

Diabetes with Complications

Diabetes is a chronic disease that can cause many complications that affect almost all of the body's systems. These complications can be acute (sudden and severe) or chronic, and they can be disabling or even life-threatening. The risk of complications increases the longer someone has diabetes and the less their blood sugar is controlled. Diabetes and any complications should always be coded to the highest specificity and represent full disease burden of the patient.

ICD-10 CODES

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|---|--|
| E11.21 Type 2 diabetes mellitus with diabetic nephropathy | E11.52 Type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene |
| E11.22 Type 2 diabetes mellitus with diabetic chronic kidney disease | E11.59 Type 2 diabetes mellitus with other circulatory complications |
| E11.29 Type 2 diabetes mellitus with other diabetic kidney complication | E11.610 Type 2 diabetes mellitus with diabetic neuropathic arthropathy |
| E11.3- Type 2 diabetes mellitus with diabetic retinopathy | E11.618 Type 2 diabetes mellitus with other diabetic arthropathy |
| E11.36 Type 2 diabetes mellitus with diabetic cataract | E11.620 Type 2 diabetes mellitus with diabetic dermatitis |
| E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified | E11.621 Type 2 diabetes mellitus with foot ulcer |
| E11.41 Type 2 diabetes mellitus with diabetic mononeuropathy | E11.622 Type 2 diabetes mellitus with other skin ulcer |
| E11.42 Type 2 diabetes mellitus with diabetic polyneuropathy | E11.628 Type 2 diabetes mellitus with other skin complications |
| E11.43 Type 2 diabetes mellitus with diabetic autonomic (poly)neuropathy | E11.630 Type 2 diabetes mellitus with periodontal disease |
| E11.44 Type 2 diabetes mellitus with diabetic amyotrophy | E11.638 Type 2 diabetes mellitus with other oral complications |
| E11.49 Type 2 diabetes mellitus with other diabetic neurological complication | E11.69 Type 2 diabetes mellitus with other specified complication |
| E11.51 Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene | |

DOCUMENTATION ACRONYMS

DEEP Diagnosis Elements

Include elements of DEEP in documentation to clinically support diabetes and associated complications.

Diagnosis: Diabetes type 2

Evidence: HgA1C 7.2 on last labs, fbs today was 140, complaints of neuropathy in bilateral feet

Evaluation: Diabetic polyneuropathy

Plan: Increase metformin, start gabapentin, both rx sent to pharmacy, rtc in 2 weeks

Final Assessment Details

Include DSP for each addressed condition impacting treatment and patient care.

Diagnosis:

Diabetes Diagnosis

- Diabetes Type (by type)

Secondary Related Condition(s)

- Specified Condition
- Documented as related to the presence of the diabetes

Status:

Active (no curative history)

- Diabetes
- Secondary Condition

Historical (curative measure successful)

- Diabetes
- Secondary Condition

Plan:

- Diabetes
 - Pharmacologic
 - Other BS Control Measures
 - Referrals
- Secondary Condition
 - Medical Management
 - Surgical Intervention
 - Symptom Control

BEST PRACTICES & TIPS

- Only **one type** of diabetes should be present in the note. Pre-diabetic should **not** be used synonymously with a confirmed diagnosis of diabetes.
- **Specificity is key!** Always indicate the type of diabetes, the specific secondary condition, and use verbiage to solidify that the secondary was caused by the diabetes.
- When documenting diabetic complications, be sure to document **all complications** that are present to get a complete picture of the patients' health status.
- DSP should be applied for all complications **as well as** for the underlying diabetes. Status should be apparent by using descriptive words to clarify the presence and severity of the illnesses. (Chronic, acute, symptomatic, mild, severe, newly identified, resolved, uncontrolled, etc.)
- Documentation should **always include DEEP elements** to show evidence of diabetes as well as any secondary conditions. Incorporate tests, imaging, signs and symptoms of each disease and document any and all associated treatments with each corresponding final diagnosis.
- If a secondary condition was resolved it is **important** to document this as a personal history as it may impact future care. The underlying cause of diabetes may still be reported as active as long as it is still present.
- **Avoid** documenting active diabetes as a "history of" as this suggests a resolved status and may cause conflict within the documentation.
- Confirmation should be found within the documentation representing the **cause and effect** relationship between the secondary condition that is attributed to the presence of diabetes . Language to help show this relationship may include, 'due to,' 'secondary to,' or 'associated with.'



For more resources go to:

HIOSCAR.COM/PROVIDERS/RESOURCES

