

Diabetes mellitus (E08-E13)

GUIDELINES Section I.C.4.a.1)-3)

The diabetes mellitus codes are combination codes that include the type of diabetes mellitus, the body system affected, and the complications affecting that body system. As many codes within a particular category as are necessary to describe all of the complications of the disease may be used. They should be sequenced based on the reason for a particular encounter. Assign as many codes from categories E08 – E13 as needed to identify all of the associated conditions that the patient has.

The age of a patient is not the sole determining factor, though most type 1 diabetics develop the condition before reaching puberty. For this reason type 1 diabetes mellitus is also referred to as juvenile diabetes.

If the type of diabetes mellitus is not documented in the medical record the default is E11.-, Type 2 diabetes mellitus.

If the documentation in a medical record does not indicate the type of diabetes but does indicate that the patient uses insulin, code E11, Type 2 diabetes mellitus, should be assigned. Additional code(s) should be assigned from category Z79 to identify the long-term (current) use of insulin, oral hypoglycemic drugs, or injectable non-insulin antidiabetic, as follows: If the patient is treated with both oral hypoglycemic drugs and insulin, both code Z79.4, Long term (current) use of insulin, and code Z79.84, Long term (current) use of oral hypoglycemic drugs, should be assigned.

If the patient is 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. If the patient is 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. Code Z79.4 should not be assigned if insulin is given temporarily to bring a type 2 patient's blood sugar under control during an encounter.

GUIDELINES Section I.C.4.a.6)

Codes under categories E08, Diabetes mellitus due to underlying condition, E09, Drug or chemical induced diabetes mellitus, and E13, Other specified diabetes mellitus, identify complications/manifestations associated with secondary diabetes mellitus. Secondary diabetes is always caused by another condition or event (e.g., cystic fibrosis, malignant neoplasm of pancreas, pancreatectomy, adverse effect of drug, or poisoning).

CODING TIPS ✓ Reference the alphabetical index to review conditions that the classification assumes are related to diabetes. All specified manifestations/complications listed under the word 'with' in the index are presumed related unless the physician or NPP specified a different cause in documentation, or states they're unrelated. Code titles including 'with' also indicate an assumed relationship.

CODING TIPS ✓ When diabetes is treated by a pancreatic transplant or bariatric surgery, and the physician indicates the diabetes is "cured" or "resolved," continue to code any manifestations of diabetes as diabetic. If there are no manifestations of diabetes, do not code diabetes. Assign code Z86.39, Personal history of other endocrine, nutritional and metabolic disease.

CODING TIPS ✓ Codes E08-E13 are combination codes that generally do not require a second code to describe the manifestation. Only the combination code should be assigned when it clearly identifies the diagnostic conditions involved. When the combination code lacks necessary specificity, or a convention indicates to use an additional code, the additional code should be added.

CODING TIPS ✓ When a patient is receiving home health services for the administration of insulin, the clinical record must contain detailed evidence of the patient's inability to self administer. For example, a patient with rheumatoid arthritis may have impaired ability to manipulate an injectable medication and self inject. It is not appropriate to use vague terms, such as poor vision or poor manual dexterity.

+ 4 E08 Diabetes mellitus due to underlying condition

Code first the underlying condition, such as:

congenital rubella (P35.0)
Cushing's syndrome (E24.-)
cystic fibrosis (E84.-)
malignant neoplasm (C00-C96)
malnutrition (E40-E46)
pancreatitis and other diseases of the pancreas (K85-K86.-)

Use additional code to identify control using:

insulin (Z79.4)
oral antidiabetic drugs (Z79.84)
oral hypoglycemic drugs (Z79.84)

EXCLUDES 1 drug or chemical induced diabetes mellitus (E09.-)
gestational diabetes (O24.4-)
neonatal diabetes mellitus (P70.2)
postpancreatectomy diabetes mellitus (E13.-)
postprocedural diabetes mellitus (E13.-)
secondary diabetes mellitus NEC (E13.-)
type 1 diabetes mellitus (E10.-)
type 2 diabetes mellitus (E11.-)

CODING TIPS ✓ Assign an additional code or codes to indicate all of the types of antidiabetic drugs used (Z79.4, Z79.84, Z79.85).

CODING TIPS ✓ If the patient uses an insulin pump, use Z96.41 as an additional code. If there is a complication involving the insulin pump, use a code from T85.6- or T85.7- instead of the Z code.

CODING TIPS ✓ E08 codes will never be primary. Common conditions causing diabetes due to underlying condition are listed in the "code first" note and always should be documented by the provider. If diabetes is related to a malignant neoplasm of the pancreas, query whether the diabetes is caused by the neoplasm itself (E08); the drugs used to treat the neoplasm (E09); or the removal of part or all of the pancreas (E13).

+ 5 E08.0 Diabetes mellitus due to underlying condition with hyperosmolarity

ICD + E08.00 Diabetes mellitus due to underlying condition with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)

- ICQ** + E08.01 **Diabetes mellitus due to underlying condition with hyperosmolarity with coma**
- + **S** E08.1 **Diabetes mellitus due to underlying condition with ketoacidosis**
CODING TIPS ✓ Diabetic ketoacidosis is a serious complication of diabetes that occurs when the body produces high levels of blood acids called ketones. This condition is likely resolved before admission to home care, but could be a current diagnosis.
- ICQ** + E08.10 **Diabetes mellitus due to underlying condition with ketoacidosis without coma**
- ICQ** + E08.11 **Diabetes mellitus due to underlying condition with ketoacidosis with coma**
- + **S** E08.2 **Diabetes mellitus due to underlying condition with kidney complications**
- ICQ** + E08.21 **Diabetes mellitus due to underlying condition with diabetic nephropathy**
 Diabetes mellitus due to underlying condition with intercapillary glomerulosclerosis
 Diabetes mellitus due to underlying condition with intracapillary glomerulonephrosis
 Diabetes mellitus due to underlying condition with Kimmelstiel-Wilson disease
- ICQ** + E08.22 **Diabetes mellitus due to underlying condition with diabetic chronic kidney disease**
 Use additional code to identify stage of chronic kidney disease (N18.1-N18.6)
CODING TIPS ✓ When diabetes, CKD and hypertension are documented, sequence the appropriate category of diabetes with CKD (E--.22) and the appropriate hypertension code (I12 or I13) prior to N18. The hypertension or the diabetes may be sequenced first depending on the focus of care. These conditions are all considered related unless the physician or NPP indicates they are not related. For example, if the provider documents diabetic CKD, this indicates that hypertension is not related to the CKD.
CODING TIPS ✓ When diabetic nephropathy and CKD are documented, code diabetic CKD, not nephropathy, because CKD is more specific.
- ICQ** + E08.29 **Diabetes mellitus due to underlying condition with other diabetic kidney complication**
 Renal tubular degeneration in diabetes mellitus due to underlying condition
- + **S** E08.3 **Diabetes mellitus due to underlying condition with ophthalmic complications**

ALERT When coding diabetes with ophthalmic manifestations, review the clinical record and plan of care to ensure that the functional impact of visual impairments is reported. The home health record should clearly report how visual losses impact the function and activities of the patient, including how these conditions impact medication administration, safety, the ability to perform treatments (such as wound care) and other key areas related to the patient's daily living.

CODING TIPS ✓ When a patient has macular edema, the patient also has retinopathy. Retinopathy includes three stages: background retinopathy, proliferative retinopathy, and macular edema.

+ **S** E08.31 **Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy**

ICQ SH SL + E08.311 **Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy with macular edema**

ICQ + E08.319 **Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy without macular edema**

+ **S** E08.32 **Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy**

Diabetes mellitus due to underlying condition with nonproliferative diabetic retinopathy NOS

One of the following 7th characters is to be assigned to codes in subcategory E08.32 to designate laterality of the disease:

- 1 right eye
- 2 left eye
- 3 bilateral
- 9 unspecified eye

ICQ SH SL + **Z** E08.321- **Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema**

ICQ + **Z** E08.329- **Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema**

+ **S** E08.33 **Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy**

One of the following 7th characters is to be assigned to codes in subcategory E08.33 to designate laterality of the disease:

- 1 right eye
- 2 left eye
- 3 bilateral
- 9 unspecified eye