Diabetes mellitus

Clinical overview

Definitions

Diabetes mellitus (DM): A chronic, lifelong disease that involves impaired metabolism of carbohydrates, proteins and fats. It is marked by high levels of sugar in the blood due to insufficient secretion of insulin by the pancreas, tissue resistance to insulin produced by the pancreas, or both.

Types

- **Type 1 DM (E1Ø.-):** Usually (but not always) diagnosed in childhood. The pancreas produces little to no insulin and daily insulin injections are required. The exact cause of type 1 DM is not known.[1]
- **Latent autoimmune diabetes in adults (LADA) (E13.-):** Also known as type 1.5 diabetes, this is a form of diabetes in which an adult has features of both type 1 and type 2 diabetes. Individuals with LADA demonstrate both the autoimmune destruction of beta cells of type 1 diabetes and the insulin resistance characteristic of type 2 diabetes. People with type 1.5 diabetes have autoantibodies to insulin-producing beta cells and gradually lose their insulin-producing capability, requiring insulin within 5–10 years of diagnosis. [2]
- **Type 2 DM (E11.-)**: Far more common than type 1, this type usually occurs in adulthood. The pancreas does not produce enough insulin to maintain normal glucose levels, often because the body tissues do not respond well to insulin (insulin resistance). In some cases, daily insulin injections are required. The exact cause of type 2 DMis not known, but excess weight and inactivity appear to be contributing factors.[3]
- **Secondary DM (EØ8.-, EØ9.-, and E13.-):** Always caused by another condition, such as malignant neoplasm of the pancreas, pancreatectomy, adverse drug effects or poisoning.[4]

Causes/Risk factors[5]

- Age 65 or older (but can be diagnosed at any age)
- Lifestyle and habits (smoking, sun exposure, alcohol use, obesity, unsafe sex, physical inactivity, etc.)
- Family history
- Some chronic health conditions
- Environmental exposure to chemicals, toxins, radiation, etc.

Signs and symptoms[5]

- Frequent urination (polyuria)
- Excessive thirst (polydipsia)
- Excessive hunger (polyphagia)

Diagnostic tools[6]

- Medical history and physical exam
- Urinalysis
- Blood tests [fasting or random blood sugar, glucose tolerance tests, glycohemoglobin (HbA1c), metabolic profiles]

Treatment[7] (Mayo Clinic, 2022a)

- Lifestyle modification (dietary management and control of weight, blood pressure, and cholesterol; exercise)
- Medications (oral hypoglycemics, injectable non-insulin antidiabetics, or insulin injections)
- Monitoring for complications

Best documentation practices for healthcare providers

Subjective
In the subjective section of the office note, document the presence or absence of all current symptoms related to diabetes. If there are no current symptoms, this section should show the patient was screened for symptoms.

Objective
The objective section should describe current physical exam findings related to DM and its complications or manifestations with cause-and-effect linkage clearly documented. Results of related laboratory and other diagnostic testing should be included.

Assessment
Specificity: Document DM to the highest level of specificity. Include all of the following:

- **Type or cause** – Type 1, Type 2, due to an underlying condition (specify condition), due to drugs or chemicals (specify drug or chemical), due to other condition or event (specify condition or event), type 1.5 aka latent autoimmune diabetes in adults (LADA).
- **All complications or manifestations** with clear cause-and-effect linkage. Best practice: Describe each complication as "diabetic," even when there are multiple complications. For example: "Diabetes mellitus Type 2 with diabetic peripheral neuropathy and diabetic foot ulcer."
- **Current status of diabetes control** – In ICD-10-CM, "uncontrolled" is considered a diabetic complication.
  - ICD-10-CM requires the provider to specify whether "uncontrolled" means hyperglycemia, hypoglycemia or both. There is no coding path in the ICD-10-CM manual for "uncontrolled" with no further specification.[8] **Note: Coders cannot interpret glucose or HbA1c values.**
  - Avoid vague descriptions such as "inadequately controlled," "out of control" or "poorly controlled."

"Long-term current use of insulin" is a diagnostic statement that should be included in the final assessment when appropriate. Best practice is to also include all of the following:
- Name(s) of the insulin being used
- Clear linkage of insulin therapy to diabetes
- Dosage regimen that shows regular and routine insulin use with ongoing refills

Example: "Long-term current use of insulin – continue Levemir FlexTouch 14 units every day at bedtime for diabetes mellitus, 3 refills."

Plan
Document a specific and concise treatment plan for diabetes and all diabetic complications. Examples include insulin or oral medication dosage and instructions; orders for lab or other diagnostic testing; diet and exercise instructions; referrals to specialists or for diabetic teaching; and the date of the next appointment.

Coding tips

Types of DM
When the type of DM is not documented in the medical record, the default is type 2, which classifies to category E11.8

Diabetic complications/Manifestations
Diabetic patients often experience one or more complications of diabetes that particularly affect the eyes, the feet, the kidneys, the nervous system and the circulatory system. These complications can occur at any time in the course of diabetes.
A patient may have multiple diabetic complications in more than one body area or system. To fully describe all of the diabetes complications that are present, assign as many codes as needed from categories EØ8 – E13 and within each particular subcategory. Codes are sequenced based on the reason for the encounter.

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Cause-and-Effect Linkage
ICD-10-CM presumes cause-and-effect linkage between diabetes and certain conditions that appear in the alphabetic index as indented subterms under the various types of "**Diabetes,** with." These conditions are coded as diabetic complications, even in the absence of documentation explicitly linking them, unless the documentation clearly indicates these conditions are not caused by diabetes — for example, by stating:

- The actual nondiabetic-related cause
- The cause is not diabetes
- Diabetes is without complications
- The cause is unknown

Excerpt from alphabetic index:
Diabetes, diabetic (mellitus) (sugar) E11.9
with
amyotrophy E11.44
arthropathy NEC E11.618
autonomic (poly) neuropathy E11.43
cataract E11.36
Charcot's joints E11.61Ø
chronic kidney disease E11.22
(See alphabetic index under the various types of diabetes for a complete list of indented subterms under **Diabetes** > with).[8]

Secondary diabetes mellitus
Sequencing of secondary diabetes codes in relationship to codes for the cause of the diabetes is based on the tabular list instructions for categories EØ8.-, EØ9.- and E13.-.

Secondary DM due to pancreatectomy (lack of insulin due to surgical removal of all or part of the pancreas) codes to E89.1, Postprocedural hypoinsulinemia. Assign a code from category E13 and a code from subcategory Z9Ø.41-, Acquired absence of pancreas, as additional codes.
Secondary DM due to drugs may be caused by an adverse effect of correctly administered medications, poisoning or sequela of poisoning.[9]

Additional reminders

- If diabetes is uncontrolled, it is not uncomplicated.
- There is no default code for "uncontrolled diabetes." In ICD-10-CM, effective October 1, 2016, uncontrolled diabetes is classified by type and whether it is hyperglycemia, hypoglycemia, or both.10
- The provider must specifically state whether "uncontrolled" means hypoglycemia, hyperglycemia; OR state simply diabetes (by type) with hyperglycemia or diabetes by type with hypoglycemia.[10]

References

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8. AAPC. ICD-10-CM Complete Code Set 2025. AAPC; 2024.
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10. American Hospital Association ("AHA"). Uncontrolled diabetes mellitus. Coding Clinic, First Quarter 2017. Published online 2017:42.