

CODING SPOTLIGHT

FOCUS ON DIABETES



A varied, well-balanced diet is essential for blood sugar control.

Diabetes Mellitus and ICD-10-CM

Diabetes mellitus and its complications can wreak havoc on a patient. The most common methods of monitoring a member's status include blood pressure monitoring, hemoglobin A1C testing, annual diabetic eye exams, and testing for kidney function. While most of these tests can be completed right in the office, correct coding is imperative for appropriate reimbursement and patient status.

In ICD-10-CM, diabetes is classified in categories E8 – E13. The diabetes mellitus codes are combination codes that include the type of diabetes mellitus, the body system affected, and the complications affecting the body system.

The ICD-10-CM presumes a causal relationship between diabetes and several acute and chronic conditions.

The term “with” means “associated with” or “due to” when it appears in a code title, the alphabetic index, or an instructional note in the tabular list. However, if the physician documentation specifies that diabetes is not the underlying cause of the other condition, the condition should not be coded as a diabetic complication. More information about coding diabetic conditions can be found in the [ICD-10-CM Official Guidelines for Coding and Reporting](#).

Quality Corner

Close care gaps!

The CPT II codes that are associated with routine diabetes care are included below. Adding to a claim is a great way to close gaps.

CPT II code	Systolic blood pressure
3074F	<130 mm Hg
3075F	130 – 139 mm Hg
3077F	≥ 140 mm Hg

CPT II code	Diastolic blood pressure
3078F	<80 mm Hg
3079F	80 – 89 mm Hg
3080F	≥ 90 mm Hg

CPT II code	Most recent A1C result
3044F	Less than 7.0%
3046F	More than 9.0%
3051F	Equal to 7.0% and less than 8.0%
3052F	Equal to 8.0% and less than 9.0%

CPT II code	Eye exam without evidence of retinopathy by ophthalmologist or optometrist
3072F	Low risk for retinopathy (negative eye exam in the prior year)
2023F	Dilated retinal eye exam — current year
2025F	7 standard field stereoscopic retinal photos
2033F	Eye image validated to match diagnosis from 7 standard field stereoscopic retinal photos

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<p>ICD-10-CM diabetes categories:</p> <ul style="list-style-type: none"> - E08, Diabetes mellitus due to an underlying condition - E09, Drug or chemical induced diabetes mellitus - E10, Type 1 diabetes mellitus - E11, Type 2 diabetes mellitus - E13, Other specified diabetes mellitus <p>Uncontrolled diabetes</p> <p>There is no default code for uncontrolled diabetes in ICD-10-CM. Uncontrolled diabetes is classified by type and whether it is hyperglycemia or hypoglycemia.</p> <p>Include status codes for DM manifestations</p> <p>Frequently overlooked, but significant, conditions may include: Ostomies/artificial openings – Colostomy, gastrostomy, ileostomy, etc. Amputation status – Lower extremities (AKA, BKA, Feet/Toes) Long Term Insulin Use</p>	<p>Diabetes, circulatory complications, and skin ulcers</p> <p>When a diabetic patient with skin ulcer, the ICD-10-CM classification presumes a causal relationship between the conditions unless the documentation clearly states that the two conditions are not related.</p> <p>The code for the diabetic foot ulcer complication (E08 - E13 with .621) is assigned first with an additional code of L97.4-, L97.5- indicating the specific site of the ulcer.</p> <p>If gangrene is present, code E08 - E13 with .52 should be assigned as an additional code.</p> <p>Diabetic peripheral vascular disease without gangrene is coded as E08 - E13 with .51.</p> <p>Other diabetic skin ulcers are coded to E08 - E13 with .622 and an additional code to identify the site of the ulcer (L97.1 - L97.9 or L98.41 - L98.49).</p> <p>Diabetes with other circulatory complications is coded to E08 - E13 with .59.</p>
<p>Diabetic neurological complications</p> <p>Peripheral, cranial and autonomic neuropathy are chronic manifestations of diabetes mellitus. The sub-classification for neurological complication includes the following:</p> <ul style="list-style-type: none"> - E08 - E13 with .40 unspecified diabetic neuropathy - E08 - E13 with .41 diabetic mononeuropathy - E08 - E13 with .42 diabetic polyneuropathy - E08 - E13 with .43 diabetic autonomic (poly)neuropathy - E08 - E13 with .44 diabetic amyotrophy - E08 - E13 with .49 other diabetic neurological complication 	<p>Complications due to insulin pump malfunction</p> <p>Failure or malfunction of the pump may result in under-dosing or overdosing of insulin. Both situations are mechanical complications and assigned a code from subcategory T85.6 - mechanical complication of other specified internal and external prosthetic devices, implants and grafts. The appropriate code is selected depending on the type of malfunction:</p> <ul style="list-style-type: none"> - T85.614, Breakdown (mechanical) of insulin pump - T85.624, Displacement of insulin pump - T85.633, Leakage of insulin pump
<p>Diabetes complicating pregnancy</p> <p>Diabetes mellitus complicating pregnancy, delivery or the puerperium is classified in chapter 15 of ICD-10-CM. Pregnant women who have diabetes mellitus should first be assigned a code from category O24 diabetes mellitus in pregnancy, childbirth and puerperium followed by an appropriate diabetes code(s) (E08-E13) from chapter 4 of ICD-10-CM to indicate the type of diabetes.</p>	<p>Gestational diabetes</p> <p>Subcategory O24.4 gestational diabetes is assigned for this condition. No other code from category O24 should be assigned with a code from category O24.4. Subcategory O24.4 is subdivided whether the gestational diabetes is controlled by diet, insulin or oral hypoglycemic drugs and whether it occurs in pregnancy, childbirth or the puerperium.</p> <p>An abnormal glucose tolerance in pregnancy, without a diagnosis of gestational diabetes, is assigned a code from subcategory O99.81 abnormal glucose complicating pregnancy, childbirth and the puerperium.</p>

The content in this Newsletter is for informational purposes only and not intended as medical or coding advice or to direct treatment. Physicians and other health care providers are solely responsible for their treatment and coding decisions and should not use the information presented to substitute independent judgment.

¹ ICD-10 Official Guidelines for Coding and Reporting. April 2024, [\[www.cms.gov/files/document/fy-2024-icd-10-cm-coding-guidelines-updated-02/01/2024.pdf\]](https://www.cms.gov/files/document/fy-2024-icd-10-cm-coding-guidelines-updated-02/01/2024.pdf).