

DIABETES

DIAGNOSIS, CLINICAL DOCUMENTATION & HCC CODING

According to the Centers for Disease Control and Prevention (CDC), 34.2 million Americans have diabetes (DM). However, 7.3 million are undiagnosed. Type 2 DM accounts for 90% to 95% of all diabetes cases.¹



Two abnormal results from these tests required to establish the diagnosis.*

- A1C 6.5% or above
 - Fasting plasma glucose (FPG) 126 or above^a
 - Oral glucose tolerance test (OGTT) 200 or above^{ab}
 - Random plasma glucose test (RPG) 200 or above^a
- a - Glucose values are in milligrams per deciliter, or mg/dL*
b - At 2 hours after drinking 75 grams of glucose

Hyperglycemia, E11.65 Persistent blood glucose levels over 140mg/dL or an A1c level over 8%²

Other terms that support code **E11.65**: poorly controlled/out of control DM

In the long term, persistent hyperglycemia, even if not severe, can lead to complications affecting eyes, kidneys, nerves, and other parts of the body.²

Kidney Complications

DM with nephropathy, **E11.21**
DM with CKD 1, **E11.22** and **N18.1**
DM with CKD 2, **E11.22** and **N18.2**
DM with CKD 3, **E11.22** and **N18.30**

DM with CKD 4, **E11.22** and **N18.4**
DM with CKD 5, **E11.22** and **N18.5**
DM with ESRD, **E11.22** and **N18.6**

Code also:
Requiring dialysis, **Z99.2**
Patient refuses dialysis, **Z91.15**
AV fistula/shunt in place, **Z99.2**

Circulatory Complications

DM with PVD or PAD, **E11.51**
DM with peripheral angiopathy, **E11.51**
DM with cardiomyopathy, **E11.59** and **I43**
DM with heart failure, **E11.59** and **I50.9**

Eye & Nerve Complications

DM with neuropathy, **E11.4**
DM with polyneuropathy **E11.42**
DM with cataracts, **E11.36**
DM with retinopathy, **E11.319**
DM with proliferative retinopathy, **E11.3599**



Amputations

Amputations may be present in DM patients due to vascular and nerve complications. See the following subcategories in the codebook:

Great toe, **Z89.41-** Ankle, **Z89.44-** No knee, **Z89.52-**
Other toes, **Z89.42-** Below knee, BKA, **Z89.51-** Above knee, AKA, **Z89.61-**
Foot, **Z89.43-**



See the ICD-10-CM codebook for more specific retinopathy options.

Skin Complications

DM with dermatitis, **E11.620**
DM with acanthosis nigricans, **E11.628** and **L83**
DM with foot ulcers, **E11.621** plus:
RT foot, **L97.919**
LT foot, **L97.929**



See code **E11.622** and category **L97** for more specific ulcer options.

Other Complications

DM with periodontal disease, **E11.630**
DM with xerostomia, **E11.638** and **K11.7**
DM with erectile dysfunction (ED), **E11.69** and **N52.1**
If it is documented as related to nerve or vascular damage, use the corresponding code category.
DM with hypertriglyceridemia, **E11.69** and **E78.1**
DM with hyperlipidemia, **E11.69** and **E78.5**

The most common lipid abnormalities in type 2 diabetes patients are hyper-triglyceridemia and reduced high-density lipoprotein (HDL) cholesterol levels.³

DOCUMENTATION & CODING GUIDELINES



- Diagnoses must be documented in the medical record in words; do not use codes.
If the electronic health record uses the code description in lieu of a diagnostic statement, avoid code descriptions with ambiguous terms like “other,” “unspecified,” “without,” or “in disease classified elsewhere.” However, further clarification in the same note may be required if these terms are used, like an open-text notation describing the diagnosis better.
- Use relationship terms when documenting diabetes and its complications such as “with,” “due to,” or “diabetic.”
- In order to support a code, the documentation must include treatment for every diagnosis or a statement describing how the diagnosis is affecting patient care. For example:
 - Oral hypoglycemic drugs, use code Z79.84 for long-term use
 - Insulin, use code Z79.4 for long-term use
 - Non-insulin injectables, use code Z79.899 for long-term use
 - Diet and exercise
 - Referral to other healthcare providersA statement indicating the status, evaluation, or how the diagnosis is affecting patient care like “controlled blood glucose” or “a therapy or procedure cannot be performed because the patient has diabetes.” Some coders use acronyms MEAT and TAMPER™ to apply this guideline better.**
- Use as many codes as necessary to translate the diagnostic statement.
- Category E11 is used to classify unspecified or type 2 DM; see ICD-10-CM codebook to code correctly other types of diabetes.
- Codes with a dash (-) are incomplete and require additional characters.
- Code E11.9 is used when the documentation does not specify any diabetic complication. Do not use this code with other diabetes codes or when the documentation supports a more specific code.
- Code E11.8 is used when the documentation does not specify the diabetic complication, i.e., “complicated diabetes” without further specifications. Query the providers in these instances.

References and additional notes:

This tool is not intended to diagnose, evaluate, or treat patients. Each provider is responsible for the clinical and diagnostic decisions pertinent to their patient's care. Always refer to the ICD-10-CM codebook for correct coding and more information about coding guidelines at: <https://www.cdc.gov/nchs/icd/icd10cm.htm>

*Based on the American Diabetes Association guidelines. https://care.diabetesjournals.org/content/43/Supplement_1

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1. *National Diabetes Statistics Report*. (2020). Centers for Disease Control and Prevention. <https://www.cdc.gov/diabetes/pdfs/data/statistics/national-diabetes-statistics-report.pdf>

2. *Hyperglycemia in diabetes*. Mayo Clinic. <https://www.mayoclinic.org/diseases-conditions/hyperglycemia/diagnosis-treatment/drc-20373635>

3. *Hyperlipidemia in Patients with Type 2 Diabetes*. American Family Physicians. <https://www.aafp.org/afp/1999/0315/p1666.html>