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Maxim Health Information Services (MHIS) provides superior quality [coding and auditing services](#) to healthcare organizations across the country. MHIS offers on-site coding support, remote coding services, auditing and review services, education and training, HIM outsourcing solutions, and services to the Department of Veterans Affairs' Medical Centers. MHIS provides qualified healthcare professionals to customers to meet their needs in an efficient and cost-effective manner. MHIS has some of the best [career opportunities](#) in the industry, with positions including on-site coding, remote coding, travel coding, auditing, and more.

Welcome to the August issue of Maxim Coding Corner<sup>SM</sup>! As a leader in the HIM industry, [Maxim Health Information Services](#) is committed to providing you with updates on coding-related topics that matter to you. This month, we are focusing on coding for Diabetes Mellitus. Read on below to learn more.

### Coding for Diabetes Mellitus

#### Diabetes Mellitus Overview

Diabetes Mellitus (DM) is a disease in which the body fails to properly produce or use insulin. Insulin is a hormone that the body needs in order to convert glucose into energy. Sugars and starches from food are broken down into glucose, which is then taken from the blood to the cells by insulin. In diabetes, the glucose builds up in the blood because there is not sufficient insulin to take it to the cells.

There are two major types of DM that coders need to be aware of:

- **Type I Diabetes Mellitus (DM I):** The body does not produce insulin. Type I DM is typically diagnosed in children and young adults.
- **Type II Diabetes Mellitus (DM II):** The body does not properly use insulin. Type II is the most common form of diabetes and usually affects people over the age of 40 who are overweight and lead a sedentary lifestyle.

#### Coding for Diabetes Mellitus

Diabetes mellitus codes are all located in the 250 category. The fourth digit indicates the diabetic manifestation and the fifth digit indicates whether the diabetes is Type I or Type II and whether it is controlled or uncontrolled. When a patient's diabetes is not specified, the appropriate code for Type II diabetes should be selected. The only exception is for a patient with diabetic ketoacidosis. Unless otherwise specified by the physician, diabetic ketoacidosis should be coded as Type I. The terms "insulin dependent" (IDDM) and "non-insulin dependent" (NIDDM) should not be used in determining code selection for the type of diabetes.

For uncontrolled diabetes to be coded, the physician must document that the diabetes is "uncontrolled" or "out of control." The only exception to this rule is coding for diabetic ketoacidosis. Diabetic ketoacidosis is by definition uncontrolled and should always be coded as such. Terms such as "poorly controlled" and "brittle" do not mean the patient's diabetes is uncontrolled. Query the physician to determine whether "poorly controlled" means the patient's blood

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glucose levels are uncontrolled.

When coding for diabetic manifestations, the physician must document a direct causal relationship between the diabetes and the condition by documenting that the condition is either "due to DM" or "diabetic." Thus, when "diabetes with" another condition is documented, query the physician to determine whether the other condition is due to the diabetes. The only exception is when ICD-9-CM assumes a cause-and-effect relationship. For example, the index will lead users to diabetic osteomyelitis in a patient who has both conditions. These two conditions should be linked unless the physician states the osteomyelitis is not due to DM or is due to another condition.

### **Treatment for Diabetes Mellitus**

Type I DM is treated with insulin, while Type II DM is typically treated with diet and exercise or oral hypoglycemic medication. However, Type II DM may be treated with insulin when other treatment modalities do not work. When a patient is on long-term insulin therapy for diabetes, code V58.67 should be assigned.

Some patients may undergo a pancreatic transplant to treat their diabetes. However, diabetes may still sometimes be present after a transplant. It is important to note that diabetes following a pancreatic transplant is not a complication of the transplant. When the physician documents diabetes mellitus in a patient post-pancreatic transplant, the appropriate diabetes code should be assigned along with code V42.83 for the transplant status.

In other cases, the diabetes may resolve after the transplant and require no further treatment, but manifestations from the diabetes may still be present. In these cases, the appropriate diabetes code(s) from the 250 series would be assigned along with the corresponding manifestation code(s). Code V42.83 should also be assigned for the transplant status.

### **Practice**

1. An insulin-dependent diabetic is admitted in a diabetic coma.
2. A diabetic patient is admitted to the hospital for ketoacidosis.
3. A 54-year old patient is admitted for uncontrolled diabetes. The patient also has a diagnosis of neuropathy, which is treated with oral Neurontin during his admission.
4. A patient with Type II diabetes is brought into the emergency room for dizziness, trembling, and rapid heartbeat. The final diagnosis is diabetic hypoglycemia.
5. A patient is admitted for amputation of the foot due to diabetic gangrene.
6. A patient has a history of Type II DM successfully treated with a pancreatic transplant five years ago. The patient no longer requires treatment for the diabetes but still suffers from diabetic nephropathy.
7. A patient status post-pancreatic transplant arrives in the ER and is found to be hyperglycemic. The physician documents diabetes mellitus in the patient's record.
8. A patient with Type I diabetes and diabetic retinopathy is admitted to the hospital for uncontrolled diabetes. The patient's insulin therapy is appropriately adjusted and the patient is discharged in stable condition on the second hospital day.

9. A patient with NIDDM is brought to the ER for poorly controlled blood glucose. The patient also has a diagnosis of gastroparesis due to her diabetes.

10. A diabetic patient is admitted for treatment of osteomyelitis.

**Answers**

1. 250.30, V58.67

2. 250.13

3. 250.02, 355.9

4. 250.80

5. 250.70, 785.4 (84.12)

6. 250.40, 583.81, V42.83

7. 250.00, V42.83

8. 250.53, 362.01, V58.67

9. 250.60, 536.3

10. 250.80, 731.8

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