Home Health ICD-9/ICD-10 Alert

CODING HOW-TO ~ Perfect Your Secondary Diabetes Coding With These Tips

To indicate uncontrolled secondary diabetes, list the consequences.

When selecting a code for diabetes, you might find yourself automatically turning to the 250.xx category (Diabetes mellitus). But you won't find secondary diabetes mentioned in this category. Instead, turn to the 251.x category (Other disorders of pancreatic internal secretion) when you're not dealing with typical type 1 or type 2 diabetes.

Get The Background

Secondary diabetes -- diabetes that is the result of another disease process or condition -- can occur for a variety of reasons, says **Marianne Rone, RN,** director of clinical services for **Healthcare Provider Solutions** in Nashville, TN. Underlying causes of secondary diabetes include chronic pancreatitis, pancreatic cancer, hemochromatosis, surgical removal of all or part of the pancreas, Cushing's Syndrome and steroid use.

Watch for: When your patient's secondary diabetes diagnosis is recent, the documentation may include specifics such as "steroid induced diabetes" or "postsurgical hypoinsulinemia." However, if the diagnosis of diabetes occurred some time ago, the patient may just report that she has diabetes and it will take some investigation to determine whether the diabetes is secondary.

Take note: While diabetes codes in the 250.xx range bring your agency an additional 17 case mix points, the 251.x secondary diabetes codes aren't case mix codes, says **Lisa Selman-Holman, JD, BSN, RN, HCS-D, COS-C,** consultant and principal of **Selman-Holman & Associates** in Denton, TX.

Report 251.3 For Pancreactectomy

For patients who have developed secondary diabetes as a result of a surgical procedure, report 251.3 (Postsurgical hypoinsulinemia).

Coding example: Your new patient had a Whipple procedure to treat pancreatic cancer located in the head of the pancreas. This surgical procedure treats pancreatic cancer by removing the head of the pancreas as well as parts of other nearby organs and tissues. As a result of this partial pancreatectomy, the patient developed hypoinsulinemia. You are providing surgical aftercare.

To code for this patient, list V58.42 (Aftercare following surgery for neoplasm), 157.0 (Malignant neoplasm of pancreas; head of pancreas), and 251.3.

Tip: Pancreatic cancer often recurs even after surgical removal, so code for it as present rather than using a V code to indicate a history of cancer.

List 251.8 For Non-Surgical Causes

For secondary diabetes caused by non-surgery-related conditions such as pancreatic cancer and steroid use, look to code 251.8 (Other specified disorders of pancreatic internal secretion). And remember, if the diabetes is steroid-induced, you should include an E code to describe the intent of the drug use.

If you're coding diabetes caused by pancreatic cancer without surgical intervention, chronic pancreatitis or

hemochromatosis, report code 251.8 along with the appropriate code for the underlying condition.

Coding example: Your patient has developed secondary diabetes as the result of chronic pancreatitis. Report 251.8 and 577.1 (Chronic pancreatitis).

If your patient has steroid-induced diabetes, 251.8 is also your code. But you'll need a little more information before you can code for the condition.

If the medical record indicates that the patient was taking the steroid as directed, you can report 251.8, followed by E932.0 (Drugs, medicinal and biological substances causing adverse effects in therapeutic use; Adrenal cortical steroids).

But if the patient had an accidental overdose or took the wrong medication, resulting in steroid-induced secondary diabetes, you'll need to list 962.0 (Poisoning by hormones and synthetic substitutes; Adrenal cortical steroids), followed by 251.8 and an E code to show the intent of the overdose: E858.0 (Accidental poisoning by other drugs; hormones and synthetic agents) or E950.4 (Suicide and self-inflicted poisoning by solid or liquid substances; other specified drugs and medicinal substances).

Add Details To Indicate Uncontrolled Diabetes

Unlike the category 250 codes for type 1 or type 2 diabetes, the codes in category 251 don't indicate lack of control. To show that your patient has uncontrolled secondary diabetes, the physician must document the consequences of this lack of control, such as hyperosmolarity or dehydration, before you can code for them.

Remember that fluctuating glucose levels are a normal part of diabetes and do not indicate that the diabetes is uncontrolled.

Tip: As with most secondary diagnoses, you should also code the underlying cause of secondary diabetes. But how you sequence the codes depends on the type of secondary diabetes. Code diabetic hemo-chromatosis with 275.0 (Disorders of iron metabolism) followed by 251.8.

For steroid-induced diabetes, list 251.8 followed by the E code for therapeutic use, E932.0. But with postsurgical hypoinsulinemia, report 251.3 alone because the diagnosis itself explains the cause.

More Specific Codes On The Way

The ICD-9 Coordination and Maintenance Committee will likely add a new category for secondary diabetes next year, predicts Selman-Holman. Codes for secondary diabetes in the 249 category will mimic those in the 250.xx category with codes to indicate the different types of diabetic manifestations.

But for now, don't be tempted to list a code from the 250.xx category if your patient has a manifestation of secondary diabetes -- stick with the appropriate code from the 251.x category.

Coding example: Your patient has secondary diabetes due to an inoperable islet cell carcinoma of the pancreas. He also has a diagnosis of diabetic neuropathy. List 251.8 and 357.4 (Polyneuropathy in other diseases classified elsewhere) for him. Although you won't receive any case mix points for secondary diabetes, the polyneuropathy code brings 20 points.