DIABETES MELLITUS E08-E113

Diabetes and malnutrition now have their own subchapter while these conditions were grouped with diseases of other endocrine glands and nutritional deficiencies respectively.

The diabetes mellitus codes are combination codes that include the type, the body system affected and the complication(s) affecting the body system.

Code as many codes within a specific category as are necessary to describe all of the complications of the disease.

Assign as many codes from categories E08-E13 as needed to identify all of the associated conditions the patient has.

The diagnosis should be sequenced based on the reason for a particular encounter.

There are five categories for diabetes codes in ICD-10-CM

> 1. Type of Diabetes- The age of the patient is not the sole determining factor, though most type 1 diabetics develop the condition before reaching puberty thus leaving this type also known and referred to as juvenile diabetes.

> 2. Type of Diabetes not documented- If there is no type documented in medical record then default code is E11-, type 2.

> 3. Diabetes mellitus and the use of insulin- If no documentation in medical record of type but there is documentation of use of insulin then code E11, type 2 as well as the Z79.4 (Long-term (current) use of insulin. If insulin is only temporary to bring type 2 blood sugar under control, than do not assign code Z79.4.

> 4. Diabetes mellitus in pregnancy and gestational diabetes- See chapter 15, Diabetes mellitus in pregnancy, Gestational (pregnancy induced) diabetes

> 5. Complications due to insulin pump malfunction

DIABETES COMPLICATIONS DUE TO INSULIN PUMP MALFUNCTION

Underdose of insulin due to insulin pump failure

An underdose of insulin due to the failure of an insulin pump should be assigned a code from the subcategory T85.6, Mechanical complication of other specified internal and external prosthetic devices, implants and grafts, that specifies the type of pump malfunction, as the principal or first-listed code, followed by code T38.3X6-, Underdosing of insulin and oral hypoglycemic [antidiabetic] drugs. You should also code the type of diabetes as well as any complications they had due to the underdosing.

Overdose of insulin due to insulin pump failure

As with your underdosing, your first-listed or principal code should also be the subcategory code of T85.6, followed by code T38.3X1-, Poisoning by insulin and oral hypoglycemic [antidiabetic] drugs, accidental (unintentional).

Coding Note: A note appears in the Tabular under category E09 instructing to "Use additional code for adverse effect, if applicable, to identify drug
(T36-T65 with fifth or sixth character 5)." Use the Drugs and Chemical Table to locate this code. An additional note appears in the Tabular under category E09 instructing to "Use additional code to identify any insulin use (Z79.4)."

SECONDARY DIABETES- E08, E09, E13

Secondary diabetes is always caused by another condition or event (e.g., adverse effect of drug, or poisoning, cystic fibrosis, malignant neoplasm of pancreas, pancreatectomy).

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.

The sequencing of the secondary diabetes codes in relationship to codes for the cause of the diabetes is based on the Tabular List instructions for categories E08, E09 and E13.

SECONDARY DIABTES AND THE USE OF INSULIN

For patients who routinely use insulin, code Z79.4, Long-term (current) use of insulin, should also be assigned.

Code Z79.4 should not be assigned if insulin is given temporarily to bring a patients blood sugar under control during an encounter.

ASSIGNING AND SEQUENCING SECONDARY DIABETES CODES AND ITS CAUSES

The sequencing of the secondary diabetes codes in relationship to codes for the cause of the diabetes is based on the Tabular List instructions for categories E08, E09, and E13.

Secondary diabetes mellitus due to pancreatectomy- For postpancreatectomy diabetes mellitus (lack of insulin due to the surgical removal of all or part of the pancreas), assign code E89.1, Post procedural hypoinsulinemia. Assign a code from category E13 and a code from subcategory Z90.41-, Acquired absence of pancreas, as additional codes.

Secondary diabetes due to drugs- Secondary diabetes may be caused by an adverse effect of correctly administered medications, poisoning or sequela of poisoning.

See section I.C.19.e for coding of adverse effects and poisoning, and section I.C.20 for external cause code reporting

DEFINITION OF TERMS

Insulin dependent and Non-insulin dependent are no longer part of the code set

Uncontrolled and not stated as uncontrolled are no longer part of the descriptors in ICD-10-CM. Instead, the subcategories will include "with complications" and "without complications."

Diabetes mellitus tabular inclusions notes are introduced by the term "Includes" and appear at the beginning of a category.

CODING EXAMPLES

1. The patient a type 1 diabetic with diabetic chronic kidney disease, stage 3, is being seen for regulation of insulin dosage. The patient has an abscessed right molar, which was determined, in part, to be responsible for evaluation of the patients' blood sugar. What diagnosis code(s) are assigned?

   Answer:

   E10.22- Diabetes, diabetic (mellitus) (sugar) type 1, with, chronic kidney disease

   N18.3- Disease, diseased, kidney (functional) (pelvis), chronic, stage 3(moderate)

   K04.7- Abscess, tooth, teeth (root)

   Rationale:

   The Tabular instructs the coder to use an additional code to identify the stage of the chronic kidney disease, N18.3. In this case, the hyperglycemia would not be coded since it was not documented by the physician as out of control in this limited documentation. A physician query might be warranted.

2. A 32-year-old female with secondary diabetes mellitus due to acute idiopathic pancreatitis. She has diabetic hyperglycemia and takes insulin. What are the diagnosis code(s)

   Answer:

   K85.0- Pancreatitis (annular) (apoplectic)(calcareous) (edematous) (hemorrhagic) (malignant) (recurrent) (subacute) (suppurative), acute, idiopathic

   E08.65- Diabetes, diabetic (mellitus) (sugar), due to underlying condition, with, hyperglycemia

   Z79.4- Long-term (current) (prophylactic) drug therapy (use of), insulin

   Rationale:

   The notes in the Tabular show the sequencing in this case. Code first the underlying condition, and use additional code to identify any insulin use (Z79.4). Coding Guideline I.C.4.a.6.b. also gives direction for this case. For acute pancreatitis, assign code E85.0 for idiopathic pancreatitis, or that whose cause cannot be determined. Assign a code from category E08 and a code for long-term use of insulin.

3. This type 1 diabetic patient has a severe chronic diabetic left foot ulcer with diabetic peripheral angiopathy. He also has diabetic stage 2 chronic kidney disease. He is being to see if debridement is required for this ulcer with breakdown of skin. What diagnosis codes are assigned?

   Answer:

   E10.621- Diabetes, diabetic (mellitus) (sugar), type 1, with foot ulcer

   L97.521- Ulcer, foot, *see* Ulcer, lower limb, lower limb, foot, left, with skin breakdown only

   E10.51- Diabetes, diabetic (mellitus) (sugar), type 1, with peripheral angiopathy

   E10.22- Diabetes, diabetic (mellitus) (sugar), type 1, with chronic kidney disease

   N18.2- Disease, diseased, kidney (functional) (pelvis), chronic, stage 2 (mild)

   Rationale:

   The diabetic ulcer is listed first because this appears to be the reason for treatment. The note under code E10.621 states to "Use additional code to identify site of ulcer (L97.4-, L97.5-)". It is correct to list

as many diabetic conditions as are present, and the stage 2 chronic kidney disease and the peripheral angiopathy are coded. An additional code, N18.2, is added to identify the stage 2 chronic kidney disease. It is not correct to assign Z79.4 because type 1 diabetics must use insulin to sustain life, and this is inherent in the Category E10 codes.

4. The patient is being seen because of increasingly symptomatology, including nervousness, irritability, increased perspiration, shakiness and increased appetite with unexplained weight loss, increased heart rate, palpitations, and sleeping difficulties. A thyroid stimulating hormone test revealed elevated levels and a thyroid nuclear medicine scan revealed hyperactivity of the entire thyroid gland. Based on the diagnostic findings the patient was diagnosed with hyperthyroidism with multinodular goiter. The patient was started on oral anti-thyroid medication. Arrangements were also made for patient to see a cardiologist due to the fact that her palpitations were more pronounced than seen in other patients with hyperthyroidism. What diagnoses are coded?

Answer:

E05.20- Hyperthyroidism (latent) (pre-adult) (recurrent) with, goiter (diffuse), nodular (multinodular)

R00.2- Palpitations (heart)

Rationale:

Although palpitations are integral to hyperthyroidism, the palpitations are coded as an additional (other) diagnosis in this case due to the fact that they were more pronounced, requiring additional clinical evaluation to be carried out. The UHDDS (Uniform Hospital Discharge Data Set) defines "other diagnoses" as those conditions that affect patient care in terms of requiring clinical evaluation, therapeutic treatment, diagnostic procedures, extended length of hospital stay, or increased nursing care and/or monitoring.