

Home Health ICD-9/ICD-10 Alert

CODING 101: 3 DIABETES CODING MYTHBUSTERS

Diabetic manifestations don't always need a 'diabetic' descriptor.

Did you know that \$100 billion direct and indirect US health care costs per year are related to diabetes? With cash like that changing hands, even a few diabetes coding mistakes can cost your agency big.

At the national conference in Seattle, the **American Academy of Coders' Sheri Bernard, CPC, CPC-H, CPC-P** gave attendees the lowdown on diabetes coding.

Myth #1: If the patient is taking insulin, you must list V58.67 (Long-term [current] use of insulin).

Fact: Use V58.67 only when a type 2 or unspecified type diabetes patient is taking insulin long-term. This V code is unnecessary for type 1 diabetes diagnosis codes because those patients are always taking insulin long-term, Bernard explains.

Myth #2: When selecting a code for a manifestation of diabetes, the descriptor must include the word 'diabetes.'

Fact: The descriptor for the manifestation of diabetes doesn't need to contain the word 'diabetes.'

Example: When you report multiple manifestations, pair each manifestation with a diabetes code and sequence accordingly:

- 250.40 (Diabetes with renal manifestations; type II or unspecified type, not stated as uncontrolled);
- 583.81 (Nephritis and nephropathy, not specified as acute or chronic, in diseases classified elsewhere);
- 250.60 (Diabetes with neurological manifestations; type II or unspecified type, not stated as uncontrolled);
- 536.3 (Gastroparesis);
- 250.70 (Diabetes with peripheral circulatory disorder; type II or unspecified type, not stated as uncontrolled); and
- 443.81 (Peripheral angiopathy in diseases classified elsewhere).

Myth #3: A diabetic patient receives a successful pancreas transplant and no longer requires insulin injections. So you never report a diabetes code after this 'cure.'

Fact: There are circumstances when you should code for diabetes in this post-transplant patient, such as any time the medical record documents diabetes or any time the diabetes is responsible for a complication, such as long-standing or newly diagnosed retinopathy, renal disease or neuropathy. These are examples of complications caused by the diabetes that the transplant has now 'cured' but the diabetes code must still be listed in order to explain the etiology of the manifestations.

Don't forget: Also report V42.83 (Organ or tissue replaced by transplant; pancreas).