Part B Insider (Multispecialty) Coding Alert

Diagnosis Coding: Specify Type Of Diabetes More Accurately With These Codes

New gastroenterology codes will aid your E/M coding

Diabetes diagnoses have been a complex topic for years now. One reason for the confusion: The two types of diabetes have changed their names more often than Prince.

"The two types used to be called 'juvenile onset' and 'adult onset,' then they were called 'insulin dependent' and 'non-insulin dependent.' Now, however, they are referred to as 'type I' and 'type II,'" says **Jackie Miller**, senior consultant at Dallas, GA-based **Coding Strategies Inc.**

Good news: You can kiss your diabetes confusion goodbye. As of Oct. 1, you can specify whether a patient has Type I or Type II diabetes by using the fifth digit of the diabetes codes (category 250). Physicians will often assign a type I diagnosis to any patient who takes insulin, even though many type II patients also use insulin.

The new version of 250.xx will have the following choices for fifth digits:
  0 (type II or unspecified, not stated as uncontrolled);
  1 (type I [juvenile type], not stated as uncontrolled);
  2 (type II or unspecified type, uncontrolled); and
  3 (type I [juvenile type], uncontrolled).

The new descriptors remove any reference to insulin-dependent or non-insulin-dependent diabetes, and also the phrase "adult-onset type," which led some physicians to assign that designation only to adults.

Meanwhile, the ICD-9 also adds more specificity to diagnoses for stroke or cerebrovascular accident (CVA), replacing the vague 436 (Acute, but ill-defined, cerebrovascular disease) with 434.91 (Cerebral artery occlusion, unspecified, with cerebral infarction). "This is a much more specific code that is more likely to be covered for imaging of the head," says Miller. For example, **Empire Medicare** covers magnetic resonance angiography of the head and neck for 434.91 but not for 436.

Gastroenterology practices will find some new codes significant, according to **Linda Parks**, coding specialist at **GI Diagnostics Endoscopy Center** in Marietta, GA. CMS added two new codes to the 530.8 (Other specified disorders of esophagus) category: 530.86 (Infection of esophagostomy) and 530.87 (Mechanical complication of esophagostomy). These new codes are likely to affect your evaluation and management coding, for example if an infection of the esophagostomy contributed to medical decision making of moderate complexity, as part of a level 4 E/M service.

And two new codes will help you report a diagnosis of hepatitis C more accurately: 070.70 (Unspecified hepatitis C without hepatic coma) and 070.71 (...with hepatic coma). You might use these codes with a claim for a liver biopsy (47000), for example.