

Documentation and Coding

AUGUST 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.

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Secondary Diabetes		Diabetes		
Due to Underlying Condition E08* Underlying condition must be coded first	Drug or Chemical-Induced E09* Use additional code for drug or chemical responsible (from category T36–T65)	Types 1 & 1.5 E10* Patients that are on insulin	Type 2 E11*	Other Specified E13*

- **E08.1***-**E13.1*** Ketoacidosis
- **E08.2*****–E13.2*** Kidney
- **E08.3*****–E13.3*** Ophthalmic
- E08.4*–E13.4* Neurological
- **E08.5*****–E13.5*** Circulatory
- E08.6*-E13.6* Other Specified Complications
- E08.9*–E13.9* Without Complications

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^{*}Additional digit required to complete the diagnosis code.

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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 (post-pancreatectomy) (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 (Z98.84 Bariatric surgery status).

Do not code E11.36 - Type 2 diabetes mellitus with diabetic cataract after the patient receives a cataract surgery. Instead, use the status post procedure code.

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Post procedural cataract extraction code category Z98.4*		
Z98.41	Cataract extraction status, right eye	
Z98.42	Cataract extraction status, left eye	
Z98.49	Cataract extraction status, unspecified eye	

Use additional code to identify intraocular lens implant status (Z96.1)

References

- ICD-10-CM Official Coding Guidelines, FY 2024
- codingclinicadvisor.com
- aapc.com

Questions?

Contact us at <u>#Risk_Adjustments_and_clinical_Documentation@healthfirst.org</u>.

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

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^{*}Additional digit(s) required to complete the diagnosis code.