

CODING TIPS ✓ Use 249.5x to indicate ophthalmic complications of diabetes. Blindness cannot be assumed related to diabetes. While senile cataracts are frequent occurrences in diabetic patients, these are not true diabetic cataracts and are not classified as ocular manifestations of DM. Note: If the patient has diabetic macular edema, diabetic retinopathy must also be coded. If diabetic ophthalmic manifestations are confirmed, low vision or blindness should also be coded.

+ 5 249.6 Secondary diabetes mellitus with neurological manifestations
[0-1]

Use additional code to identify manifestation, as:

- diabetic amyotrophy (353.5)
- diabetic gastroparesis (536.3)
- diabetic gastroparesis (536.3)
- diabetic mononeuropathy (354.0-355.9)
- diabetic neurogenic arthropathy (713.5)
- diabetic peripheral autonomic neuropathy (337.1)
- diabetic polyneuropathy (357.2)

CODING TIPS ✓ Use 249.6x for diabetic neurological complications. There are several case-mix diagnoses noted as manifestations in this subcategory—amyotrophy, polyneuropathy, peripheral autonomic neuropathy, mononeuropathy, neurogenic arthropathy, gastroparesis (gastroparesis). See the tip at 250.6x for a description of these manifestations.

CODING TIPS ✓ Diabetes with loss of protective sensation (LOPS) is coded as diabetic polyneuropathy.

+ 5 249.7 Secondary diabetes mellitus with peripheral circulatory disorders
[0-1]

Use additional code to identify manifestation, as:

- diabetic gangrene (785.4)
- diabetic peripheral angiopathy (443.81)

CODING TIPS ✓ Peripheral circulatory manifestations do not include manifestations of CAD or CVAs. The peripheral angiopathy is arterial, not venous, and venous stasis is not a manifestation of diabetes. Peripheral angiopathy may be documented as diabetic PVD. Do not code 443.9 as a manifestation of diabetes as it is unspecified and 443.81 is the specific PVD of diabetes. There is an assumed relationship between diabetes and gangrene unless a physician states otherwise. Code gangrene as a manifestation of diabetes in a diabetic absent another etiology. Gangrene is a case-mix diagnosis when it is a manifestation of another condition.

+ 5 249.8 Secondary diabetes mellitus with other specified manifestations
[0-1]

Secondary diabetic hypoglycemia in diabetes mellitus
Secondary hypoglycemic shock in diabetes mellitus

Use additional code to identify manifestation, as:

- any associated ulceration (707.10-707.9)
- diabetic bone changes (731.8)

CODING TIPS ✓ Fourth digit '8' can be used to indicate diabetic hypoglycemia. If coding diabetic hypoglycemia, a manifestation code is not used. If related to insulin use, use an E code to indicate the hypoglycemia is a poisoning (overdose) or a therapeutic use. Fourth digit '8' is also used to indicate diabetic osteomyelitis (731.8x) and diabetic ulcers (707.1x). Osteomyelitis and the ulcer code are both case-mix diagnoses. There is an assumed relationship between diabetes and osteomyelitis. Code osteomyelitis as a manifestation of diabetes in the diabetic absent another etiology. Diabetic osteomyelitis requires 3 codes. Watch for instructions in 731.8. Supply points are available for a diabetic ulcer coded with 249.8x, 707.1x, but not available if the ulcer is coded 249.7x or 249.6x with 707.1x.

5 249.9 Secondary diabetes mellitus with unspecified complication
[0-1]

CODING TIPS ✓ Codes from 249.9x may not be used with any other code from the 249 category. Because the 9 means unspecified complications, do NOT use in home care.

4 250 Diabetes mellitus

- EXCLUDES**
- gestational diabetes (648.8)
 - hyperglycemia NOS (790.29)
 - neonatal diabetes mellitus (775.1)
 - nonclinical diabetes (790.29)
 - secondary diabetes (249.0-249.9)

250 REQUIRES 5th DIGIT

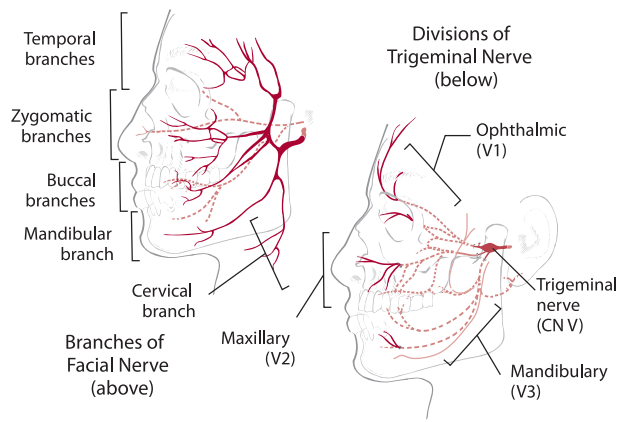
The following fifth-digit subclassification is for use with category 250:

- 0-** type 2 or unspecified type, not stated as uncontrolled
Fifth-digit 0 is for use for type 2, diabetic patients, even if the patient requires insulin.
Use additional code, if applicable, for associated long term (current) insulin use V58.67.
- 1-** type 1, not stated as uncontrolled
- 2-** type 2 or unspecified type, uncontrolled
Use additional code, if applicable, for associated long term (current) insulin use V58.67.
Fifth-digit 2 is for use for type 2, diabetic patients, even if the patient requires insulin.
- 3-** type 1, uncontrolled
- Note:** V58.67, long term use of insulin, should be added for patients who are Type 2 or unspecified type who take insulin. Do not use V58.67 for Type 1 diabetics.

MEDICAL EDITS **Widespread review 5THBY**, for non-start of care claims with a **primary diagnosis of diabetes** and a **secondary diagnosis of congestive heart failure (CHF)**, CAHABA, 10/01/2007

GUIDELINES Section I.C.3.a.2
If the type of diabetes mellitus is not documented in the medical record the default type is II.

GUIDELINES Section I.C.3.a.3
If the documentation in a medical record does not indicate the type of diabetes but does indicate that the patient uses insulin, the appropriate fifth-digit for type II must be used.



4 351 Facial nerve disorders

INCLUDES disorders of 7th cranial nerve that in newborn (767.5)
EXCLUDES

351.0 Bell's palsy

Facial palsy

DEFINITION Unilateral paralysis of face due to lesion on facial nerve; produces facial distortion.

351.1 Geniculate ganglionitis

Geniculate ganglionitis NOS

EXCLUDES herpetic (053.11)

DEFINITION Inflammation of tissue at bend in facial nerve.

351.8 Other facial nerve disorders

Facial myokymia
 Melkersson's syndrome

351.9 Facial nerve disorder, unspecified

4 352 Disorders of other cranial nerves

CODING TIPS ✓ Category 352 adds points to the clinical domain as Neuro 2 diagnoses.

3 352.0 Disorders of olfactory [1st] nerve

ICD-10: G52.0

3 352.1 Glossopharyngeal neuralgia

DEFINITION Pain between throat and ear along petrosal and jugular ganglia.

ICD-10: G52.1

3 352.2 Other disorders of glossopharyngeal [9th] nerve

ICD-10: G52.1

3 352.3 Disorders of pneumogastric [10th] nerve

Disorders of vagal nerve

EXCLUDES paralysis of vocal cords or larynx (478.30-478.34)

ICD-10: G52.2

3 352.4 Disorders of accessory [11th] nerve

DEFINITION Nerve disorder affecting palate, pharynx, larynx, thoracic viscera, sternocleidomastoid and trapezius muscles.

ICD-10: G52.8

3 352.5 Disorders of hypoglossal [12th] nerve

DEFINITION Nerve disorder affecting tongue muscles.

ICD-10: G52.3

3 352.6 Multiple cranial nerve palsies

Collet-Sicard syndrome
 Polyneuritis cranialis

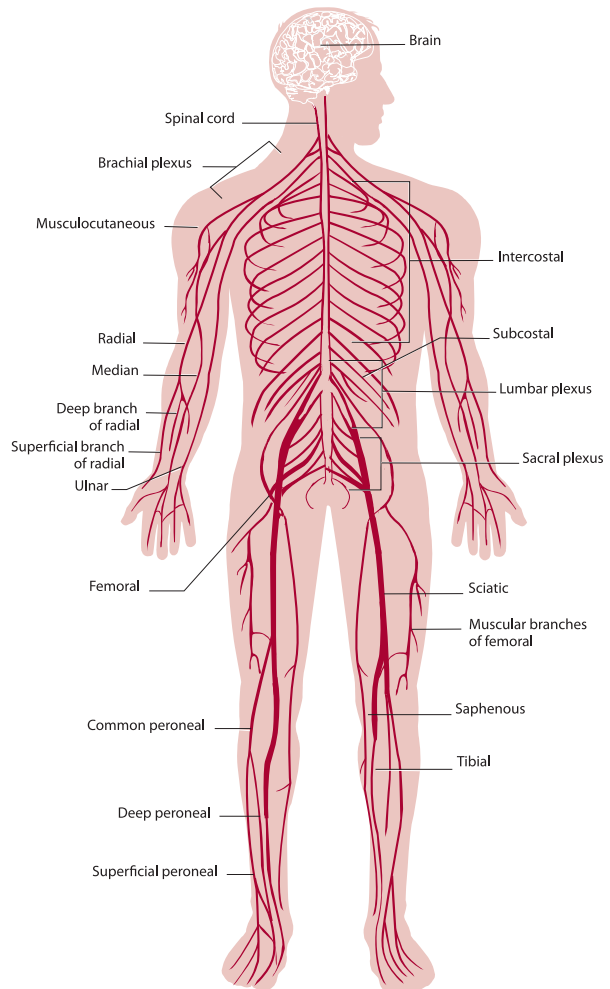
ICD-10: G52.7

3 352.9 Unspecified disorder of cranial nerves

ICD-10: G52.9

4 353 Nerve root and plexus disorders

EXCLUDES conditions due to:
 intervertebral disc disorders (722.0-722.9)
 spondylosis (720.0-721.9)
 vertebrogenic disorders (723.0-724.9)



3 353.0 Brachial plexus lesions

Cervical rib syndrome
 Costoclavicular syndrome
 Scalenus anticus syndrome
 Thoracic outlet syndrome

EXCLUDES brachial neuritis or radiculitis NOS (723.4) that in newborn (767.6)

CODING TIPS ✓ Code 353.0 adds points to the clinical domain as a Neuro 2 diagnosis.

ICD-10: G54.0

3 353.1 Lumbosacral plexus lesions

CODING TIPS ✓ Code 353.1 add points to the clinical domain as a Neuro 2 diagnosis.

Wounds

A patient initially sustained a minor injury to her finger while opening a can of soup. This injury caused cellulitis and the patient visits were necessary for treatment with IV antibiotics, as several rounds of oral antibiotics were not successful. The initial wound does not require treatment. Focus on the cellulitis.

M1020/M1022 description	Code	M1024(3)	M1024(4)
M1020a: Cellulitis and abscess, unspecified	681.00		
M1022b: Open wound of finger(s), complicated	883.1		
M1022c: Fitting and adjustment of vascular catheter	V58.81		
M1022d: Long-term (current) use of antibiotics	V58.62		

The wound routinely is coded before the cellulitis, except when the wound does not require care or is no longer present. If the wound is now closed, then it would not be coded. Both conditions can gain case-mix points. Cellulitis earns points as a Skin 2 and the trauma wound earns points as a Skin 1 Other diagnosis.

Cellulitis

A patient is admitted with a documented condition of cellulitis of the buttock.

M1020/M1022 description	Code	M1024(3)	M1024(4)
M1020a: Other cellulitis and abscess, buttock	682.5		

If comorbid conditions also are documented and addressed in the POC, code as additional diagnoses in M1022. Cellulitis earns points as a Skin 2 case-mix diagnosis.

Pressure ulcer, wound care

An 82-year-old male with a history of stroke (and related hemiparesis of his dominant side) is being seen by home health for a Stage III pressure ulcer of the left ankle. The care plan includes wound care to the ankle and PT exercises for hemiparesis.

M1020/M1022 description	Code	M1024(3)	M1024(4)
M1020a: Decubitus ulcer, ankle	707.06		
M1022b: Pressure ulcer, Stage III	707.23		
M1022c: Late effect of CVA, hemiplegia affecting dominant side	438.21		

These two conditions may be sequenced in order of the focus of care. Since the wound takes precedence, V57.1 isn't coded here because the patient is not admitted for rehab services only, and it does not meet the requirements for a primary diagnosis in this case. Code the location of the pressure ulcer first, followed by the 707.2x code for stage. The 438 code is a Neuro 3 case-mix diagnosis.

Pressure ulcer

A patient was discharged from the hospital and referred to home care for pressure ulcer care (stage I on the buttock). The patient was treated for a mitral stenosis with insufficiency in the hospital, as well as skin care for the ulcer. Home health will treat the pressure ulcer.

M1020/M1022 description	Code	M1024(3)	M1024(4)
M1020a: Pressure ulcer, buttock	707.05		
M1022b: Pressure ulcer, Stage I	707.21		
M1022c: Mitral stenosis with insufficiency	394.2		

The stage code is never coded as primary or before the code for the location of the pressure ulcer. Code also any secondary conditions that impact principal diagnosis.