes with a manifestation or complication that has its own code, that code should **always** be used instead of an unspecified diabetes code.

Coding Underlying Disease (Etiology) and Manifestation

In ICD-10, diabetes mellitus and underlying diseases are combination codes that include:

- The type of diabetes mellitus
- The body system affected
- The complications affecting that body system.



Use as many codes within this particular category to describe all the complications of the disease found in categories E11.2-E11.6.

Do not use the term “uncontrolled diabetes.” Providers must specify, in their documentation, diabetes as **hyperglycemia** or **hypoglycemia** in the progress note and code selection.

The terms “poor control” and “uncontrolled” are not interchangeable. Poorly controlled (inadequately controlled or out of control) diabetes refers to diabetic hyperglycemia. Uncontrolled diabetes does not have an index reference in ICD-10.

What System Is Affected?

E11.2- Diabetes with **renal** manifestations

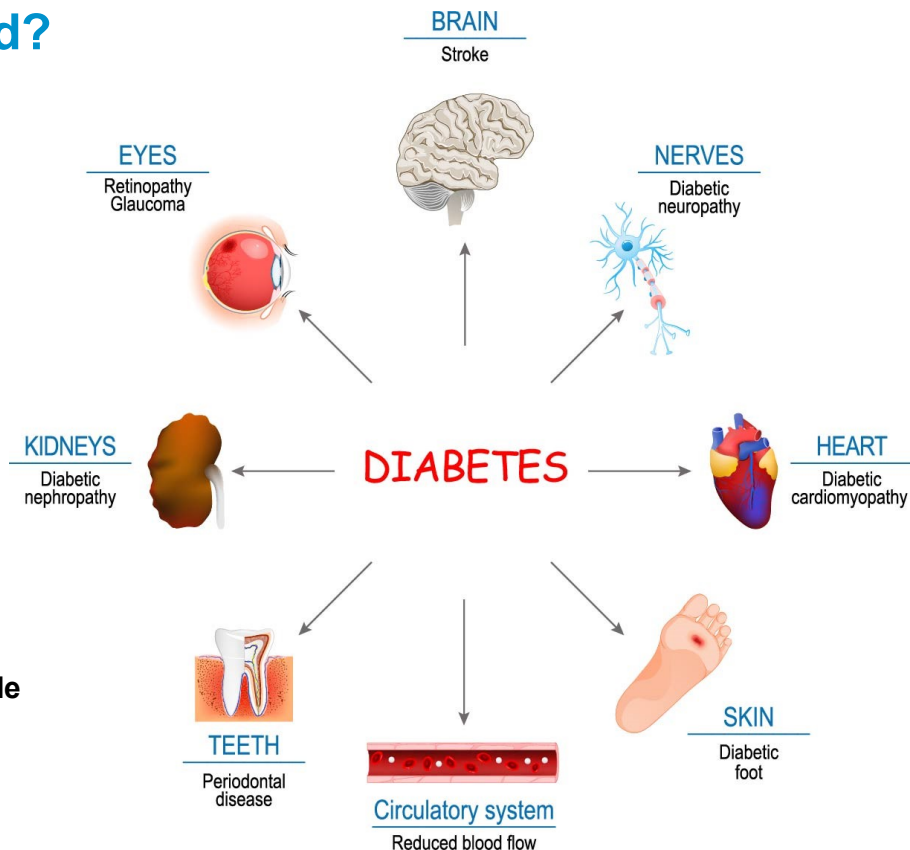
E11.3- Diabetes with **ophthalmic** manifestations

E11.4- Diabetes with **neurological** manifestations

E11.5- Diabetes with **peripheral circulatory** disorders

E11.6- Diabetes with **other** specified manifestations

E11.8- Diabetes with unspecified complications



Follow ICD-10 coding guidelines for code assignment and sequencing. Report codes for diabetic manifestations, underlying conditions, and the controlling agents when instructed.

Complication	Assumed Relationship	Link Must Be Documented
Kidney	Chronic kidney disease, glomerulonephritis, glomerulosclerosis, Kimmelstiel-Wilson disease, nephropathy, renal tubular degeneration	Renal complications NEC, microalbuminuria, proteinuria
Ophthalmic	Cataract, retinopathy, macular edema, retinal detachment	Ophthalmic complication NEC, blindness, glaucoma, retinal ischemia, vitreous hemorrhage, rubeosis iridis
Neurological	Amyotrophy, autonomic (poly)neuropathy, gastroparalysis, gastroparesis, Loss of Protective Sensation (LOPS), mononeuropathy, myasthenia, neuralgia, neuropathy, polyneuropathy	Neurologic complication NEC, cranial nerve palsy, neuropathic ulcer
Circulatory	Gangrene, peripheral angiopathy, (PVD/PAD) with or without gangrene	Circulatory complication NEC, coronary artery disease, hypertension
Other Complication	Charcot's joints, 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, obesity, high cholesterol

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System Affected, *continued*

Code also:

- Acute renal failure N17.9
- Chronic Kidney Disease (CKD) N18.-
- Glaucoma H40-H42

Use additional code:

- Use of insulin, Z79.4
- Use of oral antidiabetic drugs, Z79.84
- Use of non-insulin injectable drugs, Z79.899

Note: Use diabetes without complications, E11.9, only if patient truly does not have any comorbidities.

Documentation Requirements

- Notes must clearly link plan and disease
- Document to the greatest degree of certainty for each diagnosis
- Use the MEAT acronym
 - **Monitor** (signs and symptoms, disease progression/regression)
 - **Evaluate** (test results, response to treatment/medications)
 - **Assess** (orders, discussion, counseling, review of results)
 - **Treat** (ordering of medications, tests, therapy, service to)
- Validate that services were provided
- Verify that services provided are reported with accuracy
- Ensure continuity of care
- Progress note should always include documentation of:
 - All complications and manifestations including the causal language (e.g., diabetic, hypertensive, due to)
 - Known conditions from a consultant or specialist, lab values, radiology results, discharge summaries
 - All chronic conditions at least once per year
 - Any chronic condition that affects the care and treatment of the patient on that date of service

Documentation Example

Patient A

Newly diagnosed with influenza and pneumonia

- Age: 35
- No chronic diseases

Patient B

Newly diagnosed with influenza and pneumonia

- Age: 72
- Comorbidities:
 - Diabetes, type 2
 - Chronic bronchitis
 - Emphysema

Two patients, same diagnosis, different care. Capturing the difference is risk adjustment.

- If the comorbidities are not documented and coded for Patient B, the accurate health profile of the patient is not captured.
- Comorbidities bring extra risk, requiring additional utilization of resources.
- Erroneously reporting a more complex diagnosis can lead to overpayment.

Coding Tips

- Code conditions to the highest degree of specificity for that encounter/visit.
- **Avoid unspecified codes:** Approximately 9% of current ICD-10 codes are “unspecified.” And for every unspecified code, there are more specific codes that can be used to describe the actual condition.
- **Avoid “history of”:** “History of” means the patient is cured, is not being treated, and has no clinical evidence of the disease.
- Both coding and documentation must be in sync on any day of service.
- A list of problems without an assessment and plan should not be coded.

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- Cancer
- Chronic kidney disease
- Chronic obstructive pulmonary disease
- Diabetes
- Major depression
- Mental health
- Rheumatoid arthritis



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References

- CDC.gov
- 2022 ICD-10-CM Guidelines for Coding and Reporting
- AHA Coding Clinics
- ICD-10 Coding Manual
- American Diabetes Association



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