

Home Health ICD-9/ICD-10 Alert

READER QUESTIONS :Check Documentation for Diabetic Manifestations

Question: When coding for a patient who has diabetes, coronary artery disease, and neuropathy, can I assume that the neuropathy is related to the diabetes? Or does the medical record need to indicate the link? In other words, should I code 250.00, 414.01, 250.60, and 357.2; or would it be 250.00, 414.01, and 356.9?

-- Washington Subscriber

Answer: First, never list a diabetes code with a zero in the fourth digit if your patient has any other diabetes diagnosis or a diabetic manifestation.

Second, there must be some documented link between the diabetes and the neuropathy for you to code it as diabetic neuropathy. Neuropathy can be caused by a number of factors and is not an assumed complication of diabetes.

If you confirm that your patient has diabetic neuropathy -- perhaps the patient or caregiver states that the doctor has said that the pain and burning in the legs is due to the diabetes -- then you would code for it with:

- 250.60 (Diabetes with neurological manifestations; type II or unspecified type note stated as uncontrolled);
- 357.2 (Polyneuropathy in diabetes); and
- 414.00 (Coronary atherosclerosis; of unspecified type of vessel, native or graft).

If the diabetes is not confirmed as the cause of the neuropathy, then you should list:

- 250.00 (Diabetes mellitus; type II or unspecified type note stated as uncontrolled);
- 356.9 (Hereditary and idiopathic peripheral neuropathy; unspecified); and
- 414.00.

In this second case, you can list the codes in any order to best reflect the seriousness of the patient's condition. But in the first example, the code for the diabetic manifestation must immediately follow the 250.xx code.