Home Health ICD-9/ICD-10 Alert

You Be the Coder: Be Thorough with Diabetic Manifestations

Question: Our patient has diabetic ulcers on her toes. The left toe has acute osteomyelitis and the right toe has gangrene. How should I code for her?

Minnesota Subscriber

Answer: List the following codes for this patient, says Tarboro, N.C.-based coding and billing specialist **Vonnie P. Blevins, HCS-D, COS-C**.

- 250.80 (Diabetes with other specified manifestations; type II or unspecified type, not stated as uncontrolled);
- 707.15 (Ulcer of other part of foot);
- 731.8 (Other bone involvement in diseases classified elsewhere);
- 730.07 (Acute osteomyelitis; ankle and foot);
- 250.70 (Diabetes with peripheral circulatory disorders ...); and
- 785.4 (Gangrene).

You'll code for the diabetic ulcers as manifestations of diabetes by pairing 250.80 and 707.15, Blevins says.

Coding guidelines allow you to assume that osteomyelitis is a manifestation of diabetes, provided no other cause is given. To indicate that the osteomyelitis is also a manifestation of diabetes, you'll need to list two codes -- 731.8 which indicates that the patient has a bone disorder caused by another condition (diabetes in this case) and 730.07 which specifies that the patient has osteomyelitis.

Next, you'll need to code for the gangrene. When you are coding for a diabetic patient and there is no other cause stated for her gangrene, you can assume it is due to the diabetes. To code for gangrene as a diabetic manifestation, list 250.70 followed by 785.4.

Tip: If the osteomyelitis isn't specified as acute or chronic, you can't assume it's acute. Instead, code for it as unspecified with 730.2 (Unspecified osteomyelitis) or ask the physician for a more specific diagnosis, Blevins says.