Answers for exercises for DM and IH

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| Patient admitted for treatment of cataract. Patient also has NIDDM |
| Principal Diagnosis:  | H26.9 | Cataract |
| Associated Diagnosis/es | E11.39 | Patient also has diabetes, and is being treated for a cataract, (not diabetic, not caused by the diabetes) which is an ophthalmic condition.Code as “NIDDM with an ophthalmic complication” - (E11.39). |

In the Scenario

* You are required to code the NIDDM (Rule 1).
* Cataract is an ophthalmic condition.
* Cataract is a condition that can be coded in the range E09 – E14 with a 4th digit of 3
* However it is not a diabetic cataract. The cataract is not due to the diabetes.
* Therefore you must assign a code for diabetes that not only describes the diabetes (E11.9 NIDDM) but a code that **also** describes an ophthalmic condition with diabetes.

You are coding the complexity of the diabetes as “with an ophthalmic complication”.

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| Patient admitted for treatment of diabetic cataract |
| Principal Diagnosis:  | E11.36 | Diabetic cataract. This code indicates that the cataract is due to, or caused by the cataract |
| Associated Diagnosis/es | ~~H26.9~~ | DO NOT code the cataract separately, as the code E1-.36 includes the concept of cataract |

In the above Scenario the cataract is described as diabetic, hence only the one code for cataract, due to or caused by the diabetes, is required.

Put simply, if you code both the E11.36 and the H26.9 – you will see the word “cataract” occurring in two codes, which is not necessary, or permitted. This is called “double coding”, and double coding is NOT permitted.

Chose the one code that covers the two concepts.

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| Patient with NIDDM admitted for investigation of unstable blood sugar levels. Also has retinal detachment  |
| Principal Diagnosis:  | E11.65 | Unstable blood sugar level |
| Associated Diagnosis/es | E11.35 | NIDDM with advanced ophthalmic disease |

In the above Scenario:

* The unstable blood sugar levels is the principal diagnosis
* The complexity of the diabetes is that it is complicated by retinal detachment, this requires us to follow the pathway **Diabetes, - with, - - detachment, retina** and codeE11.35
* The Retinal detachment is not treated, so it is not necessary to provide a separate code for retinal detachment.

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| Patient with NIDDM admitted for investigation of unstable blood sugar levels. Also has retinal detachment, which was treated. |
| Principal Diagnosis:  | E11.65 | Unstable blood sugar level |
| Associated Diagnosis/es | E11.35H33.2 | NIDDM with advanced ophthalmic diseaseRetinal detachment |

In the above Scenario:

* The Principal diagnosis is E11.65 unstable blood sugar level
* The complexity of the diabetes is that it is complicated by retinal detachment, this requires us to follow the pathway **Diabetes, - with, - - detachment, retina** and codeE11.35.
* The Retinal detachment is treated, so it is necessary to provide a separate code for retinal detachment, because the code E11.35 does not include the words “retinal detachment”.

We have therefore coded

* The NIDDM with unstable blood sugar (which was investigated).
* The severity of the diabetes - it is complicated by an advanced ophthalmic condition.
* The fact that the advanced ophthalmic condition is retinal detachment and it was treated.

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| Patient admitted for cataract. Patient is T2DM and has hypertension and morbid obesity. Patient also has CKD stage 1. Phacoemulsification of lens and insertion of lens. |
| Principal Diagnosis:  | H26.9 | Cataract |
| Associated Diagnosis/es | E11.39E11.21E11.71E11.72~~E66.8~~U78.1U82.3 | T2DM with other specified ophthalmic complicationT2DM with CKD Stage 1Multiple microvascular and other specified nonvascular complications – combination of Ophthalmic + RenalT2DM with features of insulin resistance (obesity)Morbid obesity - not treated, not ACS 0002 not coded.Supplementary code for obesitySupplementary code for HTN |

In the Scenario above:

* The patient has a cataract, which is coded;
* The patient has a cataract and diabetes, hence the E11.39 is coded
* The complexity of the diabetes is complicated by CKD stage 1
* The complexity of the diabetes is that it is complicated by morbid obesity. As this condition is documented with diabetes, then E1-72 applies.
* There is no E code for “diabetes with obesity”
* The obesity is not treated, it does not meet ACS 0002, hence it is not coded using its own special code. It just triggers the code E11.72
* Assign a supplementary code for Obesity

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| Patient admitted for cataract. Patient is T2DM and has hypertension and morbid obesity. Phacoemulsification of lens and insertion of lens. Patient also has CKD stage 1. Patient stayed overnight as their blood pressure was too high, and a higher dose of blood pressure medication was prescribed. Patient also saw the diabetes educator and the dietician about their obesity. |
| Principal Diagnosis:  | H26.9 | Cataract |
| Associated Diagnosis/es | E11.39E11.21E11.72E66.8I10 | T2DM with other specified ophthalmic complicationDiabetes with CKD stage 1T2DM with features of insulin resistanceMorbid obesity and HTN – both treated, they meet the requirements of ACS 0002 hence they are coded |
| Principal Procedure: | 42698-07, | Phacoemulsificaton of IOL |
| Associated procedure/s | 42701-00 [193]95550-14[1916]95550-00[1916] | Insertion IOLDiabetes educationDietitian |

In the Scenario above:

* The patient has a cataract, which is coded;
* The patient has a cataract and diabetes, hence the E11.39 is coded
* The complexity of the diabetes is complicated by CKD stage 1
* The complexity of the diabetes is complicated by morbid obesity and HTN. As these two conditions are documented with diabetes, then E1-72 applies.
* Both the obesity and the HTN are treated, they meet ACS 0002, hence they are coded.

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| Phacoemulsification and IOL for cataract. Patient documented in the medical record as having T2DM, chronic kidney disease grade 2, and diabetic retinopathy |
| Principal Diagnosis:  | H26.9 | Cataract |
| Associated Diagnosis/es | E11.39E11.31E11.22E11.71 | T2DM with other specified ophthalmic complicationDiabetic retinopathyDiabetes with CKDMultiple microvascular and other specified nonvascular complications |

In the Scenario above:

* The patient has a cataract, which is coded;
* The patient has a cataract and diabetes, hence the E11.39 is coded to show the severity/complexity of the diabetes
* The diabetic retinopathy is coded because it shows the severity of the diabetes
* The diabetes with CKD is coded because it shows the severity of the diabetes.
* The conditions of CKD and diabetic retinopathy together trigger code E11.71.
* Retinopathy is not coded to its own special code, because it was not treated

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| Phacoemulsification and IOL for cataract. Patient documented in the medical record as having T2DM, chronic kidney disease stage 2, and diabetic retinopathy. Patient stayed overnight for review of the CKD, and the ophthalmologist took the opportunity to review the diabetic retinopathy. |
| Principal Diagnosis:  | H26.9 | Cataract |
| Associated Diagnosis/es | E11.39E11.21N18.2E11.31E11.71 | T2DM with other specified ophthalmic complicationDiabetes with CKD, stage 2Stage 2 CKDT2DM with diabetic retinopathyRetinopathy is inherent in the title of E11.31 so doesn’t need to be coded as a separate codeMultiple microvascular Multiple microvascular and other specified nonvascular complications |
| Principal Procedure: | 42698-0742701-00 | Phacoemulsificaton of IOLInsertion IOL |

In the Scenario above:

* The patient has a cataract, which is coded;
* The patient has a cataract and diabetes, hence the E11.39 is coded
* The patient has T2DM with CKD – hence E11.21 is coded
* CKD was treated, hence it is assigned a coded
* The patent has diabetic retinopathy hence E11.31 is coded
* CKD plus diabetic retinopathy triggers E11.71