

## DOCUMENTING DIABETES MELLITUS UNDER ICD-10

In ICD-10, diabetes mellitus falls into five major categories. Three of these categories are rarely encountered in family medicine:

- E08, "Diabetes due to underlying condition," is never used as a primary diagnosis. This category is reserved for individuals who develop diabetes mellitus as the result of an underlying condition such as malignancy, malnutrition, and pancreatitis.
- E09, "Drug or chemical induced diabetes mellitus," will not be encountered often in primary care. When it is, the provider would first code the poisoning due to a drug or toxin, use additional codes for adverse effects when applicable, and use the fourth through seventh characters to list complications.
- E13, "Other specified diabetes mellitus," is another category that is rarely used in primary care. This category includes diabetes mellitus due to genetic defects of beta-cell function and insulin action. It also includes postprocedural diabetes mellitus including postpancreatectomy diabetes mellitus.

The two categories common in family medicine are E10, "Type 1 diabetes mellitus," and E11, "Type 2 diabetes mellitus." To document these conditions for ICD-10 coding, a provider would need to take the following steps:

### 1. Specify Type 1 or Type 2.

Type 1 diabetes mellitus includes:

- Brittle diabetes mellitus,
- Diabetes mellitus due to autoimmune process,
- Diabetes mellitus due to immune mediated pancreatic islet beta-cell destruction,
- Idiopathic diabetes mellitus,
- Juvenile onset diabetes mellitus,
- Ketosis-prone diabetes mellitus.

Type 2 diabetes mellitus includes:

- Diabetes mellitus due to insulin secretory defect,
- Diabetes not otherwise specified,
- Insulin resistant diabetes mellitus.

### 2. Document the degree of control.

ICD-10 eliminates any reference to controlled and not controlled. However, the codes shown below include "with hypoglycemia" and "with hyperglycemia."

Although your patient may have Type 2 diabetes mellitus without complications (E11.9), the patient may have elevated blood sugars or an elevated A1C. In this situation, it might be more accurate to code Type 2 diabetes mellitus with hyper-

glycemia (E11.65). ICD-10 does not currently define hyperglycemia, but it considers hyperglycemia to be a complication of diabetes, which is why code E11.65 is found in the E11.6 code family for "Type 2 diabetes mellitus with other specified complications." Of course, diabetes with a complication code carries a relatively higher illness burden than diabetes without a complication code.

Unfortunately, until the final version of ICD-10 is published, it is unknown whether the term "hyperglycemia" will be defined.

### 3. Specify insulin use.

The primary codes for diabetes mellitus do not include whether the individual is using insulin. Therefore, you must use a second ICD-10 code: Z79.4, "Long term (current) insulin use."

Unfortunately, "long term" does not necessarily mean long term. The "long term use" code for any drug is appropriate once that drug has been started. If you prescribe insulin for the first time at an office visit, it is appropriate to add the Z79.4 code to the base diabetes mellitus code you are using.

### 4. Specify complications to a very specific degree.

The additional characters in the diabetes codes are essentially the same for both Type 1 (E10) and Type 2 (E11). The list of Type 2 codes, below, shows the degree of specificity required. It is important to note the specific wording of each diagnosis code. For instance, if your patient has diabetes mellitus and chronic kidney disease, you need to specify cause and effect for the condition to be properly coded.

E11.0	Type 2 diabetes mellitus with hyperosmolarity
E11.00	... without nonketotic hyperglycemic hyperosmolar coma
E11.01	... with coma
E11.2	Type 2 diabetes mellitus with kidney complications
E11.21	... with diabetic nephropathy
E11.22	... with diabetic chronic kidney disease
E11.29	... with other diabetic kidney complication
E11.3	Type 2 diabetes mellitus with ophthalmic complications
E11.31	... with unspecified diabetic retinopathy
E11.311	... with macular edema
E11.319	... without macular edema
E11.32	... with mild nonproliferative diabetic retinopathy
E11.321	... with macular edema

E11.329 ... without macular edema

E11.33 ... with moderate nonproliferative diabetic retinopathy

E11.331 ... with macular edema

E11.339 ... without macular edema

E11.34 ... with severe nonproliferative diabetic retinopathy

E11.341 ... with macular edema

E11.349 ... without macular edema

E11.35 ... with proliferative retinopathy

E11.351 ... with macular edema

E11.359 ... without macular edema

E11.36 ... with diabetic cataract

E11.39 ... with other diabetic ophthalmic complication

E11.4 Type 2 diabetes mellitus with neurologic complications

E11.40 ... with diabetic neuropathy, unspecified

E11.41 ... with diabetic mononeuropathy

E11.42 ... with diabetic polyneuropathy

E11.43 ... with diabetic autonomic (poly) neuropathy

E11.44 ... with diabetic amyotrophy

E11.49 ... with other diabetic neurological complications

E11.5 Type 2 diabetes mellitus with circulatory complications

E11.51 ... with diabetic peripheral angiopathy without gangrene

E11.52 ... with diabetic peripheral angiopathy with gangrene

E11.59 ... with other circulatory complications

E11.6 Type 2 diabetes mellitus with other specified complications

E11.61 ... with diabetic arthropathy

E11.610 ... with diabetic neuropathic arthropathy

E11.618 ... with other diabetic arthropathy

E11.62... with skin complications

E11.620 ... with diabetic dermatitis

E11.621 ... with foot ulcer

E11.622 ... with other skin ulcer

E11.628 ... with other skin complications

E11.63 ... with oral complications

E11.630 ... with periodontal disease

E11.638 ... with other oral complications

E11.64 ... with hypoglycemia

E11.641 ... with coma

E11.649 ... without coma

E11.65... with hyperglycemia

E11.69... with other specified complications

E11.8 Type 2 diabetes mellitus with unspecified complications

E11.9 Type 2 diabetes mellitus without complications

As you can see from these examples, there are numerous codes that document the type of diabetes, the severity of the condition, and the complications of the disease. Adding to the difficulty, when the patient has multiple complications, correct coding requires you to document and code each complication separately.

The good news is that, in family medicine, there are a limited number of ICD-10 codes that will describe the majority of your patients with Type 2 diabetes:

E11.9 Type 2 diabetes mellitus without complications

E11.65 Type 2 diabetes mellitus with hyperglycemia

E11.649 Type 2 diabetes mellitus with hypoglycemia without coma

E11.329 Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema

E11.22 Type 2 diabetes mellitus with diabetic chronic kidney disease

E11.42 Type 2 diabetes mellitus with diabetic polyneuropathy

Z79.4 Long term (current) insulin use

While it may be tempting to list these seven codes on your superbill and think that's sufficient, it is important that you remember to thoroughly document each patient's specific condition so that coders may accurately code those patients with additional complications that aren't listed on your superbill.

It is also important to remember to code all additional diagnoses. As family physicians, we know that our patients who have diabetes often also have hypertension, hyperlipidemia, and obesity and may use tobacco products. Each of these additional issues requires separate coding. These additional diagnostic codes may have almost as many combinations as found in the diabetes mellitus codes.