

# Quickly pinpoint the correct diabetes codes & associated guidance

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# Diabetes Categories

Cat	Descriptor
E08	Diabetes mellitus <b>due to underlying condition</b> (including pancreatic disorders, Cushing's Syndrome, malignancy or congenital disorders)
E09	<b>Drug or chemical induced</b> diabetes mellitus (e.g., adverse effect or poisoning from drugs)
E10	<b>Type 1</b> diabetes mellitus
E11	<b>Type 2</b> diabetes mellitus
E13	<b>Other specified</b> diabetes mellitus (including diabetes due to genetic defects, pancreatectomy or other procedures)

# Fourth Digits

4 <sup>th</sup>	Manifestations
0	... with hyperosmolarity (highly unlikely to be seen in home health)
1	... with ketoacidosis (highly unlikely to be seen in home health)
2	... with kidney complications ( <b>diabetic nephropathy, diabetic chronic kidney disease</b> , other)
3	... with ophthalmic complications ( <b>diabetic retinopathy, diabetic cataract, diabetic macular edema</b> , other)
4	... with neurological complications ( <b>diabetic neuropathy, diabetic mononeuropathy, diabetic polyneuropathy, diabetic autonomic (poly)neuropathy, diabetic amyotrophy</b> , other)
5	... with circulatory complications ( <b>diabetic peripheral angiopathy with or w/o gangrene</b> , other)
6	... with other specified manifestations ( <b>diabetic arthropathy, diabetic skin complications, diabetic oral complications, hypoglycemia, hyperglycemia</b> , other)
8	... with unspecified complications
9	... without complications

# With/In Guidelines

*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 ...*

*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.*

## Section I.A.15

# Insulin/Oral Hypoglycemics

*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. An additional code should be assigned from category Z79 to identify the long-term (current) use of insulin or oral hypoglycemic drugs. If the patient is treated with both oral medications and insulin, only the code for long-term (current) use of insulin should be assigned. **If the patient is treated with both insulin and an injectable non-insulin antidiabetic drug, assign codes Z79.4, Long-term (current) use of insulin, and Z79.899, Other long term (current) drug therapy. If the patient is treated with both oral hypoglycemic drugs and an injectable non-insulin antidiabetic drug, assign codes Z79.84, Long-term (current) use of oral hypoglycemic drugs, and Z79.899, Other long-term (current) drug therapy.** 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.*

**Section I.C.4.a.3)**