FOCUS ON: DIABETES

The incidence of diabetes mellitus is increasing in the senior population concomitant with the increase in obesity. The rates of diabetic complications are higher in the senior population particularly in patients who are newly diagnosed. There is a significant burden of undiagnosed illness; the Centers for Disease Control and Prevention, estimates that as many as 30 to 38% of the diabetic senior population is undiagnosed or unaware of their condition. Uncontrolled or under-controlled diabetes has a significant impact in terms of progressive systemic damage; it is the highest reason for blindness and kidney failure in the US today among adults. Also, as many as 28 to 30% of diabetic seniors may have diabetic neuropathy which can be a precursor to diabetic ulcers and gangrene. Patients with long standing diabetes are at increased risk for complications of the cardiovascular system such as lower extremity vascular problems needing surgical intervention and congestive heart failure. Screening should be undertaken in adults 45 years of age and older with at least one additional risk factor such as positive family history, female gender, specific ethnic groups such as Native Americans, Pacific Islanders, African Americans and Asian Americans and conditions with insulin resistance. The diagnosis of diabetes can be made in one of four ways:

- Fasting plasma glucose ≥126 mg/dL (7 mmol/L). Fasting is defined as no caloric intake for at least eight hours.
- Symptoms of hyperglycemia and a random venous plasma glucose ≥200 mg/dL (11.1 mmol/L)
- Abnormal oral glucose tolerance test (OGTT) defined as a plasma glucose ≥200 mg/dL (11.1 mmol/L) measured two hours after a glucose load of 1.75 g/kg (maximum dose of 75 g)
- Hemoglobin A1C ≥ 6.5 percent. The test should be performed in a laboratory using a method that is certified by the National Glycohemoglobin Standardization Program (NGSP)

Always…
- Document and code both the diabetes and associated manifestation(s).
- Document, when present, a connection between diabetes and any associated complication (e.g. due to, secondary to or “diabetic”).
- Use as many codes from the 250 category as applicable, and the associated manifestation codes, to fully report the patient’s documented condition(s).

Documentation and Coding Tips

Coding Example #1
Assessment: Stage III chronic kidney disease secondary to type II diabetes.
Diabetes code: 250.40 Diabetes with renal manifestations, type II or unspecified type, not stated as uncontrolled
Manifestation code: 585.3 CKD Stage III

Coding Example #2
Assessment: Polynoepathy due to diabetes.
Diabetes code: 250.60 Diabetes with neurological manifestations
Manifestation code: 3572 Polyneuropathy in diabetes

Coding Example #3
Assessment: Diabetic arteriosclerosis with associated leg ulcer.
Diabetes code: 250.70 Diabetes with peripheral circulatory disorders, type II or unspecified type, not stated as uncontrolled
Manifestation codes: 440.23 - Atherosclerosis of the extremities with ulceration* 707.10 Ulcer of lower limbs, except pressure ulcer, unspecified
*If ulceration, specify location and code also 70710-7079.

Coding Example #4
Assessment: Diabetes, poorly controlled.
Diabetes code: 250.00 Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled
Note: When a provider does not specify the type of diabetes, the default is type II. When a provider documents “poorly controlled”, it is coded as “not stated as uncontrolled.”

Each of the examples presented is only a portion of a comprehensive progress note, which must include evaluative language which supports the assessment, in addition to a plan of care.

1 Bethel, MA et al Longitudinal incidence and prevalence of adverse outcomes of diabetes mellitus in elderly patients. Archives of Internal Medicine 2007, 167, 921-927
3 Dabelea D; DeGroot J; Sorrelman C; Glass M; Percy CA; Avery C; Hu D; D’Agostino RB Jr; Beyer J; Imperatore G; Testardier L; Klingensmith G; Hamman RF. Diabetes in Navajo youth: prevalence, incidence, and clinical characteristics: the SEARCH for Diabetes in Youth Study. Diabetes Care. 2009 Mar;32 Suppl 2:S141-7
4 Diabetes in African American youth: prevalence, incidence, and clinical characteristics: the SEARCH for Diabetes in Youth Study. Mayer-Davis EJ; Beyer J; Bell RA; Dabelea D; D’Agostino R Jr; Imperatore G; Lawrence JM; Liese AD; Liu L; Marcovin A; Rodriguez B Diabetes Care. 2009 Mar;32 Suppl 2:S112-22.
5 Type 2 diabetes among North American children and adolescents: an epidemiologic review and a public health perspective. Fagot-Campagna A; Pettitt DJ; Engelgau MM; Burrows NR; Geiss LS; Valdez R; Beckles GL; Saadatine J; Gregg EW; Williamson DF; Narayan KM J Pediatrics. 2000 May;156(5):664-72