



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 a causal relationship.
E11.2 -	Type 2 DM with diabetic kidney complications
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:

- 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.-)
- 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.
- 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).
- 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

- Assign as many (E11.-) codes as needed to identify all the manifestations/body systems affected.
- Document the supporting clinical evidence or clinical indicator (e.g., signs and symptoms, physical exam, test results or records reviewed to describe how the patient's conditions affect care management, treatment responses, quality of life or medical decision-making).
 - Take blood pressure (BP), weight and body mass index (BMI) during every visit (for adults).
 - Normal BP is defined as <120 mm Hg systolic and <80 mm Hg diastolic
 - Elevated BP is 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.
 - For 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 a 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 CKD	← Document additional diagnosis/code to identify stage of chronic kidney disease (N18.1-N18.6)
	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
E11.29*	Dependence on renal dialysis	Z99.2
	Type 2 DM with other diabetic kidney complications Document the linkage term between complications and DM.	← CKD stage 5 requiring chronic dialysis. Document additional diagnosis/code to identify dialysis status (Z99.2)
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 nonproliferative 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.	

***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)

References

1. International Statistical Classification of Diseases and Related Health Problems (ICD). ICD-11 International Classification of Diseases 11th Revision. The global standard for diagnostic health information. World Health Organization. Retrieved from who.int/classifications/classification-of-diseases.
2. Coding & Billing ICD-10 Codes. (2025, August 7). ICD-10-CM & PCS Codes FY 2026. Centers for Medicare & Medicaid Services (CMS). Retrieved from cms.gov/medicare/coding-billing/icd-10-codes.
3. (2025, October 1). ICD-10-CM Official Guidelines for Coding and Reporting FY2026 (October 1, 2025 – September 30, 2026). The Centers for Medicare and Medicaid Services (CMS) and the National Center for Health Statistics (NCHS). Retrieved from cms.gov/files/document/fy-2026-icd-10-cm-coding-guidelines.pdf.
4. U.S. Department of Health & Human Services (HHS). FY2025. National Center for Health Statistics – ICD-10-CM. Centers for Disease Control and Prevention (CDC). Retrieved from icd10cmtool.cdc.gov/?fy=FY2025.
5. (2025, January). Diabetes Care: Standards of Care in Diabetes 2025. American Diabetes Association. Volume 48, Issue Supplement_1. Retrieved from diabetesjournals.org/care/issue/48/Supplement_1
6. 2025 Standards of Care in Diabetes. American Diabetes Association (ADA). Retrieved from professional.diabetes.org/standards-of-care
7. Jones, Daniel W., MD, FAHA, Chair, Ferdinand, Keith C., MD, FACC, FAHA, FASPC, Vice Chair, Taler, Sandra J., MD, FAHA, Vice Chair, Johnson, Heather M., MD, MS, FAHA, FACC, FASPC, JC Liaison, et. el. (2025, August 14) .2025 AHA/ACC/AANP/AAPA/ABC/ACCP/ACPM/AGS/AMA/ASPC/NMA/PCNA/SGIM Guideline for the Prevention, Detection, Evaluation and Management of High Blood Pressure in Adults: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines. Retrieved from ahajournals.org/doi/10.1161/CIR.0000000000001356#sec-6-1