Type 1 Diabetes Mellitus (DM)

It is important to accurately document and code for Type 1 diabetes.

Documentation

▶ The Type of DM a patient has, as well as the treatment plan for each, should be documented at each encounter.

▶ **Use as many ICD-10 codes from category E10 as necessary** to describe all complications associated with Type 1 DM.

▶ If documentation does not indicate the type of DM in the medical record, the default is E11.- Type 2 DM.

▶ ICD-10 considers a causal link between many conditions and diabetes, unless documented otherwise. See Causal Link Condition List at the end of this document.

A combination code is a single code used to classify:

▶ Two diagnoses;

▶ A diagnosis with an associated secondary process; OR

▶ A diagnosis with an associated complication.

Combination codes are most often seen with diabetes and its complications. **Do not code DM without complications (E10.9) when a combination code is used**.

Combination codes include but aren't limited to the following:

Type 1 diabetes mellitus complication diagnosis	Code	Description
Ketoacidosis with or without coma	E10.1-	Usually characterized by hyperglycemia, hyperketonemia, and metabolic acidosis. The clinical record should support diabetes with ketoacidosis with/without coma.
Diabetic nephropathy	E10.21	Code diabetic CKD when **BOTH diabetic nephropathy and CKD** are documented as CKD is more specific than nephropathy.
Diabetic chronic kidney disease (CKD)	E10.22	Use an additional code to identify stage of CKD (N18.1 – N18.6). If the patient's CKD has a cause other than DM, it must be documented. When diabetes, CKD and hypertension are documented, sequence the appropriate category of diabetes with CKD (E--.22) and the appropriate hypertension code (I12 or I13) prior to the CKD stage (N18.-).
Ophthalmic complications (retinopathy with or without macular edema, cataracts)	E10.3-	When coding for diabetic retinopathy (E10.3-), remember to include proliferative or non-proliferative, laterality, and stage. Cataracts described as "cortical, nuclear and posterior subscapular" and "nuclear sclerotic" should prompt the assignment of E--.36, along with the specific cataract code.
Neurological complications (neuropathies)	E10.4-	Report the combination code for E10.4- instead of reporting the diabetes and neuropathy codes separately.
Diabetic peripheral angiopathy	E10.51 E10.52	Peripheral arteriosclerosis, peripheral vascular disease and peripheral arterial disease in a diabetic patient should be linked and coded as "diabetic peripheral angiopathy." Carotid artery atherosclerosis is considered a peripheral atherosclerosis.
Foot ulcer	E10.621	When coding diabetic foot ulcers, use additional code(s) to identify site of ulcer (L97.4-, L97.5-). Ulcers located on the foot are assumed to be related to diabetes. Ulcers located elsewhere (E10.622) are not assumed related and must be confirmed by the provider's documentation.

Hypoglycemia	E10.64-	There is no default code for "uncontrolled diabetes." Uncontrolled diabetes is classified by type and further defined as hyperglycemia or hypoglycemia. The clinical record should support hypoglycemia. If encephalopathy is due to hypoglycemia, use G93.41 as an additional code.
Hyperglycemia	E10.65	There is no default code for "uncontrolled diabetes." Uncontrolled diabetes is classified by type and further defined as hyperglycemia or hypoglycemia. When "hyperglycemia," "poorly controlled," "inadequately controlled" or "out of control" is documented, diabetes with hyperglycemia should be coded. The clinical record should support hyperglycemia.
Long-term (current) use of insulin	Z79.4	Document and code the long-term use of insulin when applicable, as this is a status code that carries risk value.

Diabetes Causal Link Condition List

When diabetes mellitus is supported in the record, any diagnosis listed below is automatically considered to have a causal link to the diabetes and considered a complication, unless documented otherwise in the medical record.

- ▶ Amyotrophy
- ▶ Arthropathy
- ▶ Autonomic (poly) neuropathy
- ▶ Cataract
- ▶ Charcot's joints
- ▶ Chronic kidney disease
- ▶ Circulatory complication
- ▶ Dermatitis
- ▶ Foot ulcer
- ▶ Gangrene
- ▶ Gastroparesis

- ▶ Glomerulonephrosis
- ▶ Kimmelstiel-Wilson disease
- ▶ Loss of protective sensation (LOPS)
- ▶ Mononeuropathy
- ▶ Myasthenia
- ▶ Necrobiosis lipoidica
- ▶ Nephropathy
- ▶ Neuralgia
- ▶ Neurologic complication NEC
- ▶ Neuropathic arthropathy
- ▶ Neuropathy

- ▶ Ophthalmic complication NEC
- ▶ Oral complication NEC
- ▶ Osteomyelitis
- ▶ Periodontal disease
- ▶ Peripheral angiopathy
- ▶ Polyneuropathy
- ▶ Renal complication NEC
- ▶ Renal tubular degeneration
- ▶ Retinopathy
- ▶ Skin complication NEC
- ▶ Skin ulcer NEC

Additional codes to consider with Type 1 diabetes:

- ▶ If patient is treated with an insulin pump, assign code Z96.41.
- ▶ If there is a complication involving the insulin pump, use a code from T85.6- or T85.7- instead of the Z code.
- ▶ If patient is treated with both insulin and injectable non-insulin anti-diabetic drugs, assign codes Z79.4 and Z79.85.
- ▶ Consider additional code, D84.81-Immunodeficiency due to conditions classified elsewhere, for patients with Type 1 DM. Code first, Diabetes (E10.-).

E10.- Type 1 diabetes mellitus includes:

- ▶ Brittle diabetes (mellitus)
- ▶ Diabetes (mellitus) due to autoimmune process
- ▶ Diabetes (mellitus) due to immune mediated pancreatic islet beta-cell destruction
- ▶ Idiopathic diabetes (mellitus)
- ▶ Juvenile onset diabetes (mellitus)
- ▶ Ketosis-prone diabetes (mellitus)

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