

Diabetes Coding

While the Coding Corner has covered the issue of diabetes coding within the past year, the subject deserves the careful attention of optometrists to ensure that the health care system receives correct data from the primary eye and vision care services that they provide. The interesting part of ICD-9 (diagnosis) coding of diabetic care is that ICD-9 uses the terminology “not stated as uncontrolled” (ed: great use of a double negative) and “uncontrolled,” requiring the optometrist using the diabetes status code 250 to obtain the information about a patient’s control. The diagnosis coding of a diabetic visit requires the optometrist to understand the patient’s level of control of their condition, which can be ascertained in a number of manners.

The most obvious is the patient history, which should routinely include documentation of the patient’s average blood sugar level and the results of the most recent glycosolated hemoglobin (HbA1c), as well as a direct question to the patient about whether the treating physician believes the diabetic case is controlled. Average blood sugar readings should be 90 to 130 upon awakening and no more than 180 before an evening snack, according to the ADA, and HbA1c levels should be ideally 5 to 6% and of concern over 7%. Any history that suggests poor control may be deemed as an uncontrolled situation for purposes of diagnosis coding. For a simple handout to use for patient education, consider the PDF file available at this link: http://ndep.nih.gov/diabetes/pubs/KnowNumbers_Eng.pdf. The best determinant of control is the treating physician, or the patient’s diabetic educator or nurse. Of course, for the primary care optometrist to know the patient’s charted diabetes status, a line of communication is necessary. This can be accomplished by letters or phone calls, depending on the relationship between practitioners. Communication between optometrist, patient, and treating physician must be ongoing to ensure proper coding over the time of care provided by the optometrist. Upon completion of an examination of a patient with a diabetic condition, the diagnosis coding will consider the facts of the diabetes control as well as the examination findings to determine the proper diagnosis codes. The proper application of the code “250 Diabetes mellitus” involves choosing the proper fourth and fifth digits which are placed after a decimal. The fourth digits include:

- 0 without mention of complication
- 1 with ketoacidosis
- 2 with hyperosmolarity
- 3 with other coma
- 4 with renal manifestations
- 5 with ophthalmic manifestations
- 6 with neurological manifestations
- 7 with peripheral circulatory disorders
- 8 with other specified manifestations
- 9 with unspecified complication

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Although the conventions of coding are to use the most appropriate code for the case, it would be very uncommon for optometrists to use fourth digit codes other than 0 or 5.

The fifth digit codes relate to the degree of control, and are as follows:

0 NIDDM or unspecified, not stated as uncontrolled

1 IDDM, not stated as uncontrolled

2 NIDDM, uncontrolled

3 IDDM, uncontrolled

The advantage of the ongoing relationship with your patient and the treating physician is that you can most appropriately select this fifth digit with your knowledge of the patient's control

Using these, the most common codes that an optometrist might for a controlled patient without retinopathy or other reported complications are:

250.00 NIDDM, controlled, no complications

250.01 IDDM, controlled, no complications

For an uncontrolled patient who is newly diagnosed or who is struggling with treatment, the most common codes are:

250.02 NIDDM, uncontrolled, no complications

250.03 IDDM, uncontrolled, no complications

If the patient has a history of retinopathy, the codes are the same except for the fourth digit being a 5:

250.50 NIDDM, controlled, ophthalmic manifestations

250.51 IDDM, controlled, ophthalmic manifestations

250.52 NIDDM, uncontrolled, ophthalmic manifestations

250.53 IDDM, uncontrolled, ophthalmic manifestations

Finally, to code one of these 250.5x codes, the proper diabetic retinopathy 362.0x code must be chosen. The ICD-9 codes are numerous, and all should be carefully considered prior to selection, and these four tend to be most appropriate (Please note the descriptors have editorial modifications and the official definitions in ICD-9 should be referenced for use):

362.02 PDR

362.03 Mild NPDR – at least one microaneurysm, minor intraretinal hemorrhages and exudates

362.04 Moderate NPDR – microaneurysms, intraretinal hemorrhages, soft exudates (cotton wool spots), venous beading, IRMA

362.05 Severe NPDR – MA/IRH in all four quadrants, venous beading in two quadrants, prominent IRMA in one or more quadrants

362.07 DME