



# 2015 ICD-9CM & ICD-10CM Coding Conventions & Guidelines for Endocrine, Nutrition, and Metabolic Diseases

**Information is Subject to change** For the complete ICD9/ ICD10 coding conventions and guidelines please see:

<http://www.cms.gov/ICD9ProviderDiagnosticCodes/>

<http://www.cms.gov/ICD10/>

## ICD9 Conventions and Guidelines

### Chapter 3: Endocrine, Nutritional, and Metabolic Diseases and Immunity Disorders (240-279)

#### a. Diabetes mellitus

Codes under category 250, Diabetes mellitus, identify complications/manifestations associated with diabetes mellitus. A fifth-digit is required for all category 250 codes to identify the type of diabetes mellitus and whether the diabetes is controlled or uncontrolled. See I.C.3.a.7 for secondary diabetes

#### 1. Fifth-digits for category 250:

The following are the fifth-digits for the codes under category 250:

- 0 type II or unspecified type, not stated as uncontrolled
- 1 type I, [juvenile type], not stated as uncontrolled
- 2 type II or unspecified type, uncontrolled
- 3 type I, [juvenile type], uncontrolled

The age of a patient is not the sole determining factor; though most type I diabetics develop the condition before reaching puberty. For this reason type I diabetes mellitus is also referred to as juvenile diabetes.

#### 2. Type of diabetes mellitus not documented

If the type of diabetes mellitus is not documented in the medical record the default is type II.

#### 3. Diabetes mellitus and the use of insulin

All type I diabetics must use insulin to replace what their bodies do not produce. However, the use of insulin does not mean that a patient is a type I diabetic. Some patients with type II diabetes mellitus are unable to control their blood sugar through diet and oral medication alone and do require insulin. If the documentation in a medical record does not indicate the type of diabetes but does indicate that the patient uses insulin, the appropriate fifth-digit for type II must be used. For type II patients who routinely use insulin, code V58.67, Long-term (current) use of insulin, should also be assigned to indicate that the patient uses insulin. Code V58.67 should not be assigned if insulin is given temporarily to bring a type II patient's blood sugar under control during an encounter.

## ICD10 Conventions and Guidelines

### Chapter 4: Endocrine, Nutritional, and Metabolic Diseases (E00-E89)

#### a. Diabetes mellitus

The diabetes mellitus codes are combination codes that include the type of diabetes mellitus, the body system affected, and the complications affecting that body system. As many codes within a particular category as are necessary to describe all of the complications of the disease may be used. They should be sequenced based on the reason for a particular encounter. Assign as many codes from categories E08 – E13 as needed to identify all of the associated conditions that the patient has.

#### 1) Type of diabetes

The age of a patient is not the sole determining factor, though most type 1 diabetics develop the condition before reaching puberty. For this reason type 1 diabetes mellitus is also referred to as juvenile diabetes.

#### 2) Type of diabetes mellitus not documented

If the type of diabetes mellitus is not documented in the medical record the default is E11.-, Type 2 diabetes mellitus.

#### 3) Diabetes mellitus and the use of insulin

If the documentation in a medical record does not indicate the type of diabetes but does indicate that the patient uses insulin, code E11, Type 2 diabetes mellitus, should be assigned. Code Z79.4, Long-term (current) use of insulin, should also be assigned to indicate that the patient uses insulin. Code Z79.4 should not be assigned if insulin is given temporarily to bring a type 2 patient's blood sugar under control during an encounter.



#### **4. Assigning and sequencing diabetes codes and associated conditions**

When assigning codes for diabetes and its associated conditions, the code(s) from category 250 must be sequenced before the codes for the associated conditions. The diabetes codes and the secondary codes that correspond to them are paired codes that follow the etiology/manifestation convention of the classification (*See Section I.A.6., Etiology/manifestation convention*). Assign as many codes from category 250 as needed to identify all of the associated conditions that the patient has. The corresponding secondary codes are listed under each of the diabetes codes.

##### **a. Diabetic retinopathy/diabetic macular edema**

Diabetic macular edema, code 362.07, is only present with diabetic retinopathy. Another code from subcategory 362.0, Diabetic retinopathy, must be used with code 362.07. Codes under subcategory 362.0 are diabetes manifestation codes, so they must be used following the appropriate diabetes code.

#### **5. Diabetes mellitus in pregnancy and gestational diabetes**

**a. For diabetes mellitus complicating pregnancy, see Section I.C.11.f., Diabetes mellitus in pregnancy.**

**b. For gestational diabetes, see Section I.C.11, g., Gestational diabetes.**

#### **6. Insulin pump malfunction**

**a. Under dose of insulin due insulin pump failure** An under dose of insulin due to an insulin pump failure should be assigned 996.57, Mechanical complication due to insulin pump, as the principal or first listed code, followed by the appropriate diabetes mellitus code based on documentation.

**b. Overdose of insulin due to insulin pump failure** The principal or first listed code for an encounter due to an insulin pump malfunction resulting in an overdose of insulin, should also be 996.57, Mechanical complication due to insulin pump, followed by code 962.3, Poisoning by insulins and anti-diabetic agents, and the appropriate diabetes mellitus code based on documentation.

#### **4) Diabetes mellitus in pregnancy and gestational diabetes**

*See Section I.C.15. Diabetes mellitus in pregnancy.*

*See Section I.C.15. Gestational (pregnancy induced) diabetes*

#### **5) Complications due to insulin pump malfunction**

##### **(a) Under dose of insulin due to insulin pump failure**

An under dose of insulin due to an insulin pump failure should be assigned to a code from subcategory T85.6, Mechanical complication of other specified internal and external prosthetic devices, implants and grafts, that specifies the type of pump malfunction, as the principal or first listed code, followed by code T38.3x6-, Under dosing of insulin and oral hypoglycemic [anti diabetic] drugs. Additional codes for the type of diabetes mellitus and any associated complications due to the under dosing should also be assigned.

##### **(b) Overdose of insulin due to insulin pump failure**

The principal or first listed code for an encounter due to an insulin pump malfunction resulting in an overdose of insulin, should also be T85.6-, Mechanical complication of other specified internal and external prosthetic devices, implants and grafts, followed by code T38.3x1-, Poisoning by insulin and oral hypoglycemic [anti diabetic] drugs, accidental (unintentional).


**7. Secondary Diabetes Mellitus**

Codes under category 249, Secondary diabetes mellitus, identify complications/manifestations associated with secondary diabetes mellitus.

Secondary diabetes is always caused by another condition or event (e.g., cystic fibrosis, malignant neoplasm of pancreas, pancreatectomy, adverse effect of drug, or poisoning).

**a. Fifth-digits for category 249:** A fifth-digit is required for all category 249 codes to identify whether the diabetes is controlled or uncontrolled.

**b. Secondary diabetes mellitus and the use of insulin**

For patients who routinely use insulin, **code V58.67, Long-term (current) use of insulin**, should also be assigned. Code V58.67 should not be assigned if insulin is given temporarily to bring a patient's blood sugar under control during an encounter.

**c. Assigning and sequencing secondary diabetes codes and associated conditions**

When assigning codes for secondary diabetes and its associated conditions (e.g. renal manifestations), the code(s) from category 249 must be sequenced before the codes for the associated conditions. The secondary diabetes codes and the diabetic manifestation codes that correspond to them are paired codes that follow the etiology/manifestation convention of the classification. Assign as many codes from category 249 as needed to identify all of the associated conditions that the patient has. The corresponding codes for the associated conditions are listed under each of the secondary diabetes codes. For example, secondary diabetes with diabetic nephrosis is assigned to code 249.40, followed by 581.81.

**6) Secondary Diabetes Mellitus**

Codes under category E08, Diabetes mellitus due to underlying condition, and E09, Drug or chemical induced diabetes mellitus and E13, Other specified diabetes mellitus, identify complications/manifestations associated with secondary diabetes mellitus. Secondary diabetes is always caused by another condition or event (e.g., cystic fibrosis, malignant neoplasm of pancreas, pancreatectomy, adverse effect of drug, or poisoning).

**(a) Secondary diabetes mellitus and the use of insulin**

For patients who routinely use insulin, code Z79.4, Long-term (current) use of insulin, should also be assigned. Code Z79.4 should not be assigned if insulin is given temporarily to bring a patient's blood sugar under control during an encounter.


**d. Assigning and sequencing secondary diabetes codes and its causes**

The sequencing of the secondary diabetes codes in relationship to codes for the cause of the diabetes is based on the reason for the encounter, applicable ICD-9-CM sequencing conventions, and chapter specific guidelines. If a patient is seen for treatment of the secondary diabetes or one of its associated conditions, a code from category 249 is sequenced as the principal or first-listed diagnosis, with the cause of the secondary diabetes (e.g. cystic fibrosis) sequenced as an additional diagnosis. If, however, the patient is seen for the treatment of the condition causing the secondary diabetes (e.g., malignant neoplasm of pancreas), the code for the cause of the secondary diabetes should be sequenced as the principal or first-listed diagnosis followed by a code from category 249.

**i. Secondary diabetes mellitus due to Pancreatectomy**

For post pancreatectomy diabetes mellitus (lack of insulin due to the surgical removal of all or part of the pancreas), assign code 251.3, Post-surgical hypoinsulinemia. Assign a code from subcategory 249, Secondary diabetes mellitus and a code from subcategory V88.1, Acquired absence of pancreas as additional codes. Code also any diabetic manifestations (e.g. diabetic nephrosis 581.81).

**ii. Secondary diabetes due to drugs**

Secondary diabetes may be caused by an adverse effect of correctly administered medications, poisoning or late effect of poisoning.  
See section I.C.17.e for coding of adverse effects and poisoning, and section I.C.19 for E code reporting.

**(b) Assigning and sequencing secondary diabetes codes and its causes**

The sequencing of the secondary diabetes codes in relationship to codes for the cause of the diabetes is based on the Tabular List instructions for categories E08, E09, and E13.

**i) Secondary diabetes mellitus due to pancreatectomy**

For post pancreatectomy diabetes mellitus (lack of insulin due to the surgical removal of all or part of the pancreas), assign code E89.1, Postsurgical hypoinsulinemia. Assign a code from category E13 and code Z90.41, Acquired absence of pancreas, as additional codes.

**(ii) Secondary diabetes due to drugs**

Secondary diabetes may be caused by an adverse effect of correctly administered medications, poisoning or \*sequela of poisoning. See section I.C.19.e for coding of adverse effects and poisoning, and section I.C.20 for external cause code reporting.

*\*Sequela is the residual effect (condition produced) after the acute phase of an illness or injury has terminated.*

*All medical coding must be supported with documentation and medical necessity.* \*\*While this document represents our best efforts to provide accurate information and useful advice, we cannot guarantee that third-party payers will recognize and accept the coding and documentation recommendations. As CPT®, ICD-9-CM and HCPCS codes change annually, you should reference the current CPT®, ICD-9-CM and HCPCS manuals and follow the "Documentation Guidelines for Evaluation and Management Services" for the most detailed and up-to-date information. This information is taken from publicly available sources. The American Association of Clinical Endocrinologists cannot guarantee reimbursement for services as an outcome of the information and/or data used and disclaims any responsibility for denial of reimbursement. This information is intended for informational purposes only and should not be deemed as legal advice, which should be obtained from competent local counsel. Current Procedural Terminology (CPT®) is copyright and trademark of the 2014 American Medical Association (AMA). All Rights Reserved. No fee schedules, basic units, relative values, or related listings are included in CPT®. The AMA assumes no liability for the data contained herein. Applicable FARS/DFARS restrictions apply to government use.