

DIABETES MELLITUS

DOCUMENTATION AND ITS COMPLICATIONS

Whenever appropriate, link the diagnosis of diabetes mellitus (Type 1 or Type 2) with all of its complications to capture the most accurate severity of the patient’s illness in the medical record.

Complications of Diabetes	
Hyperglycemia (poorly controlled diabetes)	Autonomic Neuropathy (orthostasis, gastroparesis, or erectile dysfunction)
Nephropathy (chronic renal disease with proteinuria)	Peripheral Vascular Disease* (with or without gangrene)
Chronic Kidney Disease* (document stage based on GFR)	Other Circulatory Complications (document the specific complication)
Retinopathy (proliferative* or non-proliferative)	Arthropathy (Charcot joint)
Macular Edema (with retinopathy)	Skin Ulcer*
Diabetes-Related Cataracts	Periodontal Disease
Peripheral Neuropathy (polyneuropathy or mononeuropathy)	Diabetes-Related Dermatitis

The documentation of “uncontrolled diabetes” is no longer specific enough for accurate code assignment. The presence of “hyperglycemia” or “hypoglycemia” must be specified instead. Alternatively, diabetes with hyperglycemia can be documented in the record as “poorly controlled,” “out of control” or “inadequately controlled.”

Regardless of whether a specialist is managing the diabetes or any of its complications listed above, the primary care provider is expected to document these diagnoses, when present, in the medical record at least once every calendar year.

*Risk-adjusting diagnosis

ICD-10-CM diagnoses codes are ICD-10-CM *Official Guidelines for Coding and Reporting* are subject to change. It’s the responsibility of the provider to ensure that current ICD-10-CM diagnosis codes and the current ICD-10-CM *Official Coding Guidelines for Coding and Reporting* are reviewed prior to the submission of claims.

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