

## Documenting and Coding Tips: Diabetes

### Medicare Advantage

Diabetes mellitus (DM) codes are combination codes that are assigned based on the specificity of the documentation. Document all associated manifestation(s) the patient has in order for all appropriate diagnosis codes to be assigned.

#### When documenting diabetes, specify (if applicable):

**Type:** Type 1 or type 2. Diabetes that is documented without specifying the type is presumed as type 2.

**Complications:** Such as CKD (include stage), nephropathy, retinopathy (proliferative or nonproliferative, severity), cataract, neuropathy (mononeuropathy, polyneuropathy), PVD/PAD, peripheral atherosclerosis (location, laterality, manifestations), ulcer (type, site, laterality, depth), dermatitis, arthropathy, etc.

**Evaluative documentation:** How each condition is being addressed or treated

**Control status:** Such as hypoglycemia (**E11.649**) or hyperglycemia (inadequately controlled, out of control or poorly controlled; **E11.65**)

**Treatment:** Such as insulin use (**Z79.4**) and/or oral antidiabetic or hypoglycemic drugs (Z79.84) and non-insulin injectables (Z79.899)

### Documenting and coding examples\*

#### Type 1 diabetes mellitus with CKD (HCC 18 and 138)

Patient has type 1 DM, well controlled, continue current meds. CKD stage 3a, eGFR is 46. RTO in six weeks for additional bloodwork.

**E10.22** Type 1 DM with diabetic CKD

**N18.31** Chronic kidney disease, stage 3a (early)

#### Cataracts and type 1 diabetes (HCC 18)

70 y/o female here for pre-op check. She is scheduled for surgery in three weeks for bilateral senile cataracts. She is a type 1 diabetic currently under good control with insulin. Cleared for surgery.

**E10.36** Type 2 DM with diabetic cataract

#### Type 1 DM with polyneuropathy (HCC 18)

66 y/o male presents for foot check. He has type 1 diabetes, poorly controlled, and bilateral polyneuropathy.

**E10.42** Type 1 DM with diabetic polyneuropathy

**E10.65** Type 1 DM with hyperglycemia

#### Peripheral angiopathy and DM (HCC 18, 108 and 189)

Diabetic patient returns to clinic for updated referral for specialist for peripheral angiopathy. ABI done here today, and left toe amputation site checked, looks good. New referral given.

**E11.51** Type 2 DM with diabetic peripheral angiopathy

**Z89.412** Acquired absence of left great toe

#### Hypertensive diabetes (HCC 18 and 19)

Blood pressure taken in office today shows continued elevation. Counseled patient on diet and medication, discussed risk associated with his diabetic hypertension. Finger stick today shows elevated glucose. Refilled insulin and Metformin.

**E11.59** Type 2 DM with other circulatory complications  
I10 Hypertension

**E11.65** Type 2 diabetes with hyperglycemia

**Z79.4** Long term (current) use of insulin

\*Chart reviews and recommendations in this tool are presented as examples only and are not intended to replace the professional judgment and expertise of the individual performing the coding. The ultimate decision regarding the specification of diagnosis resides with the clinical judgment of the physician, and the reporting of the documented conditions must be in compliance with all applicable coding standards & guidelines.

## TYPE 2 DIABETES CODES AND DESCRIPTIONS

<b>E11.2-</b>	<b>Type 2 diabetes mellitus with kidney complications</b>
<b>E11.21</b>	Type 2 diabetes mellitus with diabetic nephropathy
<b>E11.22</b>	Type 2 diabetes mellitus with diabetic chronic kidney disease
	<i>Use additional code to identify stage of chronic kidney disease (N18.1 – N18.6)</i>
	N18.1 Chronic kidney disease, stage 1
	N18.2 Chronic kidney disease, stage 2 (mild)
	<b>N18.30</b> † Chronic kidney disease, stage 3 unspecified
	<b>N18.31</b> † Chronic kidney disease, stage 3a (early)
	<b>N18.32</b> † Chronic kidney disease, stage 3b (late)
	<b>N18.4</b> Chronic kidney disease, stage 4 (severe)
	<b>N18.5</b> Chronic kidney disease, stage 5
	<b>N18.6</b> End stage renal disease
	<i>Use additional code to identify dialysis status (Z99.2)</i>
	N18.9 Chronic kidney disease, unspecified
<b>E11.29</b>	Type 2 diabetes mellitus with other diabetic kidney complication
<b>E11.3-</b>	<b>Type 2 diabetes mellitus with ophthalmic complications</b>
	<i>For E11.32-, E11.33-, E11.34-, E11.35- and E11.37-, add 7th character: 1 = right eye, 2 = left eye, 3 = bilateral, 9 = unspecified eye</i>
<b>E11.311</b>	Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema
<b>E11.319</b>	Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema
<b>E11.321-</b>	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema
<b>E11.329-</b>	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema
<b>E11.331-</b>	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema
<b>E11.339-</b>	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema
<b>E11.341-</b>	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema
<b>E11.349-</b>	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema
<b>E11.351-</b>	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema
<b>E11.352-</b>	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula
<b>E11.353-</b>	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula
<b>E11.354-</b>	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment
<b>E11.355-</b>	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy
<b>E11.359-</b>	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema

<b>E11.36</b>	Type 2 diabetes mellitus with diabetic cataract (including age-related or senile cataract) <sup>2</sup>
<b>E11.37-</b>	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment
<b>E11.39</b>	Type 2 diabetes mellitus with other diabetic ophthalmic complication
	<i>Use additional code to identify manifestation, such as: diabetic glaucoma (H40.- – H42)</i>
<b>E11.4-</b>	<b>Type 2 diabetes mellitus with neurological complications</b>
<b>E11.40</b>	Type 2 diabetes mellitus with diabetic neuropathy, unspecified
<b>E11.41</b>	Type 2 diabetes mellitus with diabetic mononeuropathy
<b>E11.42</b>	Type 2 diabetes mellitus with diabetic polyneuropathy
<b>E11.43</b>	Type 2 diabetes mellitus with diabetic autonomic polyneuropathy
<b>E11.44</b>	Type 2 diabetes mellitus with diabetic amyotrophy
<b>E11.49</b>	Type 2 diabetes mellitus with other diabetic neurological complication
<b>E11.5-</b>	<b>Type 2 diabetes mellitus with circulatory complications</b>
<b>E11.51</b>	Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene
<b>E11.52</b>	Type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene
<b>E11.59</b>	Type 2 diabetes mellitus with other circulatory complications
<b>E11.6-</b>	<b>Type 2 diabetes mellitus with other specified complications</b>
<b>E11.610</b>	Type 2 diabetes mellitus with diabetic neuropathic arthropathy
<b>E11.618</b>	Type 2 diabetes mellitus with other diabetic arthropathy
<b>E11.620</b>	Type 2 diabetes mellitus with diabetic dermatitis
<b>E11.621</b>	Type 2 diabetes mellitus with foot ulcer
	<i>Use additional code to identify site of ulcer (L97.4-, L97.5-)</i>
<b>E11.622</b>	Type 2 diabetes mellitus with other skin ulcer
	<i>Use additional code to identify site of ulcer (L97.1- – L97.9-, L98.41- – L98.49-)</i>
<b>E11.628</b>	Type 2 diabetes mellitus with other skin complications
<b>E11.630</b>	Type 2 diabetes mellitus with periodontal disease
<b>E11.638</b>	Type 2 diabetes mellitus with other oral complications
<b>E11.641</b>	Type 2 diabetes mellitus with hypoglycemia with coma
<b>E11.649</b>	Type 2 diabetes mellitus with hypoglycemia without coma
<b>E11.65</b>	Type 2 diabetes mellitus with hyperglycemia
<b>E11.69</b>	Type 2 diabetes mellitus with other specified complication
	<i>Use additional code to identify complication</i>
<b>E11.8</b>	<b>Type 2 diabetes mellitus with unspecified complications</b>
<b>E11.9</b>	<b>Type 2 diabetes mellitus without complications</b>



For type 1 diabetes codes, use a zero for the third character in the above codes in this table.

Per the ICD-10-CM Official Guidelines for Coding and Reporting FY 2021: "A dash (-) at the end of an alphabetic index entry indicates that additional characters are required. Even if a dash is not included at the alphabetic index entry, it is necessary to refer to the tabular list to verify that no 7th character is required." The bolding of the ICD-10-CM codes represents categories, subcategories or codes that map to the CMS-HCC risk adjustment model for payment year 2021: <https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Risk-Adjustors>.

Codes marked with a † directly after them represent new additions to the FY 2021 ICD-10-CM code classification.

Optum360 ICD-10-CM: Professional for Physicians 2021. Salt Lake City: 2020.

1. DHHS. ICD-10-CM Official Guidelines for Coding and Reporting FY 2021. Centers for Disease Control and Prevention. [cdc.gov/nchs/data/icd/10cmguidelines-FY2021.pdf](https://www.cdc.gov/nchs/data/icd/10cmguidelines-FY2021.pdf). Published October 1, 2020. Accessed November 1, 2020.
2. AHA Coding Clinic 2019, Vol. 6 No 2, Q2, Page 30.



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This guidance is to be used for easy reference; however, the current ICD-10-CM code classification and the Official Guidelines for Coding and Reporting are the authoritative references for accurate and complete coding. The information presented herein is for general informational purposes only. Neither Optum nor its affiliates warrant or represent that the information contained herein is complete, accurate or free from defects. Specific documentation is reflective of the "thought process" of the provider when treating patients. All conditions affecting the care, treatment or management of the patient should be documented with their status and treatment, and coded to the highest level of specificity. Enhanced precision and accuracy in the codes selected is the ultimate goal. Lastly, on April 6, 2020, the Centers for Medicare & Medicaid Services (CMS) announced that 2020 dates of service for the 2021 payment year model are based on the Centers for Medicare & Medicaid Services Announcement. [cms.gov/files/document/2021-announcement.pdf](https://www.cms.gov/files/document/2021-announcement.pdf).

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