

Insider

Informative and educational coding information for providers

Focus on: Diabetes



The prevalence rate of diabetes mellitus (DM) in American seniors is 25.9% or 11.8 million seniors (diagnosed & undiagnosed). Diabetes contributes to heart disease and stroke and is the leading cause of kidney failure, blindness and non-traumatic lower limb amputations. Diabetes is the seventh

leading cause of death the U.S.¹ Early detection and treatment of diabetic complications can prevent progression, so monitoring with dilated eye exams, urine tests and foot exams is essential. Because the risk of cardiovascular disease is increased in those with diabetes and prediabetes, blood pressure and lipid management, along with smoking cessation, are especially important.

Screening diabetes

Because diabetic nephropathy can occur in up to 40% of diabetics, annual screening for micro-albuminuria and calculation of the glomerular filtration rate (GFR) should be performed.² Diabetic retinopathy is the leading cause of preventable blindness in people 25-74 years of age. Up to 80% of all diabetics will eventually develop some evidence of retinopathy, most without vision loss. A dilated and comprehensive eye examination by an ophthalmologist or optometrists should be performed annually.²

According to the American Diabetes Association (ADA), “diabetic adults have heart disease-related death rates of two to four times the rate of non-diabetics.” If an adult also has Peripheral Arterial Disease (PAD), they have an increased risk for heart attack and stroke. *An estimated 1 out of every 3 people with diabetes over the age of 50 have PAD.* Screening for PAD is best achieved by obtaining a history of claudication and performing an ankle brachial index (ABI) on DM patients.²

70%-100% of diabetics may develop at least mild neuropathy over the course of their lifetime. Of these, 48% of type 2 diabetics present with neuropathy at time of their DM diagnosis, but up to 50% are asymptomatic. DM can cause three types of nerve damage: mononeuropathy, peripheral and autonomic neuropathy. Annual screening for neuropathies should include a comprehensive foot exam, including testing for loss of protective sensation.

Always remember ...^{3,4}

- When documenting diabetes, it is important to document the type of diabetes, the control status, and the complications/manifestations associated with diabetes mellitus
- If the type of diabetes is not documented, it defaults to type 2
- Type 2 diabetes: Use additional code to identify any insulin use (**Z79.4**)

Documentation and coding tips^{3,4}

ICD-10-CM diabetes mellitus codes are now combination codes that include the type of diabetes mellitus, the body system affected and complications affecting that body system (e.g., diabetic nephropathy, proliferative diabetic retinopathy, diabetic peripheral angiopathy, etc.). It is important to document the causal relationship (e.g., “due to,” “secondary to” or “diabetic”) for all diabetic complications. ICD-10-CM classifies inadequately controlled, out of control, and poorly controlled diabetes mellitus to diabetes, by type, with hyperglycemia (for example, **E10.65** for type 1, **E11.65** for type 2). There are also codes for diabetes, by type, with hypoglycemia.

Coding diabetes mellitus for ICD-10-CM

The 5th character and 6th character provides *further specificity regarding the complication*

E10.2-	Type 1 diabetes mellitus with kidney complications
E11.2-	Type 2 diabetes mellitus with kidney complications
E10.3-	Type 1 diabetes mellitus with ophthalmic complications
E11.3-	Type 2 diabetes mellitus with ophthalmic complications
E10.4-	Type 1 diabetes mellitus with neurological complications
E11.4-	Type 2 diabetes mellitus with neurological complications
E10.5-	Type 1 diabetes mellitus with circulatory complications
E11.5-	Type 2 diabetes mellitus with circulatory complications
E10.6-	Type 1 diabetes mellitus with other specified complications
E11.6-	Type 2 diabetes mellitus with other specified complications
E10.8-	Type 1 diabetes mellitus with unspecified complications
E11.8-	Type 2 diabetes mellitus with unspecified complications
E10.9-	Type 1 diabetes mellitus without complications
E11.9-	Type 2 diabetes mellitus without complications

*Note: Use additional code to identify any insulin use (**Z79.4**).*

This guidance is to be used for easy reference; however, the ICD-10-CM code book and the Official Guidelines for Coding and Reporting are the authoritative references for accurate and complete coding. The information presented herein is for general informational purposes only. Neither Optum nor its affiliates warrant or represent that the information contained herein is complete, accurate or free from defects. Specific documentation is reflective of the “thought process” of the provider when treating patients. All conditions affecting the care, treatment or management of the patient should be documented with their status and treatment, and coded to the highest level of specificity. Enhanced precision and accuracy in the codes selected is the ultimate goal. Lastly, on April 6, 2015, CMS announced the CMS-HCC Risk Adjustment model for payment year 2016 driven by 2015 dates of service. For more information see: <http://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Advance2016.pdf>, <http://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Announcement2016.pdf>, and <https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/index.html>.

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Per the ICD-10-CM Official Guidelines for Coding and Reporting FY 2016: “A dash (-) at the end of an Alphabetic Index entry indicates that additional characters are required. Even if a dash is not included at the Alphabetic Index entry, it is necessary to refer to the Tabular List to verify that no 7th character is required.”

1 “Statistics About Diabetes.” American Diabetes Association. N.p., 10 Sept. 2014. Web. 1 Oct. 2014. <<http://www.diabetes.org/diabetes-basics/statistics/>>

2 “Blocking The Complications of Diabetes.” Johns Hopkins Health Alerts. Johns Hopkins Medicine, 2014. Web. 01 Oct. 2014. <http://www.johnshopkinshealthalerts.com/white_papers/diabetes_wvp/cc_d_landing.html>

3 *Optum360 ICD-10-CM: Professional for Physicians 2016*. Salt Lake City: 2015.

4 Centers for Disease Control and Prevention. “ICD-10-CM Official Guidelines For Coding And Reporting FY 2016”. N.p., 2015. Web. 13 Oct. 2015.