

Internal Medicine Coding Alert

Avoid 3 Common Diabetes Coding Mistakes

Know when to use 250.xx and 365.44

If you always use 250.00 to justify the internist's diabetes treatments, you should expect the denials to start rolling in. To satisfy payers, specify the type of diabetes the physician treated, coding experts say.

To avoid incorrect diabetes coding, take a look at the following examples and advice offered by experts.

1. Use the Most Specific Code

The single biggest mistake practices make with diabetes coding is always to use code 250.00, which indicates uncomplicated diabetes, says **Susan Hull, RHIA, CCS**, coding practice manager for the American Health Information Management Association (AHIMA) in Chicago. This is particularly a problem if the physician is reporting a level-four or -five E/M service, because uncomplicated diabetes wouldn't require that degree of attention. That's the kind of mistake that can easily lead your carrier to investigate further.

And some plans won't accept a claim that uses only 250, says **Karen Beard**, senior associate with Medical Management Associates in Atlanta. To avoid this problem, practices should encourage physicians to document whether the diabetes is complicated or not, Hull says. Sure, it's easy to incorporate the generic code on a superbill, but you can't just leave it at that. And nonclinical staff members shouldn't make determinations about the appropriate fourth and fifth digit - that's up to the physician.

2. Distinguish Between Insulin Dependent and Non-Insulin Dependent

When you use 250.x (Diabetes mellitus), carry it out to the fifth digit to indicate insulin dependent or noinsulin dependent. A "0" as the fifth digit indicates type II non-insulin dependent, not stated as uncontrolled; a "1" indicates type I insulin dependent, not stated as uncontrolled; a "2" indicates type II non-insulin dependent, uncontrolled; and a "3" indicates type I insulin dependent, uncontrolled.

Remember that the definition of insulin dependent diabetes is "extremely narrow," Hull says. Therefore, when you code the patient's specific type of diabetes you fulfill carriers' requirements and provide a critical tool for managing the patient's eye care. For example, the American Diabetes Association reports that "almost everyone with type I diabetes will eventually have nonproliferative retinopathy (250.51 as the primary diagnosis, and 362.01 as the secondary diagnosis)."

3. List Diabetes Diagnosis First

"Diabetes has all kinds of complications, and the rule is that when the diabetes is a cause of a complication, the diabetes code goes first and the complication code goes second," Hull says. You should commit this rule to memory to avoid errors. For example, a patient with type I diabetes with glaucoma complications would have the diabetes code, 250.51 (Diabetes with ophthalmic manifestations ...), listed first, with the manifestation code for glaucoma, 365.44 (Glaucoma associated with systemic syndromes), listed second.