

Pinpoint the appropriate diabetic complications codes

ICD-10 Diabetes Categories

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

Fourth Digits

4 th	Manifestations
0	... with hyperosmolarity (highly unlikely to be seen in home health)
1	... with ketoacidosis (highly unlikely to be seen in home health)
2	... with kidney complications (diabetic nephropathy, diabetic chronic kidney disease, other)
3	... with ophthalmic complications (diabetic retinopathy, diabetic cataract, diabetic macular edema, other)
4	... with neurological complications (diabetic neuropathy, diabetic mononeuropathy, diabetic polyneuropathy, diabetic autonomic (poly)neuropathy, diabetic amyotrophy, other)
5	... with circulatory complications (diabetic peripheral angiopathy with or w/o gangrene, other)
6	... with other specified manifestations (diabetic arthropathy, diabetic skin complications, diabetic oral complications, hypoglycemia, hyperglycemia, other)
8	... with unspecified complications
9	... without complications

“With”/“In” Guidelines

The word “with” or “in” should be interpreted to mean “associated with” or “due to” when it appears in a code title, the Alphabetic Index, or an instructional note in the Tabular List. The classification presumes a causal relationship between the two conditions linked by these terms in the Alphabetic Index or Tabular List. ...

Section I.A.15

“With”/“In” Guidelines

These conditions should be coded as related even in the absence of provider documentation explicitly linking them, unless the documentation clearly states the conditions are unrelated or when another guideline exists that specifically requires a documented linkage between two conditions. ... For conditions not specifically linked by these relational terms in the classification, or when a guideline requires that a linkage between two conditions be explicitly documented, provider documentation must link the conditions in order to code them as related.

Section I.A.15

New FY2018 Guideline

If the documentation in a medical record does not indicate the type of diabetes but does indicate that the patient uses insulin, code E11-, Type 2 diabetes mellitus, should be assigned. An additional code should be assigned from category Z79 to identify the long-term (current) use of insulin or oral hypoglycemic drugs. If the patient is treated with both oral medications and insulin, only the code for long-term (current) use of insulin should be assigned. 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.

Section I.C.4.a.3)