

Home Health ICD-9/ICD-10 Alert

Reader Questions: Sequence Diabetic Manifestations Correctly

Question: We have a patient who is receiving physical therapy only with no skilled nursing. He has diabetic neuropathy and diabetic peripheral vascular disease (PVD) with a recent femoropopliteal bypass, now healed. I want to code for the diabetes and neuropathy but don't feel the diabetes is the major reason we are seeing the patient. The patient's neuropathy is causing him pain and gait problems. The physical therapist will be providing gait training, anodyne therapy and other therapy modalities. How should I code for this patient?

West Virginia Subscriber

Answer: If your focus of care is therapy for the diabetic polyneuropathy, you must list the diabetes before the polyneuropathy. This sequencing does not mean that diabetes is the focus of care. The polyneuropathy is the focus of care but manifestation coding guidelines require you to code the diabetes first to explain the polyneuropathy.

In other words, it takes two codes to indicate the condition of diabetic polyneuropathy. When coding a manifestation such as diabetic polyneuropathy, you won't receive points for diabetes -- only for polyneuropathy.

List these codes for your patient:

- M0230a: V57.1 (Other physical therapy);
- M0240b: 250.60 (Diabetes with neurological manifestations; type II or unspecified type, not stated as uncontrolled);
- M0240c: 357.2 (Polyneuropathy in diabetes);
- M0240d: 250.70 (Diabetes with peripheral circulatory disorders; type II or unspecified type, not stated as uncontrolled);
- M0240e: 443.81 (Peripheral angiopathy in diseases classified elsewhere);
- M0245a: 250.60 (Diabetes with neurological manifestations; type II or unspecified type, not stated as uncontrolled);
and
- M0245b: 357.2 (Polyneuropathy in diabetes).

Note: By coding this way, you'll earn 20 neuro case mix points. Coding the symptom (abnormality of gait) would not be correct plus it would result in a loss of 9 points.