

DIABETES MELLITUS AND IMPAIRED GLUCOSE REGULATION

CODING ADVICE FOR SIXTH EDITION

Note: The following advice on the coding *diabetes mellitus* also applies to *gestational diabetes and impaired glucose regulation (IGR)*

The coding of diabetes mellitus and its associated conditions (i.e. conditions sometimes termed complications and conditions which occur commonly with diabetes) has always been a complex area. During the 2008 Sixth Edition Coding Workshops, the NCCH emphasised that diabetes mellitus must meet ACS 0002 criteria before it can be coded. The education highlighted that **routine** BSLs do not fall under the ACS 0002 criteria for '**increased** clinical care and/or monitoring' and therefore can not be used by coders to determine when to code diabetes mellitus and its associated conditions (see Coding Matters, Volume 15, Number 1, June 2008).

The Victorian ICD Coding Committee has developed this document for Victorian coders to provide further clarification of ICD-10-AM 6th edition advice.

1. Principal diagnosis

1.1 If **diabetes meets ACS 0001 *Principal diagnosis***, then follow the appropriate classification principles in ACS 0401 and code the diabetes as the principal diagnosis followed by its associated conditions.

Example 1.

Patient admitted with a diagnosis of unstable Type 2 diabetes.

Assign E11.65 *Type 2 diabetes mellitus with poor control*

1.2 If the patient has **diabetes, and another condition meets ACS 0001** and this **condition does appear** in the ICD-10-AM Alphabetic Index as a subterm under 'Diabetes with' or has a subterm of 'with diabetes', then follow ACS 0401 *Diabetes mellitus and impaired glucose regulation*, and code the diabetes as the principal diagnosis, followed by the associated condition code.

Example 2.

Patient with Type 2 diabetes mellitus is admitted for treatment of mononeuropathy of the sciatic nerve

In this scenario the **principal** reason for the admission is mononeuropathy as per ACS 0001. However, this condition is a known associated condition of diabetes, therefore, follow the index entries under 'Mononeuropathy, with diabetes' or 'diabetes with mononeuropathy' and assign:

E11.41 *Type 2 diabetes mellitus with diabetic mononeuropathy*

G57.0 *Lesion of sciatic nerve*

1.3 If the patient has **diabetes and another condition meets ACS 0001** and this **condition does not** appear in the ICD-10-AM Alphabetic Index under ‘diabetes with’ or ‘condition with diabetes’, then follow ACS 0001 *Principal diagnosis* and assign the condition as the principal diagnosis. Follow steps 2.1 – 2.4 to determine whether the diabetes meets ACS 0002 criteria for coding.

Example 3.

Patient with Type 2 diabetes mellitus is admitted for treatment of an inguinal hernia

In this scenario the **principal** reason for the admission as per ACS 0001 is the inguinal hernia. In this case the inguinal hernia does not appear in the index under ‘diabetes with’ or ‘Hernia, inguinal with diabetes’, therefore assign:

K40.90 *Unilateral or unspecified inguinal hernia, without obstruction or gangrene, not specified as recurrent*

2. Additional diagnoses

2.1 When **diabetes meets ACS 0002 criteria**, follow ACS 0401 *Diabetes mellitus and impaired glucose regulation* and code the diabetes and its associated conditions as additional diagnoses.

Example 4.

Patient with Type 2 diabetes mellitus is admitted with an inguinal hernia. On the day after surgery, the patient sustained a hypoglycaemic attack which was treated. The patient also has a cataract.

In this scenario the diabetes meets ACS 0002 criteria because the hypoglycaemia is treated. Once diabetes meets criteria for coding, all its associated conditions must be coded out as per ACS 0401.

K40.90 *Unilateral or unspecified inguinal hernia, without obstruction or gangrene, not specified as recurrent*

E11.64 *Type 2 diabetes mellitus with hypoglycaemia*

E11.39 *Type 2 diabetes mellitus with other specified ophthalmic complication*

H26.9 *Cataract, unspecified*

2.2 If the patient has **diabetes but it does not meet the ACS 0002 criteria do not** code the diabetes as an additional diagnosis

Example 5:

Patient with Type 2 diabetes mellitus is admitted with an inguinal hernia. The patient also has a cataract. BSLs are taken throughout the admission.

In this scenario the diabetes does not meet ACS 0002 criteria because taking of BSLs alone does not meet the criteria for an additional diagnosis. The diabetes and its associated conditions are not coded.

2.3 If the patient has a **condition meeting ACS 0002 and that condition is associated with diabetes** (i.e. linked in the index), code Diabetes with condition.

Example 6.

Patient was admitted for treatment of angina. She has Type 2 diabetes mellitus and hypertension. During the admission her hypertension was monitored requiring a change to medications. Codes are assigned as follows:

I20.9 *Angina pectoris, unspecified*
E11.72 *Type 2 diabetes mellitus with features of insulin resistance*
I10 *Essential (primary) hypertension*

In this scenario the hypertension meets ACS 0002 and it is indexed under Diabetes with, so both diabetes and hypertension are coded.

Example 7.

A type 2 diabetic patient is admitted for treatment of epileptic seizures. The patient also has a leg ulcer which is treated. Codes are assigned as follows:

G40.90 *Epilepsy, unspecified, without mention of intractable epilepsy*
E11.69 *Type 2 diabetes mellitus with other specified complication*
L97 *Ulcer of lower limb, not elsewhere classified*

As leg ulcer meets ACS 0002 and is linked to Diabetes through the index, both the ulcer and diabetes must be coded.

2.4 If the patient has a **condition coded but NOT meeting ACS 0002 (i.e. coded because of a ‘code also’ note, a dagger asterisk combination or other coding convention) and that condition is associated with diabetes** (i.e. linked in the index), do NOT code diabetes.

Example 8.

Patient admitted with angina. Patient is Type 2 diabetic and has hypertension.

I20.9 *Angina*
I10 *Hypertension*

Hypertension must be coded when present with angina (see ‘use additional code to identify presence of hypertension’ note at I20-I25). However, the hypertension does not meet the criteria in ACS 0002 and neither does the diabetes, so the Diabetes, with index entry is not followed and hypertension alone is assigned.

Example 9

Patient admitted for treatment of anaemia who also has chronic kidney disease and Type 2 diabetes mellitus. Following the index entry ‘anaemia, in chronic kidney disease, unspecified’, codes will be assigned as follows:

N18.9† *Chronic kidney disease, unspecified*
D63.8* *Anaemia in other chronic diseases classified elsewhere*

As the chronic kidney disease does not meet ACS 0002 criteria, there is no need to access the index entries for ‘diabetes, with, chronic kidney disease’ and codes for diabetes are NOT assigned for this case.

3. Associated condition with diabetes but with another cause documented

3.1 For 6th Edition, the convention to link any associated condition with diabetes should be continued even when another cause of the condition is documented. There is an example of this in ACS 0401 in relation to acute kidney failure:

Example 10:

A Type 2 diabetic patient who received IV contrast develops acute kidney failure. Documentation states that the acute kidney failure is due to the IV contrast.

E11.29 *Type 2 diabetes mellitus with other specified kidney complication*

N17.9 *Acute kidney failure, unspecified*

Y57.5 *X-ray contrast medium causing adverse effects in therapeutic use*

Y92.22 *Place of occurrence, health service area*

This convention will be reviewed in a later edition.

Specific coding related queries should be sent to the Victorian ICD Coding Committee. The Coding Committee Query Form can be found at this site: <http://www.health.vic.gov.au/hdss/icdcoding/index.htm>