

Coding Confidently



Diabetes Tips & Tricks

Are you struggling
with assigning ICD-10-CM codes
for diabetes?

Well, you have come to the right place!

Q What do we do when the physician diagnoses the patient with “uncontrolled diabetes?”

This happens all too frequently. Luckily, we have a Coding Clinic from 2017 (1st Quarter, page 42) to help us figure it all out.

“There is no default code for “uncontrolled diabetes.” Effective October 1, 2016, uncontrolled diabetes is classified by type and whether it is hyperglycemia or hypoglycemia. If the documentation is not clear, query the provider for clarification whether the patient has hyperglycemia or hypoglycemia so that the appropriate code may be reported; uncontrolled diabetes indicates that the patient’s blood sugar is not at an acceptable level, because it is either too high or too low. In the ICD-10-CM Index to Diseases, uncontrolled diabetes can be referenced as follows:

Diabetes, diabetic (mellitus)(sugar)
 -uncontrolled
 --meaning
 ---hyperglycemia – see Diabetes, by type, with hyperglycemia
 ---hypoglycemia – see Diabetes, by type, with hypoglycemia”



** Remember that terms such as poorly controlled, out of control and inadequately controlled all code to Diabetes, by type, with hyperglycemia in the Alphabetic Index. **

Q What about all those conditions listed under subterm “with” in the Alphabetic Index? What does that mean for coding Diabetes?

Official Guidelines for Coding and Reporting (OGCR) I.A.15. “With” states:

“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 (either under a main term or subterm), 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. 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 (e.g., sepsis guideline for “acute organ dysfunction that is not clearly associated with the sepsis”). 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.

The word “with” in the Alphabetic Index is sequenced immediately following the main term, not in alphabetical order.”

This means that those conditions listed under subterm “with” in the Alphabetic Index have an assumed relationship with diabetes.

Example: A patient is diagnosed with type 2 diabetes and cataracts. Assign E11.36, Type 2 diabetes mellitus with diabetic cataract.

Q What do those instructional notes mean at the beginning of categories E08, E09, E11 and E13?

E11 Type 2 diabetes mellitus

Includes: diabetes (mellitus) due to insulin secretory defect
 diabetes NOS
 insulin resistant diabetes (mellitus)

Use additional code to identify control using:

Insulin (Z79.4)
 oral antidiabetic drugs (Z79.84)
 oral hypoglycemic drugs (Z79.84)



OGCR I.B.7, Multiple coding for a single condition, states: "In addition to the etiology/manifestation convention that requires two codes to fully describe a single condition that affects multiple body systems, there are other single conditions that also require more than one code. "Use additional code" notes are found in the Tabular List at codes that are not part of an etiology/manifestation pair where a secondary code is useful to fully describe a condition. The sequencing rule is the same as the etiology/manifestation pair, "use additional code" indicates that a secondary code should be added, if known."



In a nutshell, if a patient is on insulin, an oral antidiabetic or oral hypoglycemic drug, assign Z79.4 or Z79.84.

OGCR I.C.4.a.3. also provides a guideline for assigning these codes. 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.

Thank you for taking a few minutes to review this month's newsletter. We look forward to providing more coding education in the future. For future topic suggestions, please email suggestions to Education@AQuitySolutions.com.

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