

REVENUE CYCLE STRATEGIST

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Coding for Diabetes

By Jennifer Swindle

The increased specificity for diabetes coding required by ICD-10 emphasizes the critical need for accurate physician documentation.

How do I code for diabetic manifestations in ICD-10?

Answer: In the past, coding for diabetes presented challenges because unclear documentation or poorly stated manifestation relationships prevented capturing the type of diabetes and the complications of the disease. Now, ICD-10 has further delineated diabetes into five code categories and even greater specificity is necessary to code accurately. While there were two code categories in ICD-9 with the fourth digit capturing any manifestations and the fifth digit capturing the type and status of controlled or uncontrolled, this is no longer the case in ICD-10, which has five separate categories for diabetes coding (see the exhibit).

There also are many new combination codes that allow coders to capture the entire picture of diabetes and manifestation reporting using only one code. However, the documentation must still clearly state the relationship.

For example, type 2 diabetes and retinopathy does not code the same as retinopathy due to type 2 diabetes. Only the physician can determine if the relationship is present, which will then allow a coder to select the correct combination code. If the relationship is made and the retinopathy is shown as caused by the diabetes mellitus, two codes would be required in ICD-9—250.50 (for type 2 not stated as controlled or uncontrolled) and an appropriate 362. code for the retinopathy—while in ICD-10, one code will capture the total picture—E11.319, which is for type 2 diabetes with unspecified retinopathy without macular



ICD-10 Diabetes Coding Categories

ICD-9-CM Code Category	ICD-9-CM Code Description	ICD-10-CM Code Category	ICD-10-CM Code Description
250.__	Diabetes mellitus	E10.__	Type 1 diabetes mellitus
		E11.__	Type 2 diabetes mellitus
		E13.__	Other specified diabetes
249.__	Secondary diabetes	E09.__	Drug or chemical induced diabetes
		E08.__	Diabetes due to other underlying condition

Source: Salud Revenue Partners. Used with permission.

edema. However, it should be noted that even more specificity can be identified, as the type of retinopathy, the severity of the retinopathy, and whether or not there is macular edema should be captured. All of these will have an impact on the proper code selection.

The key to accurate coding is based solely on the clinical documentation from the physician and the specificity captured in the medical record. This becomes even more critical in ICD-10 because the greater code specificity requires that the notes capture this level of detail to clearly paint the true picture of the acuity and severity of patients treated.

One other difference is that while controlled and uncontrolled diabetes always drove the fifth digit in ICD-9, this is no longer the case in ICD-10. If the patient has hyperglycemia or hypoglycemia, this should be captured with a separate code. The following are key elements to assist physicians with documenting for diabetes.

- > The type of diabetes
- > Relationship of diabetes and any other disease processes, to accurately capture the manifestations
- > Type and severity of manifestation
- > Hypo- or hyperglycemia

It is also important to remember that neither diabetes categories E08 nor E09 can be primary diagnoses, as if the diabetes is secondary and caused by another condition. The primary condition should be captured first. •

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