

Home Health ICD-9/ICD-10 Alert

Coding 101: 3 Steps Keep Your Diabetic Neuropathy Coding on the Mark

Know when to list 337.1 versus 357.2 with this guide.

Look carefully at your patient's symptoms and history before you assign polyneuropathy ICD-9 codes (357.2 -- Polyneuropathy in diabetes) or autonomic neuropathy (337.1 -- Peripheral autonomic neuropathy in disorders classified elsewhere).

To ensure that coders don't get confused, note that polyneuropathy affects the peripheral limbs, while peripheral autonomic neuropathy affects the peripheral autonomic nervous system. To code correctly, follow these guidelines.

Step 1: Code the Diabetes

Report the primary or underlying disease causing the neuropathy or polyneuropathy first, says **Susan West, RHIT**, compliance auditor at **Auditing for Compliance and Education (ACE) Inc.** in Leawood, KS. List the neurological manifestation (337.1 or 357.2) as a secondary diagnosis.

When coding for diabetic neuropathy, assign 250.6x (Diabetes with neurological manifestations ...) with the appropriate fifth digit, such as 0 (... type II or unspecified type, not stated as uncontrolled), as the first diagnosis. Code the diabetes as primary if the diabetic neuropathy is the focus of care. Diabetes often causes neuropathy, which is a general term for damage or destruction of the peripheral nerves.

Rules: Adhere to these coding combinations:

1. Polyneuropathy (357.2) can only go with diabetes (250.6x).
2. But you can list neuropathy (337.1) with a primary diagnosis of diabetes (250.6x) or amyloidosis (277.30-277.39).

Step 2: Polyneuropathy = Peripheral Mononeuropathy

Before you nail down the neuropathy diagnosis, come to terms with the following vocabulary: Equate polyneuropathy with peripheral mononeuropathy. ICD-9 Coding Clinic lists 250.6x and 357.2 (Polyneuropathy in diabetes) as the codes for peripheral (or cranial) neuropathy (see "Fourth Digit 6: 250.6x" in 1991 third-quarter issue).

Step 3: Look for Digit Pain, Body Problems

To identify supporting chart notes for peripheral neuropathy (polyneuropathy) versus peripheral autonomic, focus on the patient's symptoms and the details. The manifestations of these conditions are different, says **Bruce Rappoport, MD, CPC, CHCC**, a board-certified internist and medical director of **Broward Health's Best Choice Plus and Total Claims Administration** in Fort Lauderdale, FL. Base the coding on the history and physical exam findings, he says.

Use this breakdown as a guide:

- **Peripheral autonomic neuropathy -- body function problems.**

What it is: A patient with autonomic neuropathy has damage to the nerves that regulate involuntary body functions, including heart rate, blood pressure, perspiration and digestion, the **Mayo Clinic** says on its Web site. "Autonomic neuropathy results in faulty communication between your brain and the parts of your body that your autonomic nervous system serves."

Symptoms: Patients may experience dizziness, digestive and urination trouble, and sexual difficulties.

To treat autonomic neuropathy, the physician addresses the underlying cause, if possible, and manages the signs and symptoms.

Do this: "If the provider documents that the peripheral neuropathy involves the autonomic nervous system, the coder should look to 337.1," Hammer says.

How it counts in PPS: The code for diabetic polyneuropathy (357.2) is in the diabetes case mix category. Because points from each diagnostic category can only be counted once, you'll get points for diabetes, but not for polyneuropathy.

The code for peripheral autonomic neuropathy (337.1) is in the Neuro 2 diagnostic category. The code is a true manifestation and appears in italics in ICD-9-CM. Because of this, the grouper will compare the points for the diabetes and the neuropathy and award the larger of the two.

- Polyneuropathy = Peripheral neuropathy -- **digit pain.**

Symptoms: Think polyneuropathy when a patient has pain and numbness in her hands and feet. Patients typically describe the pain "as tingling or burning" and often compare the loss of sensation "to the feeling of wearing a thin stocking or glove," the Mayo Clinic says.

Causes: A patient may develop polyneuropathy due to traumatic injuries, infections, metabolic problems and exposure to toxins.

"One of the most common causes of the disorder is diabetes," the Mayo Clinic says. "In many cases, peripheral polyneuropathy symptoms improve with time -- especially if it's caused by an underlying condition that can be resolved."

Action: "If the physician's notes indicate a peripheral polyneuropathy (with no additional specificity), the coder must look to the 357.x (Inflammatory and toxic neuropathy ...) code range depending on the underlying disease," says **Marvel J. Hammer, RN, CPC, CCS-P, ACS-PM, CHCO**, principal of **MJH Consulting** in Denver.