Internal Medicine Coding Alert

Diabetes Coding Made Easy: Get the Lowdown on CMS' 5th-Digit Revisions

Why insulin dependence becomes less important to coding in 2004-2005

Starting Oct. 1, your internist may find it easier to assign diabetes ICD-9 codes (250.x-250.9x). That's because CMS has deleted insulin and non-insulin designations from the fifth-digit descriptors.

CMS recently announced new and revised ICD-9 codes for 2004-2005. When the changes take effect this fall, your physician will need to determine whether the patient's pancreatic beta cells are functioning to distinguish between the diabetes codes' fifth digits, says **Beth Fisher,** medical systems specialist with the National Center for Health Statistics (NCHS) in Hyattsville, Md. The NCHS and CMS oversee all ICD-9 changes.

Distinguish Between the Different Diabetes Types

Now, internists use insulin and non-insulin designations to determine whether a patient has Type I or Type II diabetes. Physicians also assign fifth digits to correspond with a patient's particular diabetes type.

But the problem with this system is that physicians often assign Type I diabetes for any patient who's taking insulin, even though many Type II patients use insulin, too, says **Deborah Arneson, CPC,** coding supervisor at Kernodle Clinic, a Burlington, N.C.-based group practice that includes internists.

That's why the insulin deletions are good changes that should alleviate a lot of confusion for physicians, she says.

Remember: Physicians still need to be as accurate as possible when they categorize the patient's type of diabetes, says **Bruce Rappoport MD, CPC,** a board-certified internist who works with physicians on compliance, documentation, coding and quality issues for Rachlin, Cohen & Holtz LLP, a Fort Lauderdale, Fla.-based accounting firm with healthcare expertise.

"It is ultimately the physician who is responsible for determining which type of diabetes mellitus the patient has," Rappoport says.

How it works: As of Oct. 1, internists should separate the two types of diabetes and choose the fifth digits by using the following methods:

1. Type I -- The physician should assign this type when the patient's pancreatic beta cells are absent. Patients with Type I diabetes must use insulin.

2. Type II -- Your doctor would use this designation when the patient's pancreatic beta calls are not functioning properly. Also, Type II patients may be using insulin, depending on the severity of their condition. And pregnant patients with gestational diabetes (648.8x) often take insulin to maintain proper blood sugar levels.

Be Ready -- ICD-9 Changes Start Earlier This Year

You have no time to waste in getting your internal medicine practice ready for the new diabetes descriptors. In February, CMS scrapped the 90-day grace period you once had to implement new ICD-9 codes, meaning your practice should begin using the revised fifth digits on Oct. 1. (For more information on grace periods, see April 2004's Internal Medicine Coding

Alert article "Say Goodbye to Your Coding Grace Periods.")

What to expect: Here are the revised fifth-digit descriptors for 250.xx (Diabetes mellitus) as they should appear in next year's ICD-9 manual:

3. 0 -- Type II or unspecified type, not stated as uncontrolled. In addition to removing "[non-insulin dependent type] [NIDDM type]," CMS also deleted "[adult-onset type]." The "adult" definition led some physicians to inaccurately apply the "0" fifth digit only to adults. You can no longer assign diabetes type based on age, because more young people are developing Type II diabetes, Fisher says.

4. 1 -- Type I [juvenile type], not state as uncontrolled. CMS deleted "[insulin dependent type] [IDDM]" from the descriptor. But "juvenile type" remains, because physician are accurately using that designation to assign the "1" fifth digit, Fisher says.

5. 2 -- Type II or unspecified type, uncontrolled. Again, CMS removed the non-insulin dependent definition. The key to keeping fifth digits "1" and "2" separate is to remember that "1" represents "not stated as uncontrolled." On the other hand, "2" represents "uncontrolled" diabetes.

6. 3 -- Type I [juvenile type], uncontrolled. You'll no longer find "[insulin dependent type] [IDDM]" in this fifth digit either. The internist will use this digit for "uncontrolled" diabetes in juveniles.