

# **Diabetes and Associated Manifestations**

**(For Risk Adjustment Purposes)**



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# ICD-10-CM Diabetes Mellitus Guidelines

The Diabetes Mellitus codes are combination codes that include the type of Diabetes Mellitus, the body system affected, and the complications affecting that body system. As many codes within a particular category as are necessary to describe all of the complications of the disease may be used. They should be sequenced based on the reason for a particular encounter. Assign as many codes from categories E08 – E13 as needed to identify all of the associated conditions that the patient has.

# Diabetes with Manifestations

- If a patient has **more than one** manifestation of diabetes, more than one code from diabetes category may be used with as many manifestation codes as are needed to fully describe the patient's complete diabetic condition
- As many codes within a particular category as are necessary to describe all of the **complications** of the disease may be used
- Assign as many codes from categories E08 – E13 as needed to identify all of the associated conditions that the patient has
- Codes should be sequenced based on the reason for a particular encounter



# ICD10 Guidelines: Borderline Diagnosis

- If the provider documents a "borderline" diagnosis at the time of discharge, the diagnosis is coded as confirmed, unless the classification provides a specific entry (e.g., borderline diabetes). If a borderline condition has a specific index entry in ICD-10-CM, it should be coded as such. Since borderline conditions are not uncertain diagnoses, no distinction is made between the care setting (inpatient versus outpatient). Whenever the documentation is unclear regarding a borderline condition, coders are encouraged to query for clarification.

# Diabetes Types I and II

## 1) Type of Diabetes Mellitus

The age of a patient is not the sole determining factor, though most type 1 diabetics develop the condition before reaching puberty. For this reason type 1 diabetes mellitus is also referred to as juvenile diabetes.

## 2) Type of Diabetes Mellitus not documented

If the type of diabetes mellitus is not documented in the medical record the default is E11.-, Type 2 diabetes mellitus.

# ICD10 Secondary Diabetes Mellitus

## Secondary Diabetes Mellitus

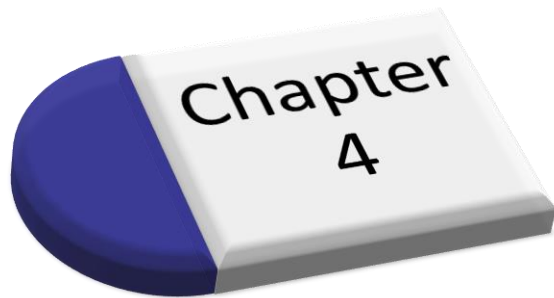
Codes under categories E08, Diabetes Mellitus due to underlying condition, E09, Drug or chemical induced Diabetes Mellitus, and E13, Other specified Diabetes Mellitus, identify complications/manifestations associated with secondary Diabetes Mellitus. Secondary diabetes is always caused by another condition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

# ICD10 Controlled Vs Uncontrolled

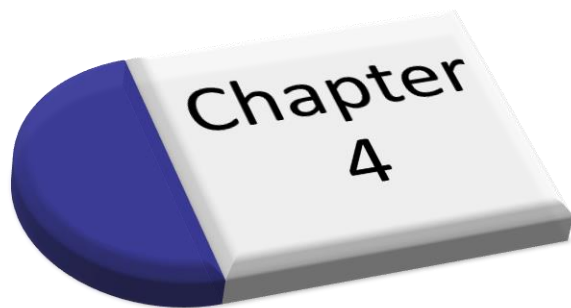
- ❖ Combination codes for diabetes with manifestations
- ❖ No longer classified as controlled or uncontrolled
- ❖ Inadequately controlled, out of control and poorly controlled diabetes is classified to diabetes by type with hyperglycemia







- ❖ E10 Type 1 DM E10.11, Type 1 diabetes mellitus with ketoacidosis with coma
- ❖ E11 Type 2 DM E11.41, Type 2 diabetes mellitus with diabetic mono-neuropathy
- ❖ E13 Other specified DM E13.341 Other specified DM with severe non-proliferative diabetic retinopathy with macular edema
- ❖ Note: No longer use controlled and uncontrolled. Now classifies inadequately controlled, out of control, and poorly controlled DM by type with hyperglycemia.



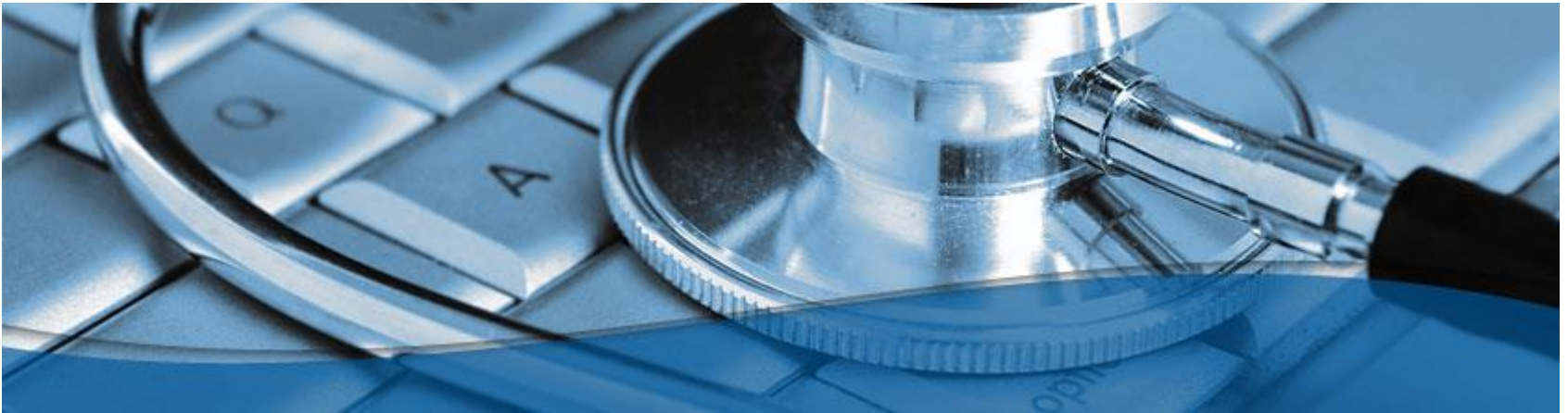
- ❖ Five updated **Diabetes Mellitus categories** to reflect the **current clinical classification and manifestations**:
- ❖ **E08 Diabetes Mellitus due to an underlying condition**
  - E08.22, Diabetes mellitus due to an underlying condition with diabetic chronic kidney disease
- ❖ **E09 Drug or chemical induced diabetes mellitus**
  - E09.52, Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy with gangrene

## Chronic kidney disease with other conditions

Patients with CKD may also suffer from other serious conditions, most commonly Diabetes Mellitus and hypertension. The sequencing of the CKD code in relationship to codes for other contributing conditions is based on the conventions in the Tabular List.

- *See I.C.9. Hypertensive chronic kidney disease.*
- *See I.C.19. Chronic kidney disease and kidney transplant complications.*

# Documentation Best Practices



# Center for Medicare and Medicaid Services (CMS)

Accurate chart documentation and diagnosis reporting determines reimbursement for the CMS Medicare Advantage (MA) Plans under the Risk Adjustment Program.

**NOTE:** In the past, CMS validation findings indicate that coded conditions were not supported in about 30% of the records reviewed.

# Meet the M.E.A.T!

One of the Top 10 coding errors for risk adjustment:

Documentation does not indicate that the diagnoses are being monitored, evaluated, assessed/addressed, or treated (MEAT).

## MEAT

- Monitor
- Evaluate
- Assess
- Treat

Remember, all diabetic manifestations are dependent on chart documentation for **EACH** date of service.



# M.E.A.T.

Documentation **must** show how chronic condition is being treated, managed or assessed on **EACH** date of service. Each diagnosis **should** have an assessment and a plan.

| Language Samples  |  |
|---|--|
| Assessment  | Plan   |
| Stable<br>Improved<br>Tolerating Meds<br>Deteriorating<br>Uncontrolled  | Monitor<br>D/C Meds<br>Continue Current Meds<br>Refuses Treatment<br>Refer |
| Example of Acceptable Language  |  |
| Ex: Uncontrolled diabetes with CKD 3, increase insulin. Cont. Lasix<br>Ex: Diabetic neuropathy stable, observe. |  |

# Missing Linkage/Failure to Report

Another top coding error for risk adjustment:

Missing linkage or causal relationship for diabetic complication/failure to report mandatory manifestation code



Failure to report:

The Diabetes Mellitus codes are combination codes that include the type of Diabetes Mellitus, the body system affected, and the complications affecting that body system.



# Linkages

Causal relationships **MUST** be stated, not inferred. Use phrases such as “due to,” “caused by”, “with”, “related to”, “secondary”(or using the 2<sup>o</sup>) or “because of” to establish a clear relationship.

| Unacceptable documentation      | Acceptable Documentation                              |
|---------------------------------|---|
| 1. DM/CKD                       | 1. CKD III secondary to type II diabetes              |
| 2. DMII, retinopathy            | 2. Diabetic retinopathy                               |
| 3. Diabetes and neuropathy      | 3. Diabetes with neuropathy                           |
| 4. Diabetes, neuropathy and PVD | 4. Neuropathy due to diabetes and PVD due to diabetes |



# Tips

Do not document this ..... If you really mean this

|  |                                   |   |  |
|--|-----------------------------------|---|--|
| Diabetes                                   | E11.9                             | Uncontrolled or poorly controlled diabetes          | E11.65                                 |
| “Peripheral Vascular Disease and Diabetes” | I73.9<br>E11.9                    | Peripheral Vascular Disease DUE to diabetes         | E11.51                                 |
| “Diabetes, neuropathy”                     | E119<br>G629                      | Diabetes with neuropathy                            | E11.40                                 |
| “CKD due to diabetes, on dialysis”         | E11.22,<br>N18.9<br>Z99.2         | CKD 5 due to diabetes, on dialysis                  | E11.22,<br>N18.6<br>Z99.2              |
| “Diabetes, CKDIII, PVD, retinopathy”       | E11.9<br>I73.9<br>N18.3<br>H35.00 | Diabetic CKDIII, Diabetic PVD, diabetic retinopathy | E11.22<br>N18.3,<br>E11.51<br>E11.319, |



# One Exceptions:

## Diabetes and Gangrene

If a diabetic patient has gangrene or osteomyelitis documented as a current condition, with no other documented causes of named conditions, then it is automatically assumed to be a diabetic condition.

A cause-and-effect relationship documented by a provider is not required to link diabetes to gangrene or diabetes to osteomyelitis.

# Why is proper linkage important?

MA plans focus on diagnoses to establish higher reimbursement rates for patients with more serious conditions.

Medicare assigns a hierarchical condition category (HCC) value to each diagnosis code in the model.

Each diagnosis code carries a risk adjustment factor.



# Importance of Linkage

Example: A patient may have both diabetes and nephropathy. The RAF score will be higher if the diabetes caused the nephropathy. Diabetes with renal complications is generally significantly more severe than diabetes without complications.

**NOTE:** The provider must document the linkage between the two conditions in the medical record for **EACH date of service.**



# Coding from Problem Lists:

For CMS risk adjustment data validation purposes, an acceptable problem list must be comprehensive and show evaluation and treatment for each condition that relates to an ICD-10-CM code on the date of service, and it must be signed and dated by the physician or physician extender.

It is inappropriate to submit risk adjustment claims for diagnoses that are simply mentioned in the problem list if the diagnoses were not treated by the provider during that visit.

# **Coding Diabetes for Risk Adjustment**

## **Examples**

# How would we code DM from this example?

## ASSESSMENT:

1. Diabetes with CKD, check an A1c. No change in medicine now.
2. Hypertension with disease, stable. Continue same medicines.

## PLAN:

As above. Back to see me in 3 months because of her diabetes.

**Note:** Patients with CKD may also suffer from other serious conditions, most commonly **Diabetes Mellitus** and hypertension.







ASSESSMENT:

1. Diabetes with CKD, check an A1c. No change in medicine now.
2. Hypertension with disease, stable. Continue same medicines.

PLAN:

As above. Back to see me in 3 months because of her diabetes.

| DM Diagnosis Captured | Correct code capture            |
|-----------------------|---------------------------------|
| E11.9 DM              | E11.22 DM with CKD<br>I12.9 CKD |



# Example of a missed coding opportunity:

## PAST MEDICAL HISTORY:

Depression: yes

Diabetes: Type 2, with eye and nerve complications

Kidney Disease: renal insufficiency

Osteoporosis: osteopenia

Thyroid Disease: Hypothyroid

Obesity>overweight, diabetic retinopathy, h/o diabetic neuropathy, Hyperlipidemia, Low back pain, Essential Tremor, Constipation, UTI, intertrigo, Elevated BP

This patient has diabetes with two complications. The physician did not document this anywhere else but the PMH.

If the DM have been pulled into the assessment and evaluated, an additional 4 codes could have been reported.

# Linkage



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## PAST MEDICAL HISTORY:

Depression: yes

Diabetes: Type 2, with eye and nerve complications

Kidney Disease: renal insufficiency

Osteoporosis: osteopenia

Thyroid Disease: Hypothyroid

Obesity>overweight, diabetic retinopathy, h/o diabetic neuropathy, Hyperlipidemia, Low back pain, Essential Tremor, Constipation, UTI, intertrigo, Elevated BP

In this example the DM is linked to it's complications correctly in two different ways.

1. Correct linkage terminology. Diabetes: Type 2, **WITH** eye and nerve complications.
2. “**Diabetic** retinopathy” and “**diabetic** neuropathy” include both diabetes and it's manifestation, by using the descriptive title “**diabetic**”.



**PAST MEDICAL HISTORY:**

**Depression:** yes

**Diabetes:** Type 2, with eye and nerve complications

**Kidney Disease:** renal insufficiency

**Osteoporosis:** osteopenia

**Thyroid Disease:** Hypothyroid

**Obesity:** >overweight, diabetic retinopathy, h/o diabetic neuropathy, Hyperlipidemia, Low back pain, Essential Tremor, Constipation, UTI, intertrigo, Elevated BP

Because these chronic diagnoses were not brought down to the Assessment and Plan, from the Past Medical History, these diagnosis could not be coded.



**Missed coding opportunity**

E11.40 Type 2 DM w/diabetic neuropathy

E11.319 Type 2 DM w/diabetic retinopathy

will get those records sent to us. She has diabetes with peripheral neuropathy. She is not on any medication for her neuropathy, but is on an ARB. She does not know what her Alc runs, she states her "sugars are up and down."

In this example, diabetes with peripheral neuropathy is documented and substantiated in the HPI. Only DM uncomplicated was captured from the assessment for this date of service.

| DM Diagnosis Captured | Correct code capture                 |
|-----------------------|--------------------------------------|
| E11.9 DM              | E11.40 DM with peripheral neuropathy |

**ASSESSMENT:**

1. Diabetes with peripheral neuropathy, poor control. She needs to get over to endocrine. There was a question on the patient being terminated from the clinic. She has not, so they should accept her.

In this example take directly from assessment the diabetes with manifestation codes should have been captured. The diagnosis are documented correctly for the specified code.

| DM Diagnosis Captured | Correct code capture   |
|-----------------------|--|
| E11.9 DM              | E11.40 DM with peripheral neuropathy<br>E11.65 DM with hyperglycemia |

# Diagnosis Code Selection

9. Diabetes **out of control**. He is adjusting his insulin, but not getting his numbers low enough, so we will have him see endocrine.

A common mistake when coding diabetes is not capturing the control type based on the documentation provided. In this example, the diabetes is out of control but was not coded.

| DM Diagnosis Captured | Correct code capture         |
|-----------------------|------------------------------|
| E11.9 DM              | E11.65 DM with hyperglycemia |

Remember, manifestations of diabetes **MUST** be stated and not inferred, with a casual statement.

ASSESSMENT

diabetes

hypertension

END DEGR... DEGR (ICD-420.15)  
 PERS HX NONCOMPLIANCE W/MED TX PRS HAZARDS HLTH (ICD-V15.81)  
 DIAB TYPE II - YO - NEPHROPATHY, (ICD-250.00)

Example of unacceptable code reporting:

Diabetes is documented in the assessment. Diabetes with nephropathy is documented on the problem list. The DM with nephropathy needs to be pulled into the assessment and treated in order to code it as current.

| DM Diagnosis Captured      | Correct code capture           |
|----------------------------|--------------------------------|
| E11.21 DM with nephropathy | E11.9 DM without complications |



The chronic problem list from this date of service has diabetic neuropathy and diabetic nephropathy documented..

### ★ Chronic Problems

 Add Problem

| Last Addressed | Comorbidity | Code   | Problem              | Comments |
|----------------|-------------|--------|----------------------|----------|
| //             |             | 250.60 | Diabetic neuropathy  |          |
| //             |             | 250.40 | Diabetic nephropathy |          |

The assessment indicates DM uncontrolled, and the treatment is documented in the plan.

### Assessment

 Update

| Assessment:                               | Status:              |          |
|---|----------------------|----------|
| 1  Diabetes Mellitus, Adult Onset, Uncont | <input type="text"/> | Diff. DX |
| 2 <input type="text"/>                    | <input type="text"/> | Diff. DX |

Plan Comments  My Phrases  Common Phrases  Recommended Care

refills. Patient injects 30-34 units of Novolog pen three times a day - typically

## ★ Chronic Problems

 Add Problem

| Last Addressed | Comorbidity | Code   | Problem              | Comments |
|----------------|-------------|--------|----------------------|----------|
| //             |             | 250.60 | Diabetic neuropathy  |          |
| //             |             | 250.40 | Diabetic nephropathy |          |

Because these chronic diagnoses were not brought down to the Assessment and Plan, from the Chronic Problem List, these diagnosis could not be captured.

### Missed coding opportunity

250.62 DM with neuropathy  
E11.40

250.42 DM with nephropathy  
E11.21



# Long Term Insulin Use

If the documentation in a medical record does not indicate the type of diabetes but does include that the patient uses insulin, code E11, Type 2 DM should be assigned.

Code Z79.4, long term use of insulin should also be assigned to indicate the patient uses insulin.

This should not be assigned if the insulin is given temporarily to bring down a Type II patient's blood sugar during an encounter.



# Diabetes in ICD-10-CM



# What's different in 10?

Key differences in ICD-10-CM include:

- Five categories of Diabetes Mellitus
- Diabetes Mellitus codes are no longer classified as controlled or uncontrolled
- ICD-10-CM codes for diabetes are combination codes that include the etiology and the manifestations



# Five Categories of DM

The five categories of Diabetes Mellitus in ICD-10-CM are:

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

Category O24 is used to identify Diabetes Mellitus in pregnancy, childbirth, or the puerperium

# Uncontrolled Status

- Uncontrolled, out of control or poorly controlled are now coded by diabetes type with hyperglycemia
- Each type of Diabetes Mellitus has its own code category and controlled vs. uncontrolled is not a detail reported in ICD-10-CM, so the **Official Guideline related to reporting the 5<sup>th</sup> digit has been deleted**

| Example: Uncontrolled Diabetes |                                     |
|--------------------------------|-------------------------------------|
| ICD-9-CM                       | ICD-10-CM                           |
| 250.02- Uncontrolled Type 2 DM | E11.65 Type 2 DM with hyperglycemia |

# ICD-9-CM and ICD-10-CM Side by Side Comparison



ICD-10-CM codes for diabetes are combination codes that include the type of DM, the body system affected and the complications affecting that body system

| Codes in ICD-9-CM  | Codes in ICD-10-CM                              |
|--|---|
| 250.60 – DM with neurological manifestations type II<br>357.2 – Polyneuropathy in diabetes | E11.42 – Type 2 DM with diabetic polyneuropathy |
| 250.40 – DM with renal manifestations type II<br>583.81– Diabetic nephropathy              | E11.21 – Type 2 DM with diabetic nephropathy    |



# Case study 1

**Diagnosis:** A patient is seen for diabetic chronic kidney disease, stage 3. The patient has type 2 diabetes and is taking insulin on a daily basis.

| Code Capture ICD-10-CM |   |
|------------------------|---|
| E11.22                 | Type 2 Diabetes Mellitus with diabetic chronic kidney disease |
| N18.3                  | Chronic kidney disease, stage 3 (moderate)                    |
| Z79.4                  | Long term (current) use of insulin                            |

**Rationale:** There is a combination code for the type 2 diabetes with chronic kidney disease, and the tabular instructs the coder to use an additional code to identify the stage of the chronic kidney disease. At the E11 category level, the use additional code note instructs the coder to identify insulin use.

## Case study 2

**Diagnosis:** A female patient with type 2 diabetes is seen for severe nonproliferative diabetic retinopathy with macular edema.

Code Capture ICD-10-CM

E11.341 Type 2 Diabetes Mellitus with severe nonproliferative diabetic retinopathy with macular edema

**Rationale:** There is a combination code for type 2 diabetes with severe nonproliferative diabetic retinopathy with macular edema. No additional codes are necessary

# References:

- [ICD-9-CM Official Guidelines for Coding and Reporting Effective October 1, 2011, ICD-9-CM Professional for Physicians- Volume 1 &2](#)
- [ICD-10-CM Official Guidelines for Coding and Reporting 2014](#)
- [Risk Adjustment Participant Guide](#) Module 7-16
- [CMS Medicare Advantage Advance Notice CY2014](#)
- [CMS Preliminary ICD-10-CM Mappings](#)
- CMS 2014 Payment Year Risk Adjustment Model

# Contact Information

Our goal is to help simplify and support accurate, complete, concise documentation and coding.

We are happy to help you!

**Please contact us  
with any additional  
questions or  
comments**

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