ICD-10-CM Diabetes: Combine Coding and Documentation for Greater Specificity

AN HCPro WEBCAST PRESENTED ON June 15, 2015
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We will begin shortly!
ICD-10-CM Diabetes: Combine Coding and Documentation for Greater Specificity

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Jillian Harrington, MHA, CPC, CPC-I, CPC-P, CCS, CCS-P, MHP, has more than 20 years of experience in the healthcare profession. She is an approved instructor of the Professional Medical Coding Curriculum, has received awards from the American Academy of Professional Coders, and teaches coding for physician and hospital services, as well as healthcare administration. Jillian has spoken frequently on healthcare compliance and health information management issues at regional and national professional conferences.
Agenda

• Diabetes – ICD-9 versus ICD-10
• The ICD-10-CM code set and diabetes
  – Categories
  – Combination codes
  – Additional codes needed
• Coding Clinic and diabetes
• Changes in CC/MCC
• Documentation improvement
• Question and answer
Diabetes – ICD-9 vs. ICD-10

- Number of categories
- Number of codes
- CC/MCC versus principal diagnosis as CC
- Differences in *Coding Clinic* guidelines
- Differences in documentation needs
Diabetes – ICD-9-CM

• Category 249 – Secondary Diabetes Mellitus
  – Diabetes due to infections, disease, removal of the pancreas
  – Drug-induced diabetes
  – Chemical-induced diabetes

• Category 250 – Diabetes Mellitus
  – Diabetes Types I & II, and unspecified
  – Based on the assignment of the 5th character
Diabetes – ICD-9-CM

- Fourth digit identifies the presence of manifestations or complications
  - 250.4X – Diabetes with renal manifestations
  - Use additional codes to identify the actual renal manifestation, such as diabetic nephropathy (583.81) or chronic kidney disease (585.1–585.9)
Diabetes – ICD-9-CM

- Fifth digit identifies type (or unspecified) as well as whether the diabetes is stated as uncontrolled
  - For 249
    - 0 = not stated as uncontrolled, or unspecified
    - 1 = uncontrolled
      - 249.70 Secondary diabetes mellitus with peripheral circulatory disorders, not stated as uncontrolled, or unspecified
  - For 250
    - 0 & 2 = Type II or unspecified (0 = not stated as uncontrolled, 2 = uncontrolled)
    - 1 & 3 = Type I (1 = not stated as uncontrolled, 3 = uncontrolled)
      - 250.40 Diabetes with renal manifestations, Type II or unspecified type, not stated as uncontrolled
Diabetes – ICD-9-CM

• Additional codes may also be assigned to identify manifestations as well as long-term or current insulin use (i.e., V58.67)
Diabetes – ICD-10-CM

• Categories E08–E13
  – 5 categories instead of 2
  – Each category identifies a different type of diabetes
Category E08 – ICD-10-CM

- E08 – Diabetes mellitus due to an underlying condition
- Includes diabetes due to diseases such as cystic fibrosis, Cushing’s syndrome
- Includes diabetes secondary to malignant neoplasms
- See Code First note beneath E08
Category E09 – ICD-10-CM

- E09 – Drug- or chemical-induced diabetes mellitus
- Used in instances of diabetes caused by a drug or a chemical
- See Code First and Use Additional Code notes at E09 – sequencing rules vary based on whether it is a poisoning or an adverse effect
Category E10 – ICD-10-CM

- E10 – Type 1 diabetes mellitus
- Not to be confused with “insulin dependent” diabetes, as any diabetic can be insulin dependent
- Includes juvenile diabetes, brittle diabetes
Category E11 – ICD-10-CM

• E11 – Type 2 diabetes mellitus

• Type II is also the “default” listing for diabetes in the alphabetic index – diabetes NOS is an inclusion term under E11
Category E13 – ICD-10-CM

- E13 – Other specified diabetes mellitus

- Includes secondary diabetes NEC, post-pancreatectomy diabetes, diabetes due to genetic defects

- Some conditions have very specific code assignment sequencing guidelines
  - See ICD-10-CM Coding Guidelines, I.C.4.a.6 – Secondary diabetes mellitus
  - See E13.39 – Use Additional Code note
Combination Codes – ICD-10-CM

- Within in each category, the fourth and fifth digits provide detail on the potential manifestations or complications
- The fourth digit identifies the presence of the manifestation or complication related to DM
  - E10.3XX – Type 1 diabetes mellitus with ophthalmic complications
  - E11.2X – Type 2 diabetes mellitus with kidney complications
Combination Codes – ICD-10-CM

• The fifth and sixth digits identify specific types of manifestations
  – E08.610 – Diabetes mellitus due to underlying condition with diabetic arthropathy
  – E13.341 – Other specified diabetes with severe nonproliferative diabetic retinopathy with macular edema

• Important to combination coding – often additional codes are needed – see E10.22 or E10.69 – Use Additional Code notes
Use of Insulin – ICD-10-CM

- When a patient is documented as using insulin, assign an additional code of Z79.4 for all categories of diabetes **EXCEPT** Type 1
- See Use Additional Code note at beginning of each category
Case Study Example #1

Patient presents to the physician with diabetes and dermatitis on both legs due to the diabetes.
Case Study Example #1

Patient presents to the physician with diabetes and dermatitis on both legs due to the diabetes.

E11.620 Type 2 diabetes mellitus with diabetic dermatitis
“Control” of Diabetes – ICD-9 vs. ICD-10

• In ICD-9 – uncontrolled versus not uncontrolled coded to the 5th character
• In ICD-10, inadequately controlled, poorly controlled, out of control will be assigned to diabetes, by type with hyperglycemia
  – Uncontrolled is not listed as a modifying term but would presumably also be assigned to diabetes, by type with hyperglycemia
Case Study Example #2

A patient is diagnosed with neuropathy due to poorly controlled insulin dependent Type 1 diabetes mellitus.
Case Study Example #2

A patient is diagnosed with neuropathy due to poorly controlled insulin dependent Type 1 diabetes mellitus.

E10.40 Type 1 diabetes mellitus with diabetic neuropathy, unspecified
E10.65 Type 1 diabetes mellitus with hyperglycemia
ICD-10, Diabetes, and *Coding Clinic*

- Unlike in ICD-9-CM, in ICD-10-CM, the provider must identify a linkage between diabetes and any condition that may be considered manifestations or complications, including osteomyelitis.
  
  <AHA, ICD-10 Coding Clinic, Q4 2013>

- No assumptions can be made by coding staff regarding gangrene or osteomyelitis as in ICD-9-CM coding. Documentation from the physician must draw that linkage.
ICD-10-CM and CC/MCC

• New in ICD-10
  – There are some selected principal diagnosis codes that can act as their own MCC or CC condition
  – CC example:
    – ICD-10-CM diagnosis – E10.52 (Type 1 diabetes mellitus with diabetic peripheral angiopathy with gangrene)
      • MS-DRG 300 – Peripheral Vascular Disorders with CC
      • Rationale – In ICD-9-CM, the gangrene (785.4) would have been separately coded and classified as a CC
Case Study Example #3

Patient presents with a gangrenous wound on the foot. It is noted in the documentation that the patient has type 2 diabetes, but there is no indication that the physician has considered this wound a diabetic ulcer, nor that the lack of healing or the gangrene is related to the diabetes. What is the best course of action for the coder in ICD-10-CM coding?
Case Study Example #3

Patient presents with a gangrenous wound on the foot. It is noted in the documentation that the patient has type 2 diabetes, but there is no indication that the physician has considered this wound a diabetic ulcer, nor that the lack of healing or the gangrene is related to the diabetes. What is the best course of action for the coder in ICD-10-CM coding?

Query the provider
Documentation Improvement

- “Level of control” of diabetes
- Level of acuity is more detailed in the code set
  - Ketoacidosis, with and without coma
  - Hyperosmolarity, with and without coma
- Various types of secondary diabetes – due to disease, due to drug or chemical, etc.
  - Important to know the detailed source causing the diabetes
- Combination coding, keeping in mind the importance of principal diagnoses with CC
Documentation Improvement

- Complication and manifestations
  - Neuropathy
    - Unspecified neuropathy
    - Mononeuropathy
    - Polyneuropathy
    - Autonomic polyneuropathy
    - Amyotrophy
    - Other neurologic conditions
  - Retinopathy
    - Proliferative and non-proliferative
    - With and without macular edema
    - Mild, moderate, and severe
Documentation Improvement

• What do coders do now?
  – Although ICD-10-CM level of documentation isn’t required currently, now is the time to provide your providers with this education
  – Repetition is the key to education, so continual work with providers will be vital

• Build your query process
  – Avoidance of unspecified codes
  – Will create “ready-made” education for providers

• Create linkages between complications and diabetes
Case Study Example #4

Post–total pancreatectomy insulin-dependent diabetes with mild nonproliferative diabetic retinopathy.
Case Study Example #4

Post–total pancreatectomy insulin-dependent diabetes with mild nonproliferative diabetic retinopathy.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>E89.1</td>
<td>Postprocedural hypoinsulinemia</td>
</tr>
<tr>
<td>E13.329</td>
<td>Other specified diabetes w mild nonproliferative diabetic retinopathy w/o macular edema</td>
</tr>
<tr>
<td>Z90.410</td>
<td>Acquired total absence of pancreas</td>
</tr>
<tr>
<td>Z79.4</td>
<td>Long-term (current) use of insulin</td>
</tr>
</tbody>
</table>
Case Study Example #5

Type 2 insulin-dependent diabetes due to accidental exposure to chlorinated insecticide, subsequent encounter.
Case Study Example #5

Type 2 insulin-dependent diabetes due to accidental exposure to chlorinated insecticide, subsequent encounter.

T60.1X1D  Toxic effect of halogenated insecticides, accidental, subsequent encounter
E09.9     Drug or chemical induced diabetes mellitus without complications
Z79.4     Long-term (current) use of insulin
Questions & Answers

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This concludes today’s program.

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