

Home Health ICD-9/ICD-10 Alert

Reader Question: Follow this Rule for Post-Pancreas-Transplant Diabetic Manifestations

Question: How should we code peripheral polyneuropathy which was caused by a patient's diabetes if the patient no longer has diabetes? For example, if the patient had a pancreas transplant to treat her diabetes. I'm not sure if I should list diabetic neuropathy because I will also need to list the underlying cause (diabetes) which is no longer present with this patient.

California Subscriber

Answer: It might seem logical that once your diabetic patient receives a successful pancreas transplant and no longer requires insulin injections, you'd never list a diabetes code for her again. But there are times when you'll continue to report a diabetes code even after this "cure."

Any time the medical record documents diabetes and any time the diabetes is responsible for a complication, you will still need to list a diabetes code for a post-pancreas-transplant patient.

In your patient's case, you'll continue to report her diabetic neuropathy with 250.6x (Diabetes with neurological manifestations; type II or unspecified type, not stated as uncontrolled) and 357.2 (Polyneuropathy in diabetes).

Follow these same instructions when coding for long-standing or newly diagnosed retinopathy, or renal disease in a patient whose diabetes has been treated with a pancreas transplant. These are all examples of complications caused by the diabetes that the transplant has now "cured" but you'll still need to list the diabetes code in order to explain the etiology of the manifestations.

What about the degree of symptom control? That would be '0-Asymptomatic; no treatment needed at this time' for the diabetes and the appropriate degree of symptom control for the manifestation.

Tip: These diabetics undergoing pancreatic transplant are usually Type 1 diabetics so be sure to reflect that type in the fifth digit of the 250.x code.

Why? "The diabetic neuropathy remains diabetic neuropathy even after the patient has a pancreas transplant because [the diabetes] was the disease mechanism that caused the condition in the first place and it remains the same even if the patient no longer has active diabetes," says **Judy Adams, RN, BSN, HCS-D, COS-C** with **Adams Home Care Consulting** in Chapel Hill, N.C.

Don't forget: Also report V42.83 (Organ or tissue replaced by transplant; pancreas) and V12.29 (Personal history of other endocrine, metabolic, and immunity disorders).