

Risk Coding Tips and Tools

Uncomplicated Diabetes vs. Diabetes with Complications

When documenting a diabetic complication such as diabetic polyneuropathy, it is **not** necessary to add diabetes without complication (E11.9) and diabetic polyneuropathy (E11.42) in the assessment and plan.

- The diabetic complication takes priority reporting over diabetes without complication
- Currently only 12 diagnoses can be billed on the claim. Reporting only the diabetic complication allows for an additional place holder to be available
- Be sure to document a status and plan for both components of the diabetic complication diagnosis

Physician Documentation Example

Example 1:

Diabetes without complication stable, current HbA1C 5.7, Diabetic CKD3a. Renewed Metformin, ordered CMP to follow eGFR.

Incorrectly reported: E11.9, E11.22, N18.31 ❌

Example 2:

Diabetes stable, refilled Metformin and HbA1C ordered. Diabetic CKD3a. Seeing Nephrologist next month, avoid NSAIDS.

Correctly reported: E11.22, N18.31 ✅

Example 3:

Diabetic retinopathy, mild non-proliferative without macular edema, right eye. Will be seeing eye specialist next week. Continue annual eye exams. Discussed diet and avoiding sweets. HbA1C elevated to 6.7.

Correctly reported: E11.3291 ✅

Optum. (2024). 2024 ICD-10-CM Expert for Physicians. Optum.

You can find this resource and others like it in the OHN Risk Coding Corner at www.OrlandoHealth.com/Network/Resources.

You can also contact us at RiskCoding@OrlandoHealth.com for additional questions or support needs.