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Diabetes Mellitus ICD-11 Coding



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Diabetes mellitus

The ICD-11 diabetes mellitus codes are NOT combination codes like in ICD-10. Separate parent codes for type of DM and complications.

Diabetes mellitus, often simply referred to as diabetes—is a group of metabolic diseases in which a person has high blood sugar, either because the body does not produce enough insulin, or because cells do not respond to the insulin that is produced. This high blood sugar produces the classical symptoms of polyuria (frequent urination), polydipsia (increased thirst) and polyphagia (increased hunger).

Type 1 diabetes: results from the body's failure to produce insulin, and presently requires the person to inject insulin. (Also referred to as insulin-dependent diabetes mellitus, IDDM for short, and juvenile diabetes.)

Type 1 diabetes mellitus is characterized by loss of the insulin-producing beta cells of the islets of Langerhans in the pancreas leading to insulin deficiency.

Type 2 diabetes: results from insulin resistance, a condition in which cells fail to use insulin properly, sometimes combined with an absolute insulin deficiency. (Formerly referred to as non-insulin-dependent diabetes mellitus, NIDDM for short, and adult-onset diabetes.)

Type 2 diabetes mellitus is characterized by insulin resistance which may be combined with relatively reduced insulin secretion.

Signs and Symptoms:

The classical symptoms of diabetes are polyuria (frequent urination), polydipsia (increased thirst) and polyphagia (increased hunger).

Diabetes mellitus is characterized by recurrent or persistent hyperglycemia, and is diagnosed by demonstrating any one of the following

- Fasting plasma glucose level ≥ 7.0 mmol/L (126 mg/dL).
- Plasma glucose ≥ 11.1 mmol/L (200 mg/dL) two hours after a 75 g oral glucose load as in a glucose tolerance test.
- Symptoms of hyperglycemia and casual plasma glucose ≥ 11.1 mmol/L (200 mg/dL).
- Glycated hemoglobin (Hb A1C) $\geq 6.5\%$
Diabetes mellitus (5A10–5A2Y)

Coded Elsewhere: Diabetes mellitus in pregnancy (JA63)
Neonatal diabetes mellitus (KB60.2)

- ✓ 5A10 Type 1 diabetes mellitus
- ✓ 5A11 Type 2 diabetes mellitus
- ✓ 5A12 Malnutrition-related diabetes mellitus
- ✓ 5A13 Diabetes mellitus, other specified type
- ✓ 5A14 Diabetes mellitus, type unspecified

DM coding – ICD-11



Type of Diabetes



Acute complications of diabetes mellitus (5A20-5A2Y)

Postcoordination note: When assigning the code from acute complications of DM, there is a code note – code also causing condition.

Documentation of terms such as due to, cause by, diabetic, arising from indicates causal relationship between diabetes mellitus and another condition

When a healthcare provider has documented a condition due to DM, post coordinate the condition and the DM stem codes to form a cluster

Don't link when ambiguous terms are used, code DM and condition separately (not in same cluster)

If more than one condition is linked to DM, each DM condition is coded on its own and postcoordinate with DM stem code even though DM stem code is repeating in each cluster.

Every cluster should have DM code.

Diabetic acidosis

Diabetic metabolic acidosis, due to DM Type-1
5A22.2/5A10

Coding Note: Always assign an additional code for diabetes mellitus

2.23.21.4

2.23.21.4 Chapter 5: Endocrine, nutritional or metabolic diseases

Certain conditions classifiable to this chapter may result from drugs or other external causes. Codes from Chapter 23 'External causes of morbidity and mortality' may be used as optional additional codes.

Example from WHO ICD-11 Training videos

Diabetes mellitus

When the health care practitioner has documented a condition as due to diabetes mellitus, postcoordinate the condition and the diabetes mellitus stem codes. If more than one condition is documented as being due to diabetes mellitus, each distinct clinical concept (each diabetes caused condition) is coded on its own and postcoordinated with the diabetes mellitus stem code even though it means repeating the diabetes code in each cluster. (Refer to Example 2 below).

Always assign main condition as first code in cluster and then underlying cause as second code in a cluster

In situations where a documented causal link is absent or cannot be deduced, the two stem codes should not be grouped into the same cluster.

Example: ICD-11 Reference Guide

- ☑ A patient is admitted to the hospital for laser treatment of their diabetic retinopathy due to Type 2 diabetes mellitus. During the admission the patient's medication for arterial hypertension required adjustment on a number of occasions before discharge. Code as main condition the diabetic retinopathy, unspecified postcoordinated with the stem code type 2 diabetes mellitus (9B71.0Z/5A11). Code the other condition, essential hypertension (BA00.Z).
- ☑ The patient was admitted for extraction of a right-sided cataract. Concurrently, the patient has Type 2 diabetes mellitus, for which they received consultations from an endocrinologist and a dietitian for long-term dietary and insulin management. The primary condition should be coded as Cataract, unspecified, right (9B10&XK9K), and the additional condition should be coded as Type 2 diabetes mellitus (5A11).

- ☑ The second example showcases postcoordination where a causal link between the cataract and Type 2 diabetes is neither documented nor deducible; thus, the two stem codes for each condition are recorded separately. The postcoordination applied here corresponds to the laterality of the cataract.

Example 1:

Main condition: Kidney failure due to Type 2 diabetes mellitus. Kidney failure is documented as due to diabetes mellitus; therefore, code to [GB6Z Kidney failure, unspecified] and postcoordinate with the stem code 5A11 Type 2 diabetes mellitus. Main condition cluster: GB6Z/5A11

Example 2:

Main condition: Type 1 diabetes with diabetic nephropathy Other condition: Diabetic cataract Code the main condition as 5A10 Type 1 diabetes mellitus postcoordinated with the stem code [GB61.Z Chronic kidney disease, stage unspecified]. Code as an other condition [9B10.21 Diabetic cataract] postcoordinated with the stem code [5A10 Type 1 diabetes mellitus].

Main condition cluster: 5A10/GB61.Z Other condition cluster: 9B10.21/5A10

ICD-11 Reference Index - 2.19.2.4 Complications of diabetes

Consider Diabetes mellitus (5A10-5A14) as an obvious cause of the following conditions:

- ☑ 5C73 Acidosis
- ☑ 8C0Z Polyneuropathy, unspecified
- ☑ 8C12 Certain specified mononeuropathies
- ☑ 8C7Y Other specified primary disorders of muscles, specified as amyotrophy but without specification of aetiology
- ☑ 8D8Z Disorders of autonomic nervous system, unspecified
- ☑ 9A96.Z Anterior uveitis, unspecified
- ☑ 9B10.Z Cataract, unspecified
- ☑ 9B65.2 Chorioretinal inflammation
- ☑ 9B74 Retinal vascular occlusions
- ☑ 9B78.1 Background retinopathy and retinal vascular changes

- ✓ 9B78.2 Other proliferative retinopathy
- ✓ 9B78.5 Retinal haemorrhage
- ✓ 9B7Z Disorders of the retina, unspecified
- ✓ BD40.0 Lower limb atherosclerosis
- ✓ BD4Z Chronic arterial occlusive disease, unspecified
- ✓ EE80.1 Necrobiosis lipoidica
- ✓ ME60.2 Ulcer of skin of uncertain nature, specified as lower limb
- ✓ FA2Z Inflammatory arthropathies, unspecified
- ✓ MG30.5Z Chronic neuropathic pain, unspecified
- ✓ GB40 Nephritic syndrome
- ✓ GB41 Nephrotic syndrome
- ✓ GB42 Persistent proteinuria or albuminuria
- ✓ GB61 Chronic kidney disease
- ✓ GB6Z Kidney failure, unspecified
- ✓ MF54.0 Smooth contracted kidney
- ✓ GC2Z Diseases of the urinary system, unspecified, specified as kidney conditions
- ✓ MC85 Gangrene
- ✓ MB20.1 Coma
- ✓ MA18.Y Other specified abnormal findings of blood chemistry, specified as acetonaemia, azotaemia, or related conditions

2.7.2.1 'Code also' and 'Use additional code, if desired' instructions

'Code also' instructions inform the user about required additional aetiological information which is mandatory to be coded in a cluster with certain categories because that additional information is relevant for primary tabulation. The 'code also' statement marks the categories that must be used in conjunction with the indicated second code(s). However, in some instances aetiology may be unknown although the condition requires treatment in its own right. In this circumstance, the code may be reported alone.

For example, the category Diabetic cataract indicates 'code also' type of diabetes. This means that in conjunction with the code for 'diabetic cataract', the code for the type of diabetes should be assigned. Both stem codes for the type of diabetes and the diabetic cataract are always reported in a cluster.

- ✔ 'Use additional code, if desired' - instructions inform the user about optional additional detail that can be coded.

Example: 5A13.6 Diabetes mellitus due to other genetic syndromes

Other specified diabetes mellitus due to other genetic syndromes is a form of diabetes, which is associated with genetic syndromes.

Coding Note: Use additional code, if desired, to identify any associated genetic syndrome

Hypoglycemia

- ▶ Hypoglycaemia in the context of diabetes mellitus (5A21)
- ▶ Hypoglycaemia without diabetes mellitus (5A41)

Hyperglycemia:

- ▶ MA18.0 - Elevated blood glucose level
- ▶ 5A40.Z - Intermediate hyperglycaemia, unspecified

Intermediate Hyperglycemia:

Intermediate hyperglycaemia (IH) is also described as impaired glucose regulation (IGR), impaired glucose tolerance (IGT), prediabetes and impaired fasting glycaemia (IFG). IH may progress to diabetes and patients with this diagnosis are also prone to major cardiovascular complications as are patients with diabetes.

5A40 Intermediate hyperglycaemia

There was a situation where an inclusion in one classification became an exclusion in the other, but the chosen code in the ICD-11 was considered correct based on certain assumptions. Specifically, the ICD-10-CM code R73.09, representing "Other abnormal glucose," was recoded as 5A40.Z, denoting "Intermediate hyperglycaemia, unspecified" in the ICD-11.

In the ICD-11, 5A40.Z was defined as a metabolic disorder characterized by glucose levels that are higher than normal but not meeting the criteria for diabetes, indicating a type of prediabetes. On the other hand, in the ICD-10-CM, the inclusion term for R73.09 was "abnormal glucose NOS."

In the ICD-11, 5A40.Z had an exclusion term "elevated blood glucose level," which led to the code MA18.0 for elevated blood glucose level as a finding, rather than a metabolic disorder. Although the inclusion and exclusion terms were not identical, one term was considered to encompass the other, resulting in a conflict.

However, the original recoding was deemed correct in the ICD-11 because the index pointed to 5A40.Z for "abnormal glucose," indicating that unspecified abnormal glucose should be coded as a metabolic disorder by default in the ICD-11.

Examples:

1. DM Type-2 – Obesity
5A11/5B81.01
2. Type 1 DM with coma
5A10/5A23
3. Diabetic coma
5A23/5A10
4. Diabetic ketoacidosis with coma-T1DM
5A22.3/5A10
5. Diabetic retinopathy, T1DM
9B71.0Z/5A10

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