CalOptima Health

Coding and Documentation Tips for Diabetes Mellitus (DM)

ICD-10	When applicable, document diabetic complications using a linkage term (e.g., due to DM, associated with DM, secondary to DM, diabetic) to establish causal relationship.	
E11.2 -	Type 2 DM with diabetic **kidney complications**	All DM complications MUST be clearly documented to reflect the cause-and-effect relationship.
E11.3 -	Type 2 DM with diabetic **ophthalmic complications**	
E11.4 -	Type 2 DM with diabetic **neurological complications**	
E11.5 -	Type 2 DM with **circulatory complications**	
E11.6 -	Type 2 DM with **other specified complications***	

Documentation Best Practices:

o **Type of Diabetes:** Secondary to underlying conditions (E08.-), drug-induced (E09.-), Type 1 (E10.-), Type 2 (E11.-), and Type 1.5 or latent autoimmune diabetes in adults (LADA) (E13.-)

o **Type 2 DM without complications in remission defined as:**
- Must have a documented history of Type 2 diabetes
- No current use of diabetes medications
- HbA1C levels below 6.5% for at least three months
- Absence of diabetes-related complications
- Remission must be achieved and maintained after stopping all glucose-lowering medications
- If HbA1C is unreliable, a fasting plasma glucose (FPG) below 126 mg/dL or an estimated HbA1C from continuous glucose monitoring (CGM) can be used

o **Diabetes with complications**: A cause-and-effect relationship must be clearly documented to correctly code a diabetic complication (e.g., diabetic, due to, associated with, secondary to, complicated by).

o **DM Coding Scenarios:**

Diabetic chronic kidney disease (CKD), stage 4	E11.22, N18.4
Glaucoma due to DM	E11.39, H42
Hypertension associated with DM	E11.59, I10
Hyperlipidemia secondary to DM	E11.69, E78.5

o Assign as many (E11.-) codes as needed to identify all the manifestations/body systems affected.

o Document the supporting clinical evidence or clinical indicator (e.g., signs and symptoms, physical exam, test results or records reviewed to describe how patients' conditions affect care management, treatment responses, quality of life or medical decision-making).
- Blood pressure (BP), weight and body mass index (BMI) during every visit (Adults).
  - Normal BP is defined as <120 mm Hg systolic and <80 mm Hg diastolic

- Elevated BP as 120–129 mm Hg systolic and <80 mm Hg diastolic
- Stage 1 hypertension (HTN): 130–139 mm Hg systolic and 80–89 mm Hg diastolic
- Stage 2 HTN as ≥140 mm Hg systolic or ≥90 mm Hg diastolic
- BP ≥140/90 mm Hg, document repeat BP measurement during the same visit

For complete codes and all applicable coding instructions, refer to the current ICD-10-CM Alphabetic Index and Tabular List.

ICD-10	When applicable, document diabetic complications using a linkage term (e.g., due to DM, associated with DM, secondary to DM, diabetic) to establish causal relationship.		
E11.A**	Type 2 DM without complications in remission		
E11.9	Type 2 DM without complications		
Z79.4	Long-term (current) use of insulin		
Z79.84	Long-term (current) use of oral antidiabetic and hypoglycemic drugs		
Z79.85	Long-term (current) use of injectable noninsulin antidiabetic drugs		
E11.21	Type 2 DM with **diabetic nephropathy**		Type 2 diabetes with **kidney** complications
E11.22	Type 2 DM with **diabetic chronic kidney disease**		← Document additional diagnosis/code to identify stage of chronic kidney disease (**N18.1-N18.6**)

Reference latest estimated glomerular filtration rate (eGFR) and urine albumin or urine albumin-to-creatinine ratio (UACR) |
	CKD, stage 1	**N18.1**	
	CKD, stage 2 (mild)	**N18.2**	
	CKD, stage 3 (moderate, unspecified)	**N18.30**	
	CKD, stage 3A	**N18.31**	
	CKD, stage 3B	**N18.32**	
	CKD, stage 4 (severe)	**N18.4**	
	CKD, stage 5	**N18.5**	
	End-stage renal disease (ESRD)	**N18.6**	
	Dependence on renal dialysis	**Z99.2**	← CKD stage 5 requiring chronic dialysis. Document additional diagnosis/code to identify dialysis status (Z99.2)
E11.29*	Type 2 DM with **other diabetic kidney complications**
Document the linkage term between complications and DM.		
*E11.31-	Type 2 DM with **unspecified diabetic retinopathy**		Type 2 diabetes with **ophthalmic** complications. Document annual dilated eye exam date and results.

*Requires sixth character to identify complication
1 — with macular edema
9 — without macular edema |
| *E11.32- | Type 2 DM with **mild nonproliferative diabetic retinopathy** | | *Requires seventh character to designate laterality
1– right eye, 2– left eye, 3– bilateral,
9– unspecified |
*E11.33-	Type 2 DM with **moderate non-proliferative diabetic retinopathy**		
*E11.34-	Type 2 DM with **severe nonproliferative diabetic retinopathy**		
*E11.35-	Type 2 DM with **proliferative diabetic retinopathy**		
E11.36	Type 2 DM with **diabetic cataract**		Type 2 diabetes with **ophthalmic** complications
E11.39*	Type 2 DM with **other diabetic ophthalmic** complications
Document the linkage term between complications and DM.		

ICD-10	When applicable, document diabetic complications using a linkage term (e.g., due to DM, associated with DM, secondary to DM, diabetic) to establish causal relationship.	
E11.40	Type 2 DM with **diabetic neuropathy,** unspecified	Type 2 diabetes with **neurological** complications
E11.41	Type 2 DM with **diabetic mononeuropathy**	
E11.42	Type 2 DM with **diabetic polyneuropathy**	
E11.43	Type 2 DM with **diabetic autonomic (poly)neuropathy** Diabetic gastroparesis	Physical exam of pinprick, monofilament, signs and symptoms of numbness, or loss of sensation
E11.44	Type 2 DM with diabetic amyotrophy	
E11.49*	Type 2 DM and other diabetic neurological complications Document the linkage term between complications and DM.	
E11.51	**Type 2 DM with diabetic peripheral angiopathy without gangrene**	**Type 2 diabetes with peripheral circulatory complications**
E11.52	Type 2 DM with diabetic peripheral angiopathy with gangrene	**Visual inspection of skin integrity or abnormal skin appearance (e.g., shiny, thin, pale) on legs and feet, cool skin temperature, ankle-brachial index (AB) test, doppler, if applicable.**
E11.59*	Type 2 DM with other circulatory complications Document the linkage term between complications and DM.	
E11.610	Type 2 DM with diabetic neuropathic arthropathy (Charcot's joints)	
E11.618*	Type 2 DM with **other diabetic arthropathy** Document the linkage term between complications and DM.	Type 2 diabetes with **other specified** complications
E11.620	Type 2 DM with **diabetic dermatitis**	
E11.621	Type 2 DM with **foot ulcer** Document additional diagnosis/code to identify ulcer sites (L97.4-L97.429, L97.5-L97.529)	
E11.622*	Type 2 DM with **other skin ulcers** Document additional diagnosis/code to identify site of ulcer (L97.1-L97.929, L98.41-L98.499)	
E11.628*	Type 2 DM with **other skin complications** Document the linkage term between complications and DM.	
E11.630	Type 2 diabetes with **periodontal disease**	
E11.638*	Type 2 DM with **other oral complications** Document the linkage term between complications and DM.	
E11.641	Type 2 DM with **hypoglycemia with coma**	
E11.649	Type 2 DM with **hypoglycemia without coma**	
E11.65	Type 2 DM with **hyperglycemia** • Inadequately controlled • Out of control • Poorly controlled • "Uncontrolled," **must document hyperglycemia or hypoglycemia**	Refers to blood glucose (sugar) levels are too high. Document such as FBG or A1C goals, medication titration, patient barriers, compliance or noncompliance with medication, other medical regimen, if applicable.
E11.69*	Type 2 DM with **other specified** complications Document the linkage term between complications and DM. (DM **associated with** *condition/complication* or *condition/complication* **due to** DM) **Use additional code to identify complications (e.g., hyperlipidemia due to DM, use code E11.69 and E78.5 to identify complication of diabetes.)	

*Note: "Other" or "other specified" are for use when the information in the medical records provides detail for which a specific code does not exist.

**Note: New ICD-10-CM codes effective October 1, 2025 – September 30, 2026 (fiscal year 2026 ICD-10 update)

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