

JULY 2024

Diabetes Mellitus

At Healthfirst, we are committed to helping providers accurately document and code their patients' health records. This tip sheet is intended to assist providers and coding staff with the documentation and ICD-10-CM selection on services submitted to Healthfirst—specifically for **Diabetes Mellitus**. It provides information from industry sources about proper coding practice. However, this document does not represent or guarantee that Healthfirst will cover and/or pay for services outlined. Coverage decisions are based on the terms of the applicable evidence of coverage and the provider's participation agreement. This includes the determination of any amounts that Healthfirst or the member owes the provider.

When coding diabetes mellitus, use as many codes from categories **E08*–E13*** as necessary to describe all of the complications and associated conditions of the disease. According to ICD-10-CM guidelines, conditions qualified by the term “with” should be coded as related unless the provider documentation explicitly states that conditions are unrelated.

Type of Diabetes

Type 1
Type 1.5
Type 2

Diabetic-related complications
(CKD, PVD, neurological, etc.)

Due to drugs or chemicals
(specify causative drug or chemical)

Due to other disease or condition
(specify causative disease or condition)

Linkage of Complications or Manifestations with Clear Cause and Effect

Use descriptor “diabetic” even when there are multiple complications (e.g., diabetes mellitus Type 2, with hyperglycemia, diabetic peripheral neuropathy, and diabetic foot ulcer).

Current Status of Diabetes Control

- Specify hyperglycemia versus hypoglycemia
- Long-term current use of insulin—cannot be coded from a medication list alone
- Diagnosis should be documented in the final assessment
- Name of the insulin and dosage regimen that shows regular and routine insulin use with clear linkage of insulin therapy

Update Each Encounter

- Document date of next visit, lab testing, diabetic education, referrals, recommended diet, and exercise.
- Ensure all diagnoses are monitored, evaluated, assessed, and/or treated during the encounter.

Diabetes Mellitus				
Secondary Diabetes		Diabetes		
<p>Due to Underlying Condition E08*</p> <p>Underlying condition must be coded first</p>	<p>Drug or Chemical-Induced E09*</p> <p>Use additional code for drug or chemical responsible (from category T36–T65)</p>	<p>Types 1 & 1.5 E10*</p> <p>Patients that are on insulin</p>	<p>Type 2 E11*</p>	<p>Other Specified E13*</p>
<ul style="list-style-type: none"> • E08.1*–E13.1* Ketoacidosis • E08.2*–E13.2* Kidney • E08.3*–E13.3* Ophthalmic • E08.4*–E13.4* Neurological 	<ul style="list-style-type: none"> • E08.5*–E13.5* Circulatory • E08.6*–E13.6* Other Specified Complications • E08.9*–E13.9* Without Complications 			

*Additional digit required to complete the diagnosis code.

Documentation and Coding

Update Each Encounter (continued)

- For patients treated with **both insulin and an injectable non-insulin antidiabetic drug**, assign codes **Z79.4**—long-term (current) use of insulin, and **Z79.85**—long-term (current) use of injectable non-insulin antidiabetic drugs.
- For patients treated with **both oral hypoglycemic drugs and an injectable non-insulin antidiabetic drug**, assign codes **Z79.84**—long-term (current) use of oral hypoglycemic drugs, and **Z79.85**—long-term (current) use of injectable non-insulin antidiabetic drugs.
- Secondary diabetes due to pancreatectomy, assign **E89.1** – Postprocedural hypoinsulinemia (Code first Diabetes Mellitus (postpancreatectomy) (post-procedural) **E13.***). A code from subcategory **Z90.41** – Acquired absence of pancreas, as an additional code.

Common Coding Practices that Providers Should Avoid

- **Do not** document a suspected or unconfirmed diagnosis as if it were confirmed.
- **Do not** describe diabetes as “history of” or “past medical history.” In diagnosis, the phrases “history of” and “past medical history” mean the condition no longer exists as a current problem.
- **Do not** assign code **Z79.4** from a medication list. Assign code **Z79.4** when the final assessment or impression clearly documents long-term, current use of insulin that is clearly linked to diabetes, along with the dosage regimen that shows regular and routine insulin use with ongoing prescription refills.
- **Do not** assign code **Z79.4** if insulin is given temporarily to bring a type 2 patient’s blood sugar under control during an encounter.
- **Do not** use terms that imply uncertainty, such as “probable,” “apparently,” “likely,” “consistent with,” etc., to describe a current, confirmed peripheral vascular disease condition.

Please note: Diabetes mellitus may be described as resolved in some cases:

- Type 1 resolved following pancreas transplant (**Z94.83** – Pancreas transplant status).
- Type 2 resolved after significant weight loss following gastric bypass surgery.

Documentation and Coding

References

- [ICD-10-CM Official Coding Guidelines, FY 2024](#)
- codingclinicadvisor.com
- aapc.com

Questions?

Contact us at [#Risk Adjustments and clinical Documentation@healthfirst.org](mailto:#Risk_Adjustments_and_clinical_Documentation@healthfirst.org).

For additional documentation and coding guidance, please visit the coding section on HFproviders.org.

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