

Home Health ICD-9/ICD-10 Alert

READER QUESTIONS :Get the Bottom Line on Pancreatectomy-Induced Secondary Diabetes

Question: We currently have a patient on insulin following a Whipple procedure due to pancreatic intraductal neoplasm (no diabetes previously). I am confused on how to code for this. I read in your November issue that secondary diabetes is the result of another specific disease process that develops when pancreatic tissue, which is responsible for producing insulin, is absent because it is destroyed by disease. The underlying causes of secondary diabetes can include malignant neoplasm.

This makes it seem like reporting 249.xx (Secondary diabetes mellitus) would be appropriate for my patient. However, later on in your article, there is some information on reporting 251.3 for secondary diabetes due to a pancreatectomy. There is then a coding example given of a patient having a Whipple procedure to treat pancreatic cancer. You advise, "To code for this patient, list 251.3. Do not report a code from the 249.xx category for secondary diabetes due to pancreatectomy."

This seems to be contradictory. Would I ever report both codes?

-- Utah Subscriber

Answer: Even though postsurgical hypoinsulinemia meets the definition of secondary diabetes, the ICD-9 Official Coding Guidelines state that you should code for postsurgical hypoinsulinemia or postpancreatectomy hyperglycemia with 251.3 (Post-surgical hypoinsulinemia), not 249. Furthermore, if diabetic manifestations are involved, those codes should follow 251.3.