

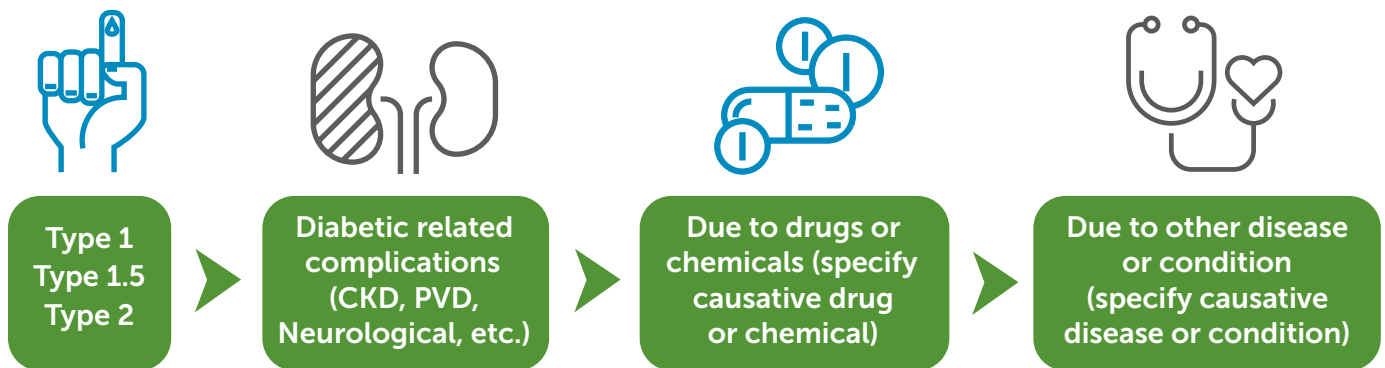
Documentation and Coding: Diabetes Mellitus

Created August 2021

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, you should 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 or Cause

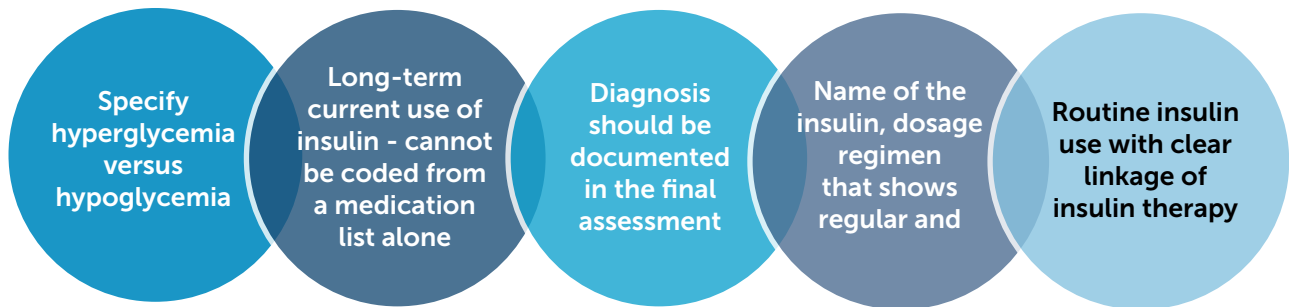


Linkage of complications or manifestations with clear cause-and-effect

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

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Current Status of Diabetes Control



Update Each 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 primarily on insulin; Z79.4 should not be additionally coded</p>	<p>Type 2 E11*</p>	<p>Other Specified E13*</p>
<p>▲ 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</p>				

Please note: *Additional digit is required for completion of code

- For patients treated with **both insulin and an injectable non-insulin antidiabetic drug**, assign codes Z79.4, long-term (current) use of insulin, and Z79.899, other long-term (current) drug therapy.
- 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 Z79.899, other long-term (current) drug therapy.

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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** 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
- Type 2 resolved after significant weight loss following gastric bypass surgery

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 at hfproviders.org.

References: [ICD-10-CM Guidelines 2021](#); codingclinicadvisor.com; aapc.com