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# ICD-10 Coding of Diabetes Mellitus Complications



These tips will help you with some common billing scenarios.



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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.

# Organizing Diabetes Mellitus in ICD-10

One of the greatest differences between ICD-9 and ICD-10, other than the obvious alphanumeric codes, is the organization of the diabetes mellitus coding. ICD-10 organizes diabetes mellitus diagnoses, manifestations, and complications into five categories (think of a category as a coding chapter):

E08- Diabetes mellitus due to an underlying condition

E09- Drug or chemical induced diabetes mellitus

E10- Type 1 diabetes mellitus

E11- Type 2 diabetes mellitus

E13- Other specified diabetes mellitus

[NOTE: The first 3 characters in ICD-10 (like ICD-9) represent the "category" portion of the code.]

[NOTE: A hyphen or dash at the end of an ICD-10 code signifies that more characters are required to determine the most specific code.]

### **KEY POINTS:**

- ♦ ICD-10 organizes diabetes mellitus diagnoses, manifestations, and complications into five categories.
- ◆ ICD-10 uses combination codes within the five diabetes mellitus categories to describe the type of diabetes the patient has, the body system involved, and any complications of body systems resulting from diabetes.
- ♦ When a combination code does not fully describe a manifestation or complication, use not only the combination code, but any additional code necessary to complete the diagnostic description.
- ◆ Code first any associated underlying condition.

betes mellitus occurring as a result of malnutrition or pancreatitis.

Category E09- codes are billed when diabetes results from a patient taking a drug or toxin.

Category E13- codes are billed when diabetes is the result of reasons "other" than an underlying condition, a drug or chemical, or either Type 1 or 2 primary diabetes.

Foot and ankle specialists will, for the most part, be searching for codes in categories E10- and E11-.

Each of these five categories are organized exactly the same with subcategories, to list a few, for diabetes mellitus with neurological complications, with circulatory complications, with diabetic neuropathic arthropathy, with skin complications, etc. What is wonderful about ICD-10 (versus ICD-9) is that once you have identified that your patient has either type 1 or type 2 diabetes, all the complications that you may be looking for that are associated with the diabetes are right there in the category listing. If the patient is diagnosed with diabetes mellitus and has no

e dia-

complications, the code for "without complications"

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Category E08- codes are billed when diabetes results from an underlying condition. An example would be dia-

# **Diabetes Mellitus Complications**

is found at the end of each of the relevant category lists.

### **Combination Codes**

ICD-10 uses combination codes within the five diabetes mellitus categories to describe the type of diabetes the patient has, the body system involved, and any complications of body systems resulting from diabetes. A combination code is a single code that is so descriptive that it eliminates the need for multiple codes. For example, a single combination code can describe two diagnoses, or a diagnosis and an associated manifestation (e.g., diabetes, type 1, with foot ulcer), or a diagnosis with an associated complication (e.g., diabetes, type 2, with polyneuropathy). When combination codes are available to use, use them. When a combination code does not fully describe a manifestation or complication, use not only the combination code, but any additional code necessary to complete the diagnostic description.

For example, meet John Smith, a 78 year old type 2 diabetic patient. He presented to Mary Johnson, DPM with a chief complaint of drainage coming from under "the little toe area", right foot. Smith admitted it has been a while since he last saw his primary care physician. The drainage, according to the patient, has been going on for maybe a week. He quickly noted that it could have been longer, but since he has no pain associated with it, he really doesn't know.

Dr. Johnson's examination revealed complete anesthetic neuropathy of both feet. There was an ulcer sub-5th metatarsal head, measuring 1.2 cm in diameter. After debridement in the office using sterile techniques, the ulcer measured 1.5 cm, exposing the fatty layers of the foot. A passive drainage of odorous serosanguinous fluid was present.

[NOTE: Measurements of ulcers, wounds, or surface area for skin grafts or substitutes are taken after debridement, not before.]

[NOTE: Ulcer or wound depth, for debridement coding purposes, is based on final debridement tissue level depth, not hole depth.]

The diagnoses included:

- Diabetes mellitus, type 2
- Diabetic neuropathy bilateral feet
- Ulcer, sub-5th metatarsal, right foot

There was a rule out of infection with a culture and sensitivity taken of the deeper tissues.

So, how is this coded using the ICD-10 manual?

*Step 1:* Go to the Alphabetic Listing and look up diabetes mellitus (the main term is "diabetes") (E11-).

Step 2: Scroll down to find the sub-term, "type 2" (E11.9-).

*Step 3:* Scroll down to see if there is a more specific sub-term which describes the skin complication...and there it is, foot ulcer (E11.621)

[NOTE: E11.621 is not "hyphenated" and has no other sub-terms listed (and indented) below it. It just is the "end of the line" in terms of the code…but you should not just stop there…]

**Step 4:** It's time to move to the Tabular List for validation that E11.621 is truly the "end of the line" and see if there are any coding guidelines or instructions given for the code.

[NOTE: In the Tabular List, E11.621 (category E11-) is found in Chapter 4, "Endocrine, Nutritional, and Metabolic Disease"]

**Step 5:** E11.621 is a combination code describing "type 2 diabetes mellitus with foot ulcer."

There is, however, a guideline instruction associated with it:

"Use additional code to identify site of ulcer (L97.4-, L97.5-)"

*Step 6:* In the Tabular List, see what subcategory codes, L97.4- and L97.5-, are.

L97.4- Non-pressure chronic ulcer of heel and midfoot L97.5- Non-pressure chronic ulcer of other part of foot

Our scenario puts the ulcer sub-5th metatarsal head, right foot, so we need to look at subcategory codes L97.5-which covers every anatomic site on the foot other than the heel and midfoot.

[NOTE: In the Tabular List, subcategory code, L97.5, is found in Chapter 12, "Diseases of the Skin and Subcutaneous Tissue".]

*Step 7:* Subcategory codes, L97.5- include 5 character subcategory codes defining "the" foot:

L97.50- (unspecified foot), L97.51- (right foot), and L97.52- (left foot). In our scenario, the ulcer is sub-5th metatarsal head right, so we are interested in L97.51-codes.

[NOTE: "Unspecified foot" codes are used when the medical record, note, and/or operative report fails to document the particular foot involved. This, obviously, makes coding the ulcer to being either on the right or left foot.]

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# **Diabetes Mellitus Complications**

**Step 8:** L97.51- subcategory coding section offers five potential ICD-10 codes—one of which is the final code. They include:

L97.511 Non-pressure chronic ulcer of other part ofright foot limited to breakdown of skin

L97.512 Non-pressure chronic ulcer of other part of right foot with fat layer exposed

L97.513 Non-pressure chronic ulcer of other part of right foot with necrosis of muscle

L97.514 Non-pressure chronic ulcer of other part of right foot with necrosis of bone

L97.519 Non-pressure chronic ulcer of other part of right foot with unspecified severity

Our scenario examination findings noted post-debridement exposing of the fatty layers of the foot, so.... L97.512 is the additional code required to be billed with E11.621.

**Question:** Does the order these codes are listed on the claim form matter?

**Answer:** Yes. The category code, L97, includes instructions for coding order:

Code first any associated underlying condition, such as:

- Any associated gangrene (I96)
- Atherosclerosis of the lower extremities (I70.23-, I70.24-, I70.33-, I70.34-, I70.43-, I70.44-, I70.53-, I70.54-, I70.63-, I70.64-, I70.73-, I70.74-)
  - Chronic venous hypertension (I87.31-, I87.33-)
- Diabetic ulcers (E08.621, E08.622, E09.621, E09.622, E10.621, E10.622, E11.621, E11.622, E13.621, E13.622)
  - Post-phlebitic syndrome (I87.01-, I87.03-)
  - Post-thrombotic syndrome (I87.01-, I87.03-)
  - Varicose ulcer (I83.0-, I83.2-)

So, the coding would be:

E11.621

L97.512

Are we done? No. Remember the scenario? The patient also has "diabetic neuropathy bilateral."

- **Step 1:** Go to the Alphabetic Listing and look up diabetes mellitus (the main term is "diabetes") (E11-).
- Step 2: Scroll down to find the sub-term, "type 2" (E11.9-).
- **Step 3:** Scroll down to see if there is a more specific sub-term which describes neurological complications... and there you find type 2 diabetes mellitus with diabetic polyneuropathy (E11.42).

Our complete coding would be:

E11.621

L97.512

E11.42

### **APMA CRC**

The APMA Coding Resource Center (CRC) (www. apmacodingrc.org) has a bunch of features and coding references...and has an ICD-10 Quick Index (as well as crosswalks from ICD-9). It was designed to reduce time spent looking for and cross-looking up codes. The above scenario should be able to be done in 1/3 the time.

That wasn't so bad, was it? For more ICD-10 clinical scenarios, see you in New York (see below).

**2015 Codingline-NYSPMA "Foot & Ankle Coding" Seminar**—some of the topics will include ICD-10 (Cranking It Up a Notch) and routine foot care (guidelines, coding, documenting, and audit issues); Thursday, January 22, 2015, New York Marriott Marquis. Go to www.codingline.com/events-ny.htm for more information.

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