

Diabetes mellitus

ICD-10-CM

Clinical overview

Definition

Diabetes mellitus is a chronic, lifelong disease that involves impaired metabolism of carbohydrate, protein and fat. It is marked by high levels of sugar in the blood due to insufficient secretion of insulin by the pancreas, tissue resistance to insulin produced by the pancreas or both.

Background

Normally, sugar from food is converted to glucose, which enters the bloodstream and is used by the body for energy. Insulin produced in the pancreas “unlocks” the tissue cells in the body, allowing glucose to enter to provide fuel and energy for the cells.

Types

- **Type 1 diabetes mellitus** – Usually (but not always) diagnosed in childhood. The pancreas produces little to no insulin and daily insulin injections are required. The exact cause of Type 1 diabetes mellitus is not known.
- **Latent autoimmune diabetes in adults (LADA)** – Type 1.5 diabetes is a form of diabetes in which an adult has features of both type 1 and type 2 diabetes. Individuals with LADA demonstrate both the autoimmune destruction of beta cells of type 1 diabetes and the insulin resistance characteristic of type 2 diabetes. People with type 1.5 diabetes have autoantibodies to insulin-producing beta cells and gradually lose their insulin-producing capability, requiring insulin within 5–10 years of diagnosis. (AHA Coding Clinic, Third Quarter 2018, pages 4-5, Type 1.5 diabetes mellitus.)
- **Type 2 diabetes mellitus** – Far more common than Type 1, this usually occurs in adulthood. The pancreas does not produce enough insulin to maintain normal glucose levels, often because the body tissues do not respond well to insulin (insulin resistance). In some cases, daily insulin injections are required. The exact cause of Type 2 diabetes mellitus is not known, but excess weight and inactivity appear to be contributing factors.
- **Secondary diabetes mellitus** – Always caused by another condition, such as malignant neoplasm of the pancreas, pancreatectomy, adverse drug effects or poisoning.

Risk factors for Type 2 diabetes mellitus

- Age (older than 45 years)
- Obesity
- High cholesterol levels
- Polycystic ovary syndrome in women
- History of gestational diabetes or delivering a baby weighing more than 9 pounds
- Physical inactivity
- Heart disease
- Family history of diabetes
- History of glucose intolerance
- Ethnicity (certain ethnic groups are at higher risk)

Signs and symptoms

- Frequent urination (polyuria)
- Excessive thirst (polydipsia)
- Excessive hunger (polyphagia)
- Unusual weight loss
- Fatigue
- Irritability
- Blurry vision

Complications

Acute complications

- Infections
- Diabetic ketoacidosis – an acute life-threatening condition requiring immediate medical attention. Develops when cells in the body are unable to get the sugar (glucose) they need for energy. The body begins to break down fat and muscle for energy; this process produces ketones, which enter the bloodstream and cause a chemical imbalance. Severe diabetic ketoacidosis carries a coma risk and even death.
- Stroke

Long-term complications (tend to be chronic, but can be reversible in some cases)

- Diabetic neuropathy
- Diabetic retinopathy
- Hypertension
- Atherosclerotic peripheral vascular disease
- Diabetic nephropathy
- Hyperlipidemia
- Coronary artery

Diagnostic tools

- Medical history and physical exam
- Urinalysis
- Blood tests (fasting or random blood sugar, glucose tolerance tests, glycohemoglobin, metabolic profiles)

Treatment

Treatment depends on the type of diabetes. May include insulin injections or oral medications. Other treatments: dietary management; regular exercise; control of weight, blood pressure and cholesterol; close monitoring of blood glucose levels; diabetes education; and monitoring for complication.

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Best documentation practices for physicians

Abbreviations

Limit or avoid acronyms and abbreviations. DM is a commonly accepted medical abbreviation for diabetes mellitus but can represent other medical conditions (diastolic murmur or distal metastasis). The meaning of an abbreviation can often be determined based on context, but not always. Best practice is to spell out the diagnosis in full in the final assessment/impression.

Subjective

In the subjective section of the office note, document the presence or absence of all current symptoms related to DM. If there are no current symptoms, this section should show the patient was screened for symptoms.

Objective

In the objective section, document current exam findings related to DM or its manifestations. If none, clearly show the patient was evaluated for related findings.

Final assessment/impression

Document DM with the highest level of specificity. Include all of the following:

- **Type or cause:**
 - Type 1, Type 2, due to drugs or chemicals (specify causative drug or chemical), due to other disease or condition (specify causative disease or condition), other specified type (specify type)
- **All complications or manifestations** with clear cause-and-effect linkage.
 - Best documentation practice: Describe each complication with the descriptor “diabetic,” even when there are multiple complications. Example: “Diabetes mellitus Type 2, with hyperglycemia, diabetic peripheral neuropathy and diabetic foot ulcer.”
- **Current status of diabetes control** – If uncontrolled, specify hyperglycemia versus hypoglycemia.
- **“Long-term current use of insulin”** – Cannot be coded from a medication list alone; diagnosis should be documented in the final assessment/impression with all of the following information:
 - Name of the insulin being used
 - Clear linkage of insulin therapy to diabetes
 - The dosage regimen that shows regular and routine insulin use with ongoing refillsExample: “Continue Levemir FlexTouch 14 units every day at bedtime for diabetes mellitus, 3 refills.”

Plan

- Document a specific and concise treatment plan. Include the date of the patient’s next visit, lab testing, diabetic education referrals, recommended diet and exercise.

Major ICD-10-CM alerts and reminders

- Avoid vague descriptions of the current status of diabetes control, such as “inadequately controlled,” “out of control” or “poorly controlled” (which all default to coding as hyperglycemia).
- Remember that ICD-10-CM requires the physician to specify “uncontrolled” as either hyperglycemia or hypoglycemia.
- In ICD-10-CM, uncontrolled diabetes by hyperglycemia or hypoglycemia is considered diabetic complication. Therefore, do not document diabetes as both uncomplicated **and** uncontrolled with hyperglycemia or uncontrolled with hypoglycemia, as this is contradictory.
- ICD-10-CM presumes cause-and-effect linkage between diabetes and certain conditions unless the physician specifically indicates the conditions are not related. Conditions that appear in the alphabetic index as indented subterms under the various types of “diabetes, with” are coded as diabetic complications, even in the absence of physician documentation explicitly linking them, unless the documentation clearly indicates these conditions are not caused by diabetes — for example, by stating:
 - Actual nondiabetes-related cause
 - Cause is not diabetes
 - Diabetes is without complications
 - Cause is unknown

Excerpt from alphabetic index:

Diabetes, diabetic (mellitus) (sugar) E11.9
with
amyotrophy E11.44
arthropathy NEC E11.618
autonomic (poly) neuropathy E11.43
cataract E11.36
Charcot’s joints E11.61Ø
chronic kidney disease E11.22

(This example list is not all-inclusive. For complete lists, see alphabetic index under the various types of diabetes followed by indented subterm “with.”)

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Electronic medical records (EMR) reminders

- A diagnosis of “diabetes mellitus with **other** manifestation” is incomplete unless the record clearly specifies the “**other**” manifestation.
- Avoid conflicting or contradictory information. Examples of conflicting/contradictory documentation:
 - Type 1 **and** Type 2
 - Controlled **and** uncontrolled with hyperglycemia
OR uncontrolled with hypoglycemia
 - With **and** without complications
- ICD-10-CM is a statistical classification. It is not a substitute for a health care provider’s final diagnostic statement. It is the health care provider’s responsibility to provide legible, clear, concise and specific documentation of a final diagnosis, which is then translated to a code for reporting purposes. It is not appropriate for health care providers to simply list a code number or select a code number from a list of codes in place of a written final diagnosis.

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Tips and resources for coders

Coding basics

For accurate and specific diagnosis code assignment, the coder must review the entire medical record and note the exact description of diabetes and all related conditions documented in the medical record. Then, in accordance with the ICD-10-CM official coding conventions and guidelines:

- Search the alphabetic index for that specific description.
- Verify the code in the tabular list, carefully following all instructional notes.

Coding diabetes mellitus

In ICD-10-CM, the codes for diabetes mellitus begin with the letter E and are found in Chapter 4: Endocrine, Nutritional, and Metabolic Diseases. The diabetes codes are combination codes that identify:

- a) The type of diabetes mellitus
- b) The body system(s) affected
- c) The particular complications that affect each body system

Diabetes mellitus is coded from categories E08 – E13:

- E08 Diabetes mellitus due to underlying cause
- E09 Drug or chemical induced diabetes mellitus
- E10 Type 1 diabetes mellitus
- E11 Type 2 diabetes mellitus
- E13 Other specified diabetes mellitus

4th, 5th, 6th and, in some cases, 7th characters are required to further describe the diabetic condition with the highest level of specificity.

- “Code first” and “use additional code” notes are present for some of the diabetes mellitus categories and subcategories.
 - The underlying condition is sequenced first, followed by the complication/manifestation.
 - The “use additional code” note appears at the etiology code and the “code first” note at the complication/manifestation code.
- The “**Excludes1**” note (meaning “not coded here”) appears under all the diabetes mellitus categories. An **Excludes1** note indicates that the code excluded should never be used at the same time as the code above the **Excludes1** note.

Type of diabetes mellitus

- When the type of diabetes mellitus is not documented in the medical record, the default is Type 2, which classifies to category E11.
- Diabetes mellitus Type 1.5 with no further specification should be coded to category E13, Other specified diabetes mellitus (AHA Coding Clinic, Third Quarter 2018, pages 4-5, Type 1.5 diabetes mellitus).

Current status of diabetes control

- There is no ICD-10-CM code for diabetes mellitus described as “uncontrolled” without specification of hypoglycemia versus hyperglycemia. Coders should query physicians, if possible, for clarification when diabetes uncontrolled is documented without further specification.
- Per the alphabetic index, diabetes mellitus described as “inadequately controlled,” “out of control” or “poorly controlled” defaults to diabetes, by type, with hyperglycemia.

Diabetic complications/manifestations

Diabetic patients often experience one or more complications of diabetes that particularly affect the eyes, the feet, the kidneys, the nervous system and the circulatory system. These complications can occur at any time in the course of diabetes.

- A patient may have multiple diabetic complications in more than one body area or system. To fully describe all of the diabetes complications that are present, assign as many codes as needed from categories E08 – E13 and within each particular subcategory. Codes are sequenced based on the reason for the encounter.
- As noted in the documentation section on page 2 of this guideline, ICD-10-CM presumes cause-and-effect linkage between diabetes and certain conditions that appear in the alphabetic index as indented subterms under the various types of “**Diabetes, with.**” These conditions are coded as diabetic complications, even in the absence of documentation explicitly linking them, unless the documentation clearly indicates these conditions are not caused by diabetes — for example, by stating:
 - The actual nondiabetes-related cause
 - That the cause is not diabetes
 - That diabetes is without complications
 - That the cause is unknown

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Example from alphabetic index:

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Note: The "diabetes with" guideline does not apply to "not elsewhere classified (NEC)" index entries that cover broad categories of conditions. The NEC extension in the alphabetic index is applied to a condition specifically documented by the physician as related to diabetes mellitus, but that related condition does not have a specific combination code.

For example, to link diabetes and a specific skin complication, such as cellulitis, the health care provider would need to document the cellulitis as a **diabetic** skin complication.

Example	
Final diagnosis	Cellulitis of right lower extremity as a complication of diabetes mellitus Type 2
ICD-10-CM codes	E11.628 Type 2 diabetes mellitus with other skin complications LØ3.115 Cellulitis of right lower limb

- Peripheral arteriosclerosis is a type of peripheral angiopathy. When a medical record documents peripheral arteriosclerosis, peripheral vascular disease or peripheral arterial disease in a diabetic patient – and there is no documentation that clearly indicates these conditions are not caused by diabetes – the coder should presume cause-and-effect linkage and code these conditions as diabetic peripheral angiopathy.

An additional code from subcategory I7Ø.2-, Atherosclerosis of native arteries of the extremities,

should also be assigned to fully capture the patient's condition when the documentation provides specificity about the atherosclerosis such as laterality, affected vessel as well as additional manifestations of the disease (i.e., claudication, rest pain, etc.) (AHA Coding Clinic, Second Quarter ICD-10 2018, Page 7, Diabetes with peripheral angiopathy; AHA Coding Clinic Third Quarter ICD-10 2018, page 4, Diabetes mellitus with arteriosclerotic peripheral artery disease.)

Each record is unique, and the relationship between diabetes and the specific complication should be clearly documented. When appropriate, coders should query the health care provider for clarification about the linkage, and if the diabetes caused the specific complication.

For conditions not specifically linked by the word "with" in the code title, alphabetic index or tabular list, the documentation must clearly link the conditions to code them as related. Examples of linking terms include "due to," "secondary to," "associated with" and "related to."

Diabetes mellitus (DM), hypertension (HTN) and chronic kidney disease (CKD)

Medical record documents current diagnoses of CKD, HTN and DM but does not document cause-and-effect linkage between any combination of the three:

- Presume CKD is linked to both conditions and code both hypertensive CKD and diabetic CKD.

Medical record documents DM coexisting with "hypertensive CKD" with no cause-and-effect linkage between DM and CKD:

- Code only hypertensive CKD; do not code diabetic CKD. The descriptor "hypertensive" specifically identifies hypertension as the cause of CKD. CKD should not be coded as diabetic since the physician has specifically documented a different cause (HTN).

Medical record documents HTN co-existing with diabetic CKD with no cause-and-effect linkage between HTN and CKD:

- Code only diabetic CKD; do not code hypertensive CKD. The descriptor "diabetic" specifically identifies diabetes as the cause of CKD. CKD should not be

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coded as hypertensive since the physician has specifically documented a different cause (DM).

Insulin use and oral hypoglycemic drugs

- Long-term (current) use of insulin does not affect the selection of the type of diabetes – insulin use does not automatically mean the patient is Type 1. (Some Type 2 diabetics use insulin.)
- If the documentation in a medical record does not indicate the type of diabetes but does indicate the patient uses insulin routinely, the default is Type 2 diabetes and a code is assigned from category E11, Type 2 diabetes mellitus. Code Z79.4, long-term (current) use of insulin, should also be assigned.
- Assign code Z79.4, long-term (current) use of insulin, or Z79.84, long-term (current) use of oral hypoglycemic drugs, to indicate the patient uses insulin or hypoglycemic 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.
- Code Z79.4 should not be coded from a medication list. Assign code Z79.4 when the final assessment or impression clearly documents long-term, current use of insulin that is clearly linked to diabetes, along with the dosage regimen that shows regular and routine insulin use with ongoing prescription refills.
- When the record supports long-term, current use of both oral hypoglycemic medications and insulin, only code Z79.4 for long-term, current use of insulin should be assigned.

Secondary diabetes mellitus

Secondary diabetes mellitus is always caused by another condition or event (e.g., cystic fibrosis, malignant neoplasm of pancreas, pancreatectomy, adverse effect of drug or poisoning). Secondary diabetes with associated complications/manifestations classifies to the following categories:

E08 Diabetes mellitus due to underlying condition
E09 Drug or chemical induced diabetes mellitus
E13 Other specified diabetes mellitus (identify)

- 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 (lack of insulin due to surgical removal of all or part of

the pancreas) codes to E89.1, postprocedural hypoinsulinemia. Assign a code from category E13 and a code from subcategory Z90.41-, acquired absence of pancreas, as additional codes.

- Secondary diabetes mellitus due to drugs may be caused by an adverse effect of correctly administered medications, poisoning or sequela of poisoning. See ICD-10-CM Official Guidelines for Coding and Reporting:
 - Section I.C.19.e for coding adverse effects and poisoning
 - Section I.C.20 for external cause code reporting

Prediabetes and borderline diabetes

Prediabetes and borderline diabetes mellitus both classify to code R73.03, prediabetes.

Diabetes mellitus resolved

Generally speaking, diabetes mellitus is a chronic, lifelong condition. However, diabetes mellitus may be described as resolved in some cases. For example:

- Type 1 diabetes mellitus resolved following pancreas transplant
- Type 2 diabetes mellitus resolved after significant weight loss following gastric bypass surgery

When a medical record documents diabetes mellitus as resolved, the condition cannot be coded as current.

References: American Heart Association; American Hospital Association Coding Clinic; Dorland's Medical Dictionary; MedlinePlus; ICD-10-CM Official Guidelines for Coding and Reporting; Mayo Clinic