



# ICD-10 and Diabetes



Here's what you need to know about these new changes.

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Welcome to Codingline Particulars, a regular feature in Podiatry Management focusing on foot and ankle coding, billing, and practice management issues.

**W**ow. The best thing about ICD-10 changes is what they did to diabetes coding. Don't believe it? Check it out.

## **E10 Type 1 Diabetes Mellitus**

- 5+** **E10.4** Type 1 diabetes mellitus with neurological complications
  - E10.40 Type 1 diabetes mellitus with diabetic neuropathy, unspecified
  - E10.41 Type 1 diabetes mellitus with diabetic mononeuropathy
  - E10.42 Type 1 diabetes mellitus with diabetic polyneuropathy
  - Inclusion Term:** Type 1 diabetes mellitus with diabetic neuralgia
  - E10.43 Type 1 diabetes mellitus with diabetic autonomic (poly)neuropathy
  - Inclusion Term:** Type 1 diabetes mellitus with diabetic gastroparesis
  - E10.44 Type 1 diabetes mellitus with diabetic amyotrophy
  - E10.49 Type 1 diabetes mellitus with other diabetic neurological complication
- 5+** **E10.5** Type 1 diabetes mellitus with circulatory complications
  - E10.51 Type 1 diabetes mellitus with diabetic peripheral angiopathy without gangrene
  - E10.52 Type 1 diabetes mellitus with diabetic peripheral angiopathy with gangrene
  - Inclusion Term:** Type 1 diabetes mellitus with diabetic gangrene
  - E10.59 Type 1 diabetes mellitus with other circulatory complications
- 5+** **E10.6** Type 1 diabetes mellitus with other specified complications
  - 6+** **E10.61** Type 1 diabetes mellitus with diabetic arthropathy
    - E10.610 Type 1 diabetes mellitus with diabetic neuropathic arthropathy
    - Inclusion Term:** Type 1 diabetes mellitus with Charcôt's joints
    - E10.618 Type 1 diabetes mellitus with other diabetic arthropathy
  - 6+** **E10.62** Type 1 diabetes mellitus with skin complications
    - E10.620 Type 1 diabetes mellitus with diabetic dermatitis
    - Inclusion Term:** Type 1 diabetes mellitus with diabetic necrobiosis lipoidica
    - E10.621 Type 1 diabetes mellitus with foot ulcer
    - Use additional code to identify site of ulcer (L97.4-, L97.5-)**
    - E10.622 Type 1 diabetes mellitus with other skin ulcer
    - Use additional code to identify site of ulcer (L97.1-L97.9, L98.41-L98.49)**
    - E10.628 Type 1 diabetes mellitus with other skin complications

[formatting courtesy of the APMA Coding Resource Center ([www.apmacodingrc.org](http://www.apmacodingrc.org))]

The above codes are where foot and ankle specialists live if they treat limb manifestations in patients with diabetes. The above list represents Type 1 diabetics, but if you substitute "E11" for "E10" you get the codes for Type 2 diabetics. Isn't that great?

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Those are the complications we deal with. There are two things you can see in the above: 1) there are a bunch of what are known as “combination codes” and 2) with the exception of skin complications (specifically foot ulcer or other skin ulcer codes), none of the diabetic lower limb manifestation codes require that additional codes be billed with them. Wow. That is great! So, what is a combination code? A combination code is a single code that may represent two different conditions/diagnoses which are linked, or diagnoses plus an associated symptom (or sign, or sign and symptom). One code says it all. This is truly wonderful, especially when you consider how you coded ICD-9 diabetes-related manifestations.

As noted above, in the case of diabetic ulcers (or diabetes plus ‘other’ skin ulcers), you will need to code not only, for example, Type 1 diabetes mellitus with foot ulcer, but a second code (L97.4- or L97.5-) that represents the anatomic location (e.g., left heel) AND the severity of the ulcer denoted by exposed tissue depth or layers. Example:

**6+** L97.42 Non-pressure chronic ulcer of left heel and midfoot

L97.421 Non-pressure chronic ulcer of left heel and midfoot limited to breakdown of skin

L97.422 Non-pressure chronic ulcer of left heel and midfoot with fat layer exposed

L97.423 Non-pressure chronic ulcer of left heel and midfoot with necrosis of muscle

L97.424 Non-pressure chronic ulcer of left heel and midfoot with necrosis of bone

L97.429 Non-pressure chronic ulcer of left heel and midfoot with unspecified severity

Two codes: E10.621 (Type 1 diabetic foot ulcer) plus L97.422 (example) representing exposure of subcutaneous tissue (fat). ICD-10, like ICD-9, offers guidelines that note that you code first the systemic condition (Type 1 diabetes with foot ulcer, in our example), followed by the specific lower limb manifestation details (location/severity code for the ulcer). This, if you think about it, is very

simple compared to ICD-9. But then you hardly think about ICD-9 anymore, do you?

## What Is the ICD-10 Code for a Tailor’s Bunion?

**Answer:** Before we look it up in ICD-10, let’s see how easy it is to look it up in ICD-9. Start by going to ICD-9’s Alphabetic Index. Looking up “bunionette” (there is no listing for “tailor’s bunion”), you are referred to ICD-9 727.1. Moving right along to the Tabular Listing for ICD-9 727.1, you are taken to the condition: “bunion”

I will need to leave the Alphabetic Index and wander off to the Tabular Listing in search of my M21.6x- additional characters.

In the Tabular Listing, M21.6x- is defined as “Other acquired deformities of foot” with choices.

M21.6x1 Other acquired deformities of right foot

M21.6x2 Other acquired deformities of left foot

M21.6x9 Other acquired deformities of unspecified foot lower, NEC

There is no specific code for a “tailor’s bunion” or even a “bun-

## ICD-10 doesn’t have bilateral codes for foot conditions or diagnoses.

(there is no mention of “bunionette”). You may reasonably assume correctly under ICD-9 that ICD-9 727.1 serves as both the code for bunion and a bunionette which are about as similar of conditions as a hamburger and a hot dog. Both have buns, but do you really know what’s in that hot dog? But that’s another code.

Unfortunately, ICD-10 has no listing for “bunionette” (or “tailor’s bunion”) in the Alphabetic Index. “Bunion”, however, refers you to “Deformity, toe, hallux valgus”, which isn’t close to describing a tailor’s bunion. But we do know that a bunionette is a “deformity”, so we look in the Alphabetic Index under “Deformity”—how many could there be? To narrow it down to a million, I looked under “metatarsal” since a “bunionette” is known to occur on a fifth metatarsal, and I want to be accurate. Voila! There it is: “Deformity, metatarsal” directs me to look under “Deformity, foot”. Okay. Looking under “Deformity, foot”, the only reasonable description for a tailor’s bunion would be “specified type NEC”. “Deformity, foot, specified type NEC” instructs me to go to “Deformity, limb, foot, specified type NEC which offers me a single obvious coding choice that makes sense: “Limb, foot, specified NEC M21.6x-”. got a code, M21.6x-. Unfortunately, the dash (hyphen) at the end of M21.6x signifies that I need more characters. Regretfully,

ionette”. No worries. Other codes mean that your documented description of the condition or deformity is complete, but ICD-10 does not include in its 68,000+ codes a specific code for the condition or deformity. No worries. Payers will pay you for the vague catchall code/description of other acquired deformities of the foot. Now, I only hope in the excitement that I didn’t forget to document the deformity or whether it was on the right or left foot. By the way, if the patient had an asymptomatic, non-limiting tailor’s bunion which was found incidentally on examination, you wouldn’t code it anyway.

You might notice that there is an “x” in the codes above. First, this is an “x” placeholder (there isn’t a current ‘real’ character to put in there, so “x” marks the spot), and second, it is a lower case “x”. Regarding the “lower case”, that was my preference. Actually, nobody cares if it is an upper case or lower case “x” as long as you don’t forget to put it in there to make it a valid code. Additionally, ICD-10 doesn’t have bilateral codes for foot conditions or diagnoses. If you don’t see a “bilateral” in your code choices and you happened to have a bilateral condition that is symptomatic or limiting, you would code the right foot condition and the left foot condition as separate codes.

If you want to find the ICD-10

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code for a “tailor’s bunion”, you could use the APMA Coding Resource Center ([www.apmacodingrc.org](http://www.apmacodingrc.org)). Enter “tailor” in the “Find in Page” search on top of the ICD-10 Quick Index, and with a click on “Go”—it takes you to M21.6x- in the Tabular Index. Tada. That took six seconds.

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**Dr. Goldsmith** of Cerritos, CA is editor of Codingline.com and recipient of the Podiatry Management Lifetime Achievement Award.