

## Part B Insider (Multispecialty) Coding Alert

### DIAGNOSIS CODING: Break These Diabetes Coding Bad Habits

Learn the 4th digits for 250.xx to increase success.

Coding for diabetes has grown trickier over the years, as CMS continues to update the coding rules for this increasingly prevalent condition.

Make sure you're coding correctly by avoiding some common diabetes coding mistakes.

Diabetes is an underlying systemic disease, so you should code for it when it's documented, even if you don't have an active intervention planned, said **Jill Young, CPC, CPC-ED, CPC-IM**, with Young Medical Consulting in Lansing, Mich., during the Eli-sponsored audioconference "Diabetes: What Do YOU Need to Know About 249.xx and 250.xx?"

Base your selection on the physician's documentation of these items, says Young:

- Type I versus Type II;
- manifestations of the disease;
- whether the current treatment regimen keeps the glucose levels within acceptable levels (controlled versus uncontrolled); and
- whether the patient is insulindependent.

Check your circulation: The fourth digit "7" indicates diabetes with peripheral circulatory disorders. Some coders see this code descriptor and think they can pair it with manifestations of coronary artery disease or cerebrovascular accident, says **Trish Twombly, RN, BSN, HCS-D, CHCE**, director of coding with Foundation Management Services in Denton, Texas. But the word "peripheral" is key.

Peripheral circulatory disorders include peripheral vascular disease, angiopathy, and gangrene, not cardiac circulatory conditions, Twombly says.

Veteran coders will remember the days when the only way to indicate a diabetes complication was to list 250.9x. But when the ICD-9 codes were expanded to include the 10 fourth digits for 250.xx, "9" came to mean diabetes with an unspecified complication. This tells the MAC that you don't know what your patient's complications are, Twombly says.

Listing "9" in the fourth digit slot for 250.xx may be appropriate in acute care when labs aren't back, but by the time a patient gets back to their regular doctor, the solution should be ironed out.

One symptom of diabetes is burning, tingling, or numbness of the hands and feet or neuropathy. You would look to 250.6x (Diabetes with neurological manifestations) if your patient had this condition.

When you look in your code book under 250.6x, you'll see 337.1 (Peripheral autonomic neuropathy in disorders classified elsewhere), but this isn't the code you need for a patient with diabetic polyneuropathy, Twombly says. Code 337.1 indicates neuropathy of the heart, gut, and brainstem -- that's what "autonomic" indicates she explains.

To code correctly for diabetic neuropathy, list 357.2 (Polyneuropathy in diabetes).