Diabetes Didactics

Sheri Poe Bernard, CPC, CPC-H, CPC-I

Your presenter

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Disclaimer
The slides for *Diabetes Didactics* are not stand-alone curriculum, but intended for viewing with the like-named live or recorded presentation.

*Coding Clinic* references within this presentation are specific to ICD-9-CM, and all Guidelines are specific to ICD-10-CM. Both *Coding Clinic* references and Guidelines are system-specific and not interchangeable. 2014 editions of ICD-10-CM and ICD-9-CM were used to create this presentation. The ICD-10-CM code set will be updated again before implementation occurs.

Didactics

- Systematic instruction using a scientific approach to impart knowledge or skill
Today’s Goals

– Review the physiology and etiology of diabetes so that we can better assign codes from documentation and so that we can improve our providers’ documentation skills

– Explore new documentation requirements under ICD-10, with the same purpose in mind

What’s the Deal With Diabetes?

• What’s the deal with diabetes?

• Costs: $176 billion in direct medical; $69 billion in reduced productivity in 2012
  – Expenditures 2.3 times higher for patient with DM than patient without DM
  – 1 in 10 health care dollars in U.S. spent directly on DM and its complications; 1 in 5 dollars to patients with DM

• Source: American Diabetes Association Economic Costs of Diabetes in the U.S. in 2012
What’s the Deal With Diabetes?

• 25.8 million children and adults in U.S. with DM
  – 7 million undiagnosed
  – 79 million with pre-diabetes
  – Expenditures 2.3 times higher for patient with DM than patient without DM
• 1.9 million new diagnoses each year

• Source: American Diabetes Association Diabetes Statistics

Diabetes Definitions

• **Diabetes** – frequent urination
  – Greek: that which passes through or siphons
• **Mellitus** — sweet urine
  – Latin: honey
• **Diabetes mellitus (DM)**: frequent, sweet urine
• **Diabetes insipidus (DI)**: inability to concentrate urine
  – Latin: insipidus: lacks content
• **Insulin**: hormone produced in the pancreas that regulates carbohydrate and fat metabolism
  – Latin: insula: island. For Islets of Langerhans
Clinical Manifestations of DM

• Hyperglycemia, polyuria, glycosuria
• Weight loss if untreated
• Potential or existing complications resulting from hyperglycemia
  – Short-term complications
  – Long-term complications
• Diet, exercise, control of blood glucose can affect quality of life and outcomes
• Family history can affect incidence and outcomes

  V18.0 Family history of diabetes mellitus
  Z83.3 Family history of diabetes mellitus

Types of Diabetes
Types of Diabetes

– Type 2
– Type 1
– Gestational diabetes
– Secondary diabetes
– Other forms

Type 2 Diabetes

• **A matter of capacity**
  – Insulin-producing cells are overworked
  – Body’s insulin receptors are malfunctioning
    • Age
    • Obesity
    • Genetic predisposition
  – Pancreas still produces insulin, but cannot keep up with demands
Type 2 Diabetes

• 90 to 95 percent of diabetes in the United States is Type 2

Default for documented diabetes is:

250.00 Type 2 diabetes mellitus, not stated as uncontrolled, without complications
E11.9 Type 2 diabetes mellitus without complications

Comparison of Systems

No need to assess whether DM is uncontrolled in ICD-10!

ICD-9-CM

Rubric
Type of DM
DM or Secondary DM
250 vs 249
250 Diabetes mellitus

250.4 Renal complication

ICD-10-CM

Rubric
Type of DM
Type 1, Type 2, chemical-induced, disease-induced, other specified (pancreatectomy)
E11 Type 2 diabetes mellitus

E11.2 Kidney complication

E11.21 Nephropathy
E11.22 CKD

Subcategory
Type of Complication

Second code identifies type of complication

Subcategory
Type of Complication

Specific complication
Type 2 Nomenclature Flaws

- Type 2 is sometimes documented as **NIDDM**
  - Noninsulin dependent diabetes mellitus
  - U.S. standard nomenclature in 1979
  - Some Type 2 diabetics require insulin to control blood sugars.
    - While NIDDM is generally Type 2, it is not true that a patient documented with IDDM (insulin dependent diabetes mellitus) would always be Type 1. Some Type 2 diabetics require insulin for good control
- Type 2 sometimes documented as “adult onset”
  - Type 2 seen increasingly among children and teens

ICD-10 Guidelines: Insulin

**C.4.a.3) Diabetes mellitus and the use of insulin**
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. Code Z79.4, Long-term (current) use of insulin, should also be assigned to indicate that the patient uses insulin. 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.

Same is true for ICD-9-CM
Type 1 Diabetes

- **IDDM** Insulin Dependent Diabetes Mellitus
  - All Type 1 is IDDM
- “Juvenile diabetes”
  - Typically is diagnosed in children or in young adults, but is still “juvenile diabetes” as these patients age

Type 1 Diabetes

- Autoimmune process responsible
- Ultimately, no insulin is produced by the patient
  - Diagnosis is usually under acute circumstances
- Often occurs with other autoimmune disorders
  - Hypothyroidism in 50 percent of cases
Coding Clinic: Insulin

Coding Clinic Q4 2004
Q: Is it necessary to use code V58.67, Long-term [current] use of insulin, with type 1 diabetes? The use additional code note is only at the fifth digits for Type 2 diabetes.
A: Assign code V58.67 for type 1 diabetics, if desired. Type 1 diabetics must use insulin because their pancreas does not produce insulin naturally. Therefore, it is not necessary to assign code V58.67.

Z79.4/V58.67 are not necessary when reporting Type 1 diabetes, not even for Risk Adjustment

Gestational Diabetes

• Diabetes **commencing** during pregnancy
  – Related to increased demands on pancreas
  – The patient is still producing insulin
• Major health issues
  – Increases risks to mother and to fetus
  – Increases likelihood mother will develop diabetes later
Gestational Diabetes

• Treatment options
  – Greater monitoring of pregnancy and fetus
    • Birth weight of babies often greater
    • High BG can trigger preterm labor, RDS
    • Hypoglycemia in infant, whose pancreas works OT
    • Higher rate of pre-/ or eclampsia in mother
  – Diet restrictions, oral meds, insulin therapy
  – More aggressive view on inductions and sections
  – Periodic monitoring of mother after delivery
  – Greater monitoring of newborn

Comparison of Systems

SCENARIO: A patient’s first pre-natal visit occurs at 30 weeks. The patient has not seen a physician in 10 years. Her blood sugar is 400 and her A1C is 11.2.

The physician cannot determine whether the patient has gestational or Type 2 diabetes.

Coding:

<table>
<thead>
<tr>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>648.0 DM in pregnancy</td>
<td>O24.912 Unspecified DM in pregnancy, 2nd trimester</td>
</tr>
<tr>
<td>OR</td>
<td></td>
</tr>
<tr>
<td>648.8 Gestational diabetes</td>
<td></td>
</tr>
</tbody>
</table>
Comparison of Systems

### ICD-9-CM

**Diabetes in Pregnancy**
- 648.0- Diabetes mellitus in pregnancy (code DM secondarily)
- 648.8- Gestational diabetes (code any insulin use secondarily)

**Perinatal Codes**
- 775.0 Syndrome, infant of diabetic mother
- 775.1 Neonatal diabetes mellitus

**Fifth digits**
- 0 unspecified episode
- 1 delivered
- 2 delivered, with postpartum complication
- 3 antepartum condition
- 4 postpartum condition

### ICD-10-CM

**Diabetes in Pregnancy**
- O24.0 Type 1 pre-existing
- O24.1 Type 2 pre-existing
- O24.3 Unspecified pre-existing
- O24.4 Gestational
- O24.8 Other pre-existing
- O24.9 Unspecified

**Perinatal**
- P70.0 Syndrome, infant of mother w/ gestational diabetes
- P70.1 Syndrome, infant of diabetic mother
- P70.2 Neonatal diabetes mellitus

**Fifth characters**
- 0 diet control
- 1 pregnancy
- 2 childbirth
- 3 puerperium

**Sixth**
- 1 1st trimester
- 2 2nd trimester
- 3 3rd trimester

**Gestational diabetes**
- 0 diet control
- 4 insulin cont
- 9 unspec. cont

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### Gestational Diabetes

**ICD-10-CM**

**Diabetes in Pregnancy**
- O24.0 Type 1 pre-existing
- O24.3 Unspecified pre-existing
- O24.8 Other pre-existing

**Fifth characters**
- 1 pregnancy
- 2 childbirth
- 3 puerperium

**Sixth**
- 1 1st trimester
- 2 2nd trimester
- 3 3rd trimester

**Gestational diabetes**
- 0 diet control
- 4 insulin cont
- 9 unspec. cont
C.15.i. Gestational (pregnancy-induced) diabetes
Codes for gestational diabetes are in subcategory O24.4, Gestational diabetes mellitus. No other code from category O24, Diabetes mellitus in pregnancy, childbirth, and the puerperium, should be used with a code from O24.4. The codes under O24.4 include diet controlled and insulin controlled. If a patient with gestational diabetes is treated with both diet and insulin, only the code for insulin-controlled is required. Code Z79.4, Long-term (current) use of insulin, should not be assigned with codes from subcategory O24.4.

C.15. g. Diabetes mellitus in pregnancy
Diabetes mellitus is a significant complicating factor in pregnancy. Pregnant women who are diabetic should be assigned a code from category O24, Diabetes mellitus in pregnancy, childbirth, and the puerperium, first, followed by the appropriate diabetes code(s) (E08-E13) from Chapter 4.

• Dual coding is true for ICD-9-CM
Secondary Diabetes

• Still producing insulin
  – Drug or chemical induced diabetes
  – Disease-induced diabetes
  – Partial pancreatectomy or pancreatitis
  – Diabetes due to genetic defect

• No longer producing insulin
  – Postsurgical total pancreatectomy
  – Drug or chemical induced diabetes
  – Disease-induced diabetes

Comparison of Systems

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<td><strong>Rubric</strong></td>
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<tr>
<td>Type of DM</td>
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</tr>
<tr>
<td>Secondary DM</td>
<td>E08 Underlying condition</td>
</tr>
<tr>
<td>249</td>
<td>E09 Drug or chemical-induced</td>
</tr>
<tr>
<td>249 Secondary diabetes mellitus</td>
<td>E13 Other specified (ie, pancreatectomy)</td>
</tr>
</tbody>
</table>

Includes: drug-induced, chemical induced, infection
Post pancreatectomy (251.3 note)
Cystic fibrosis (index entry)
Neoplasm (guidelines)

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0 Controlled | 1 Uncontrolled

Code also the cause of the diabetes, any complication of diabetes, and any insulin use.

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0 Without coma | 1 With coma

Code first the cause of the diabetes, any complication of diabetes, and any insulin use.
ICD-10-CM Guidelines: Secondary Diabetes

C.4.a.6) Secondary diabetes mellitus
Codes under categories E08, Diabetes mellitus due to underlying condition, and E09, Drug or chemical induced diabetes mellitus, and E13, Other specified diabetes, identify complications/manifestations associated with secondary DM. Secondary diabetes is always caused by another condition or event (e.g., cystic fibrosis, malignant neoplasm of pancreas, pancreatectomy, adverse effect of drug, or poisoning).

NOTE: ICD-10-CM Alphabetic Index classifies Diabetes/post pancreatectomy to specified type NEC E13 (other specified) not E08 (underlying condition).

ICD-10-CM Guidelines: Secondary Diabetes

C.4.a.6)(b)(i) Secondary diabetes mellitus due to pancreatectomy
For postpancreatectomy diabetes mellitus (lack of insulin due to the surgical removal of all or part of the pancreas), assign code E89.1, Postprocedural hypoinsulinemia. Assign a code from category E13 and a code from subcategory Z90.41-, Acquired absence of pancreas, as additional codes.
Complications of Diabetes

• Root cause: Diabetic metabolism
• Carbohydrate, fat, and protein metabolism
  – Carbohydrate
    • High sugar
    • Stress on filtering kidneys as renal threshold is exceeded
  – Fat
    • High cholesterol
    • Cardiovascular disease associated with atherosclerosis

Complications

Coding Clinic Q1 2002
Do not assume a causative relationship, if the physician does not establish one

Causal
  “due to,” “caused by”
  “Diabetic”
  “of diabetes”
  “associated with”

Not causal
  “contributing to”
  “with diabetes”
  “diabetes and”

Very important concept for Risk Adjustment!
Complications

Complications will generally fall into one of two categories:

- **Acute** metabolic complications
  - ICD-9-CM: 250.1- to 250.3-
  - ICD-10-CM: E--.0, E--.1, E--.64
- **Chronic** complications

Complications

- Exceptions to documentation of causal relationship rule for diabetes in **ICD-9-CM**:
  - Osteomyelitis
  - Gangrene
  - Neuropathy
  - LOPS
Complications

Coding Clinic for ICD-10, 2013 Q4 Diabetes and Osteomyelitis

Question: Coding Clinic, First Quarter 2004, pages 14-15, indicated that “ICD-9-CM assumes a relationship between diabetes and osteomyelitis when both conditions are present, unless the physician has indicated in the medical record that the acute osteomyelitis is totally unrelated to the diabetes.” Is the same relationship between diabetes and osteomyelitis true for ICD-10-CM?

Answer: No, ICD-10-CM does not presume a linkage between diabetes and osteomyelitis. The provider will need to document a linkage or relationship between the two conditions before it can be coded as such.

Acute Complications

• Brought on by body’s immediate response to abnormal blood glucose
  – Polyuria, thirst, hyperglycemia
    • Generally not coded in a diagnosed diabetic unless documented in the final assessment/discharge summary
  – Weight loss, fatigue, visual disturbance, nausea
    • Other common acute symptoms
Acute Complications

Brought on by body’s immediate response to abnormal blood glucose

**Ketoacidosis (DKA)**

ICD-9-CM: 250.13 Diabetes mellitus with DKA  
(also 249) 250.33 Diabetes mellitus with DKA and coma  
ICD-10-CM: E--.10 Diabetes mellitus with DKA  
E--.11 Diabetes mellitus with DKA and coma  

25% of new Type 1 diabetics present with DKA  
Mortality rate 5%  
Infection, pump failure, puberty, poor control

**DKA**

*Coding Clinic Q2 2006 DKA*

**Q:** Previous coding advice stated that 250.11 Diabetes with ketoacidosis should be assigned for DKA unless the DM is specifically identified as type 2. Is this information still valid?  
**A:** Assign 250.13 Diabetes with ketoacidosis, type 1, uncontrolled, for DKA. DKA by definition is uncontrolled and 250.13 is the default, unless the physician specifically documents type 2.

1. Default for DKA is Type 1 diabetes  
2. There is no Index entry in the ICD-10-CM Index to report DKA in a patient with Type 2 diabetes
DKA in ICD-10

• There is no mechanism in the Index to report DKA in a patient with Type 2 diabetes

GEM files

• 250.12 DKA in type 2 diabetes, uncontrolled
  25012 E1165 10112
  25012 E1169 10111

• E11.65 Type 2 with hyperglycemia

• E11.69 Type 2 with other specified complication

DKA in ICD-10

Coding Clinic for ICD-10, 2013 Q3 Diabetes with Ketoacidosis

Question: What is the correct code assignment for type 2 diabetes mellitus with diabetic ketoacidosis?

Answer: Assign code E13.10, Other specified diabetes mellitus with ketoacidosis without coma, for a patient with type 2 diabetes with ketoacidosis. Given the less than perfect limited choices, it was felt that it would be clinically important to identify the fact that the patient has ketoacidosis. The National Center for Health Statistics (NCHS), who has oversight for volumes I and II of ICD-10-CM, has agreed to consider a future ICD-10-CM Coordination and Maintenance Committee meeting proposal.
DKA in ICD-10

Coding Clinic for ICD-10, 2013 Q1 Diabetes with Ketoacidosis

Question: Coding Clinic for ICD-9-CM states that ketoacidosis is inherently uncontrolled diabetes. Therefore, how would you report uncontrolled type I diabetes with ketoacidosis in ICD-10-CM? Should the code for diabetes with hyperglycemia (E10.65) be reported in addition to the code for diabetes ketoacidosis (E10.10)? Or should only the code for diabetic ketoacidosis be reported since ketoacidosis is considered uncontrolled diabetes? We believe that the two codes are redundant; however, there are no instructional and/or excludes notes to guide coders as to the appropriate reporting of uncontrolled type I diabetes with ketoacidosis.

Answer: No, in this case, it is not appropriate to assign code E10.65, Type 1 diabetes mellitus with hyperglycemia, together with code E10.10. Assign only code E10.10, Type 1 diabetes mellitus with ketoacidosis without coma. Ketoacidosis signifies uncontrolled diabetes.

DH in ICD-10

Brought on by body’s immediate response to abnormal blood glucose

Hyperosmolarity (DH)

Hyperglycemia seen in Type 2 diabetics, usually triggered by illness and dehydration. Mortality rate 15 percent.

There is no mechanism in the ICD-10-CM Index to report hyperosmolarity in a patient with Type 1 diabetes.
DH in ICD-10

There is no mechanism in the Index to report DH in a patient with Type 1 diabetes

GEM files

- 250.23  DH in type 1 diabetes, uncontrolled
  - 25023  E1065  10112
  - 25023  E1069  10111
- E10.65 Type 1 with hyperglycemia
- E10.69 Type 1 with other specified compl

Acute Complications

- Brought on by body’s immediate response to abnormal blood glucose
  - Insulin shock, hypoglycemia
    ICD-9-CM: 250.8- Diabetes mellitus with other specified manifestations
    250.3- Diabetes mellitus with (hypoglycemic) coma
    (same code is reported for DKA coma)
  ICD-10-CM: E08, E09, E10, E11, E13 with the following 4th, 5th and 6th characters:
    .641 diabetes mellitus with hypoglycemia with coma
    .642 diabetes mellitus with hypoglycemia without coma
Chronic Complications

• Brought on by chronic hyperglycemia or the body chemistry associated with diabetes over time
  – Heart disease and stroke rate 2 to 4 times higher than nondiabetic population
    • Cause of death for 65% of diabetics
    • Almost 75% of diabetics have high blood pressure
  – Leading cause of ESRD
    • Accounts for 45% of new cases each year
  – Leading cause of blindness
  – Leading cause of non-traumatic amputation

Cardiovascular complications
  – Angiopathy
    – ICD-9-CM: 250.7- peripheral circulatory disorders
      – Code diabetes first; next angiopathy, any gangrene
    – ICD-10-CM: E--.5- circulatory complications
      – DM, angiopathy, and gangrene with just one code (.51; or .52 with gangrene)
  – ICD does not allow for any causal relationship between diabetes and heart disease or cerebrovascular conditions
    – OK to sequence heart/cerebrovascular problem first, diabetes secondarily, based on focus of encounter
Chronic Complications

Renal disease

– **ICD-9-CM: 250.4-** Diabetes with renal manifestations
  • Kidney disease, nephropathy, nephrosis, glomerulosclerosis reported secondarily

– **ICD-10-CM: E--.2--**
  .21 diabetic nephropathy
  .22 diabetic CKD (code CKD stage secondarily)
  .29 other diabetic kidney complication (renal tubular degeneration)

Chronic Complications

Ophthalmic disease

**ICD-9-CM: 250.5-** ophthalmic manifestations
  • Retinopathy, macular degeneration, cataracts, glaucoma, blindness reported secondarily

**ICD-10-CM: E--.3--** ophthalmic complications
  • All captured with a single code

  **E10.341 Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema**
Chronic Complications

Neuropathic disease

ICD-9-CM: 250.6 - Diabetes with neurological manifestations
  » Various neurological disorders reported secondarily

ICD-10-CM:
  E-.40 Unspecified
  E-.41 Mononeuropathy -- affecting single nerve
  E-.42 Polyneuropathy -- neuralgia, neuropathies
  E-.43 Autonomic neuropathy -- gastroparesis
  E-.44 Amyotrophy -- lumbosacral radiculoplexus neuropathy
  E-.49 Other -- no specific neuropathies indexed

CODING SCENARIOS
Causal Relationships

ASSESSMENT/PLAN

1. Type 2 diabetes mellitus, uncontrolled. Wife has appointment with our diabetes care manager to try get new test strip prescription, since their plan allows for strips that she finds difficult to use. May look into getting a talking meter. Patient scheduled to see endocrinologist August 14.

   a. Retinopathy/blindness. Wife performs many ADLs for husband.

   b. Neuropathy. Patient getting good results from Cymbalta and will continue current dosage.

Has a causal relationship been established between the DM and the retinopathy/neuropathy?

Causal Relationships

The patient is admitted with diabetic hyperosmolarity and coma. X-ray reveals a decubitus ulcer of the sacral area, which has eroded into the sacrum and developed into acute osteomyelitis. Sugars are uncontrolled.

We know to code:

Uncontrolled type II diabetes with hyperosmolarity, pressure ulcer of sacrum, osteomyelitis.

Do we assume a causal relationship between osteomyelitis and the diabetes mellitus?
Causal Relationships

Coding Clinic Q1 2004

If the physician indicates diabetic osteomyelitis, or the patient has both DM and acute osteomyelitis and no other cause of the osteomyelitis is documented, it would be appropriate to assign codes 250.80, DM with other specified manifestations, Type 2, 731.8, Other bone involvement in diseases classified elsewhere, and 730.0X, Acute osteomyelitis. ICD-9 assumes a relationship between DM and osteomyelitis when both conditions are present, unless the physician has indicated in the medical record that the acute osteomyelitis is totally unrelated to the DM. In this case, the physician has indicated that the osteomyelitis is due to the decubitus ulcer, so the osteomyelitis would not be coded as a DM complication.

Causal Relationships

ICD-9-CM

250.22 DM2 hyperosmolarity w or w/o coma, uncontrolled
707.03 Pressure ulcer, sacrum
707.24 Stage 4 ulcer
730.08 Osteomyelitis, acute, other specified sites

ICD-10-CM

E11.01 DM2 hyperosmolarity w/coma
L89.154 Sacral pressure ulcer, stage 4
M46.28 Osteomyelitis of vertebra, sacral and sacrococcygeal region
Type of DM

12-year-old complains of polyuria, thirst. The lab returned a GTT with a two-hour value of 269, and an A1C of 9.4. Patient placed on Metformin 500 mg 3x day for juvenile onset diabetes. Patient will see dietitian for weight loss and exercise program.

0 type II or unspecified type, not stated as uncontrolled
1 type I [juvenile type], not stated as uncontrolled
2 type II or unspecified type, uncontrolled
3 type I [juvenile type], uncontrolled

Which fifth-digit do you choose?

DM and Hypoglycemia

Emergency Department records document the case of the patient who has a severe insulin reaction and is brought in by ambulance. Patient is weak and incoherent, but never lost consciousness. The patient is treated in the ED with juice and glucose monitoring. The patient is a Type 2 diabetic who began supplementing oral meds with insulin 3 months ago, leading to today's hypoglycemic incident.

How do we code the hypoglycemia?
DM and Hypoglycemia

251.1 Other specified hypoglycemia
EXCLUDES hypoglycemia in diabetes mellitus

Report 250.80 and V58.67

DM and Pancreas Transplant

Jesse’s pancreas-kidney transplant cured both his type I diabetes and his ESRD. His LOPS, however, is unimproved.

How do we code the LOPS?
DM and Pancreas Transplant

Coding Clinic Q2 2001

Question: This patient with type I DM with diabetic manifestations had a pancreas transplant. The patient no longer requires insulin, and in fact, the physician specifies that the patient no longer has diabetes secondary to the transplant. Since the manifestations still exist how is this coded?

Answer: Assign a code from category 250, Diabetes mellitus, with the appropriate fourth digit subcategory to identify the specific manifestations and the fifth digit subclassification, for a type “1” diabetic. The patient still has complications associated with the diabetes, because the transplant did not resolve the manifestations of the diabetes. Diabetic manifestations cannot be coded without 250.xx. Assign also code V42.83, Organ or tissue replaced by transplant, Pancreas, for the transplant status.

A patient who had a pancreatic transplant may still suffer from the complications of diabetes (e.g., diabetic retinopathy or peripheral neuropathy due to diabetes.) These conditions should be coded using both the diabetes code and the specific code for the appropriate condition if the physician documents these conditions in the medical record.

Even in the absence of a diabetic complication, diabetes mellitus may still be present following pancreatic transplant. Diabetes should be coded when the physician documents this condition in the medical record.

Thank you!

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