

## Type of diabetes

Diabetes is one of the most frequently conditions not documented correctly, especially when it comes to supporting diabetes with chronic complications. Once the type of diabetes has been identified, any complications associated with diabetes should also be documented.

Most common	ICD-10 Code begins with...
Type 2 Diabetes	<b>E11.xx</b>
Type 1 Diabetes	<b>E10.xx</b>
Less common	
Diabetes Due to Underlying Condition	<b>E08.xx</b>
Drug-Induced Diabetes	<b>E09.xx</b>
Secondary Diabetes	<b>E13.xx</b>

## Acute complications

Type 1 or Type 2 diabetes with ketoacidosis		
<b>Type 1 - E10.1x</b>	without coma	
<b>Type 2 - E11.1x</b>	with coma	
Type 1 or Type 2 diabetes with circulatory complications		
<b>Type 1 - E10.5x</b> <b>Type 2 - E11.5x</b>	with diabetic peripheral angiopathy <b>with</b> gangrene	
Type 1 or Type 2 diabetes with other specified complications		
<b>Type 1 - E10.6x</b> <b>Type 2 - E11.6x</b>	with skin complications	
	<b>Type 1 - E10.62x</b> <b>Type 2 - E11.62x</b>	with diabetic dermatitis
		with diabetic foot ulcer – requires second diagnosis code for ulcer (L97 – L98)
		with other skin ulcer – requires second diagnosis code for ulcer (L97 – L98)
		with other skin complications
		with hypoglycemia – with or without coma
	with hyperglycemia	

## Other diabetic complications

Type 1 or Type 2 diabetes with kidney complications		
<b>Type 1 - E10.2x</b> <b>Type 2 - E11.2x</b>	with diabetic nephropathy or intercapillary glomerulonephrosis	
	with diabetic chronic kidney disease - requires second diagnosis code to specify the stage of CKD	
	<b>N18.x</b>	Chronic Kidney Disease, Stages 1, 2, 3a, 3b, 4, 5 and ESRD
	<b>Z99.2</b>	Dependence on Renal Dialysis (Includes presence of AV shunt)
	with other diabetic kidney complications	
Type 1 or Type 2 diabetes with ophthalmic complications		
<b>Type 1 - E10.3xx</b> <b>Type 2 - E11.3xx</b>	with diabetic retinopathy – with or without macular edema	
	nonproliferative retinopathy; mild moderate or severe – with or without macular edema	
	with proliferative retinopathy – with or without macular edema	
	with diabetic cataract	
	with macular edema, resolved following treatment	
	with other diabetic ophthalmic complication	
Must specify seventh character: <b>1</b> = right eye, <b>2</b> = left eye, <b>3</b> = bilateral, <b>9</b> = unspecified eye for the above codes		

Documentation Best Practices handouts are designed to help WellSense providers improve and record the quality of care delivered to WellSense members across all patient populations.

<b>Type 1 or Type 2 diabetes with neurological complications</b>	
<b>Type 1 - E10.4x Type 2 - E11.4x</b>	with diabetic neuropathy, unspecified
	with diabetic mononeuropathy
	with diabetic polyneuropathy
	with diabetic autonomic (poly)neuropathy
	with diabetic amyotrophy
with other diabetic neurological complications	
<b>Type 1 or Type 2 diabetes with circulatory complications</b>	
<b>Type 1 - E10.5x Type 2 - E11.5x</b>	with diabetic peripheral angiopathy without gangrene
with other circulatory complications	
<b>Type 1 or Type 2 diabetes with other specified complications</b>	
<b>Type 1 - E10.6x Type 2 - E11.6x</b>	with diabetic arthropathy - neuropathic or other arthropathy
	with oral complications - periodontal or other oral disease
	other specified complication - requires second diagnosis identifying the complication

## Documentation requirements

To ensure that the coding of a diabetic complication and the associated manifestation is accurate, the documentation must clearly indicate a causal relationship that includes:

- Identifying the manifestation (e.g. ophthalmic complication).
- Linking the manifestation directly to diabetes using strong linking words including, but not limited to: diabetic, due to, secondary to, in diabetes, associated with, or diabetes with.
- Addressing both the diabetes and manifestation in the same encounter note with a plan of care for each.
- It is best practice to report all complications that impact your medical decision making.

## Documentation example

**HPI:** Patient is here for a follow up on their diabetes care. They are checking their blood sugars at home and taking medications as ordered. Patient complains of numbness and tingling in lower extremities.

**PE:** Vitals: PE: WNL except for abnormal VPT - numbness and tingling in lower extremities;  
Labs: Last A1C 7.5; LDL 165, HDL 45, TG 210

**A:** **1. E11.42 Diabetes with Polyneuropathy**  
**2. E11.69 Diabetes with Hyperlipidemia**  
**3. E78.5 Hyperlipidemia**

**P:** 1. Advised to continue ADA diet, continue to monitor glucose levels daily at home; continue metformin and gabapentin; discussed diet, exercise, lifestyle changes with patient; daily foot checks, well-fitting shoes and s/s of disease progression.

2. Advised to continue ADA diet, continue to monitor glucose levels daily at home; continue metformin and atorvastatin; discussed diet, exercise, lifestyle changes with patient; recheck lipid panel and A1C in three months.

3. Continue Atorvastatin as directed, recheck lipid panel in three months