BlueCross BlueShield of North Carolina

Documentation & Coding Reference Guide: **Diabetes**

This is a quick reference guide to assist with accurate, complete documentation and coding that reflects the true nature of a patient's current health status at the highest level of specificity. Per the *ICD-10-CM Official Guidelines for Coding and Reporting*, "The importance of consistent, complete documentation in the medical record cannot be overemphasized. Without such documentation, accurate coding cannot be achieved."

One of the most important endocrine organs is the pancreas, which secretes insulin and regulates glucose levels within the body. Diabetes mellitus describes conditions in which the body does not produce any insulin at all (Type 1), or it is unable to synthesize the insulin produced (Type 2). ICD-10-CM classifies several other distinct types of diabetes, depending upon the underlying cause. In addition to the expanded number of categories of diabetes codes, the subclassification of each type of diabetic disorder is much more detailed. Combination codes describe common associated conditions, along with severity classifications.

Documentation & Coding Tips

1. **Specificity:**
    a. **Control:** Avoid coding "uncontrolled diabetes" without clarification; select the diabetes code based on documented manifestations, such as hyperglycemia or hypoglycemia, per Index/Tabular options.
    b. **Type:** Type must be documented (e.g., type 1, type 2, other specified, drug/chemical induced, due to underlying condition). Code selection is based on Index/Tabular instructions and any applicable official advice.

2. **Secondary cause:** Identify etiology when documented (e.g., due to underlying condition or drug/chemical induced) for correct diabetes category selection.

3. **Complications:** Assign codes from the appropriate diabetes category (E08–E13) to capture documented manifestations/complications; use additional codes when instructed by the Tabular (e.g., CKD stage).
    a. **Microvascular (small blood vessel) complications:** retinopathy, nephropathy, neuropathy
    b. **Macrovascular complications:** CAD, PAD, PVD, MI, cardiomyopathy, CVA, TIA

4. **Treatment:** Documentation should include treatment such as medication, diet, exercise, insulin pump, or combination of treatments and the current response. Use Z79.- codes when applicable per Tabular instructions.

5. **Causal Relationship Notes:**
    a. The word **"with"** or **"in"** should be interpreted to mean **"associated with"** or **"due to"** when it appears in a code title, the Alphabetic Index (either under a main term or sub term), or an instructional note in the Tabular List. The classification presumes a causal relationship between the two conditions linked by these terms in the Alphabetic Index or Tabular List.

    b. Presume a relationship only when the classification links the conditions (e.g., "with" sub terms in the Index or Tabular notes), unless documentation states unrelated or another guideline requires explicit linkage. (e.g., sepsis guideline for "acute organ dysfunction that is not clearly associated with the sepsis").

    c. For conditions not specifically linked by these relational terms in the classification or when a guideline requires that a linkage between two conditions be explicitly documented, provider documentation must link the conditions to code them as related.

    d. The word "with" in the Alphabetic Index is sequenced immediately following the main term or sub term, not in alphabetical order.

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Summary Table

ICD 10 code	Description	Coding Guidance
E08.-	Diabetes mellitus due to underlying condition	Code first the underlying condition, then code E08.- with any manifestations; follow any "use additional code" notes (e.g., insulin use, CKD stage).
E09.-	Drug or chemical-induced diabetes mellitus	Use codes for the drug/chemical (T36–T50) with the appropriate intent (poisoning, adverse effect, underdosing) and follow the poisoning/adverse effect/underdosing sequencing rules; assign E09.- to identify drug/chemical-induced diabetes and its manifestations as directed by the Tabular.
E10.-	Type 1 diabetes mellitus	Do not use age alone to determine diabetes type; code diabetes type as documented. For this reason, type 1 diabetes mellitus is also referred to as juvenile diabetes.
E11.-	Type 2 diabetes mellitus	If diabetes type is not documented, follow Index/Tabular direction (often type 2). Query when documentation is clinically inconsistent or conflicting.
E11.A	Type 2 diabetes mellitus without complications in remission	Type 2 diabetes mellitus in remission: Assign the specific 'in remission' code when provider documents remission. Do not code active hyperglycemia/hypoglycemia manifestations unless documented as current. Follow FY 2026 chapter-specific guidance for type 2 diabetes in remission and Tabular instructions.
E13.-	Other specified diabetes mellitus	Other specified diabetes (E13.-): Use when documentation indicates another specified type and Index/Tabular direct E13.-. Follow any official advice and Tabular notes.

Diabetes in Pregnancy & Gestational Diabetes

ICD 10 code	Description	Coding Guidance
O24.-	Diabetes mellitus in pregnancy, childbirth, and the puerperium	The codes in this category are classified based on the type of diabetes (e.g., Type 1, Type 2, gestational) and by the timing of the diabetes (e.g., during pregnancy, childbirth, or postpartum).
O24.0-	Pre-existing type 1 diabetes mellitus	Codes in this category need a 6th character to define stage of pregnancy: trimester, childbirth, or the puerperium. Pay attention to the additional coding notes.
O24.1-	Pre-existing type 2 diabetes mellitus	Codes in this category need a 6th character to define stage of pregnancy: trimester, childbirth, or the puerperium. Pay attention to the additional coding notes.
O24.3-	Pre-existing unspecified	Codes in this category need a 6th character to define stage of pregnancy: trimester, childbirth, or the puerperium. Pay attention to the additional coding notes.
O24.4-	Gestational diabetes	Gestational diabetes codes specify trimester and method of control; follow Tabular instructions for required characters.

O24.8- O24.9-	Other pre-existing diabetes Unspecified gestational diabetes	Select the complete O24.- code with required characters per Tabular List (type + timing/trimester/control as applicable).

Diabetes with Complications

Verify each example code/descriptor against the FY 2026 Tabular List to ensure code titles and required additional codes (e.g., CKD stage, ulcer site/severity) are current.

Body System	Complication	Code Example	Description
Heart	CAD, PAD, PVD, CHF	E11.51	Type 2 diabetes mellitus w/ diabetic peripheral angiopathy w/o gangrene
Nerve	Peripheral Neuropathy, Gastroparesis	E11.42 E11.43	Type 2 diabetes mellitus w/ diabetic polyneuropathy Type 2 diabetes mellitus w/autonomic neuropathy
Mouth	Periodontal disease	E11.630	Type 2 diabetes mellitus w/ periodontal disease
Eyes	Retinopathy Cataract	E11.319 E11.36	Type 2 diabetes mellitus w/ unspecified diabetic retinopathy w/o macular edema Type 2 diabetes mellitus w/ diabetic cataract
Kidney	Nephropathy CKD + stage	E11.21 E11.22	Type 2 diabetes mellitus w/ diabetic nephropathy Type 2 diabetes mellitus w/ diabetic CKD
Feet	Foot Ulcer	E11.621	Type 2 diabetes mellitus with foot ulcer

Diabetes Medication Coding

ICD-10-CM Code(s)	Description	Coding Guidance
Z79.4	Long-term (current) use of insulin	Do **not** assign this code if insulin is used only temporarily to control blood sugar during an encounter, such as short-term inpatient or acute treatment in a patient with type 2 diabetes.
Z79.84	Long-term (current) use of oral hypoglycemic drugs	Assign this code when the patient is maintained on oral antidiabetic medications (for example, metformin or sulfonylureas) on a long-term basis.
Z79.85	Long-term (current) use of injectable non-insulin antidiabetic drugs	Assign this code when the patient is maintained on injectable **non-insulin** antidiabetic medications, such as glucagon-like peptide-1 (GLP-1) receptor agonists, on a long-term basis.
Z79.84 and Z79.85	Long-term use of oral hypoglycemic drugs and injectable non-insulin antidiabetic drugs	Assign **both codes** when the patient is treated with a combination of oral antidiabetic medications and injectable non-insulin antidiabetic medications.

Z79.4 and Z79.85	Long-term use of insulin and injectable non-insulin antidiabetic drugs	Assign **both codes** when the patient is treated with insulin and injectable non-insulin antidiabetic medications at the same time.
Z79.4 and Z79.84	Long-term use of insulin and oral hypoglycemic drugs	Assign **both codes** when the patient is treated with insulin and oral antidiabetic medications concurrently.

Assign all applicable long-term medication using Z79.- codes that are supported by documentation.

Complications due to Insulin Pump Malfunction

ICD 10 code	Description	Coding Guidance
T85.6- + T38.3X6- + Diabetes Type + associated complications from underdosing	Underdose of insulin due to insulin pump failure	An underdose of insulin due to an insulin pump failure should be assigned to a code from subcategory T85.6, Mechanical complication of other specified internal and external prosthetic devices, implants, and grafts, that specifies the type of pump malfunction, as the first-listed code; followed by code T38.3X6-, Underdosing of insulin and oral hypoglycemic [antidiabetic] drugs. Additional codes for the type of diabetes mellitus and any associated complications due to the underdosing should also be assigned.
T85.6- + T38.3X1-	Overdose of insulin due to insulin pump failure	Assign T85.6- first, followed by the appropriate T38.3X1–T38.3X4 intent code (accidental, intentional self-harm, assault, undetermined) based on documentation.

References:

- EncoderPro.com for Payers
- ICD-10-CM Official Guidelines for Coding and Reporting (PDF)
- Coding Clinic Volume 5 Third Quarter Number 3 2018, Page 4 Type 1.5 Diabetes Mellitus
- ICD-10-CM Official Guidelines for Coding and Reporting, FY 2026, Section I.A.15 (With). CMS.
- ICD-10-CM Official Guidelines for Coding and Reporting, FY 2026, Section I.C.4.a (Diabetes mellitus). CMS.
- ICD-10-CM Official Guidelines for Coding and Reporting, FY 2026, Section I.C.15.j (Gestational (pregnancy induced) diabetes). CMS.
- ICD-10-CM Official Guidelines for Coding and Reporting, FY 2026, Section I.B.9 (Combination code). CMS.

For questions, please email the Blue Cross and Blue Shield of North Carolina Provider Engagement Risk Team at BCBSNCRiskAdj@bcbsnc.com.