

Medicare Risk Adjustment Coding Focus

Diabetes Mellitus with Ophthalmic Complications



Overview

Diabetes mellitus is a chronic disease that occurs when the body cannot maintain normal blood sugar, which can result in abnormally high levels and cause various complications, such as ophthalmic conditions.¹ Ophthalmic complications can affect diabetic patients of any age. According to the National Institutes of Health (NIH), an estimated 285 million diabetics worldwide have signs of diabetic retinopathy, which is the leading cause of vision loss globally.¹

Cause

Diabetic retinopathy occurs when the tiny blood vessels in the retina are damaged. This damage can be due to fluid leakage, hemorrhage of the retina, or an advanced stage of abnormal blood vessel proliferation. There are four stages of this progressive disease, which include mild nonproliferative diabetic retinopathy (NPDR), moderate NPDR, severe NPDR, and proliferative diabetic retinopathy (PDR).¹

Additionally, diabetic retinopathy can lead to diabetic macular edema (DME) which is a build-up of fluid in the macula. Diabetes may also cause other

ophthalmic complications such as glaucoma and cataracts.

Signs and Symptoms

Diabetic retinopathy is a chronic condition of the eye that has no evident signs at its earliest stage. As the disease progresses, visual symptoms may occur, usually affecting both eyes, some of which include:²

- Decreased vision
- Blurry vision
- Holes or black spots in vision
- Blindness

Risk Factors

There are several risk factors correlated to diabetic eye manifestations such as elevated blood sugar levels, high blood pressure, ethnicity, pregnancy, blood lipid levels, and duration of diabetes. The longer a person has diabetes, the higher the risk for a diabetic manifestation.

Treatment

Early detection of retinopathy in diabetic patients helps to reduce the potentially worsening effects of the disease and routine screenings are key. Treatment will be determined based on the disease phase including medical control of blood sugar and blood pressure, and may include injection therapy, laser surgery or corticosteroids.⁴

Coding Guidance

Chapter 4 of ICD-10-CM codebook contains diagnosis codes for diabetic ophthalmic complications. These highly detailed codes include information

regarding the specific type of ophthalmic complication, the presence of macular edema, and laterality information. The medical record will need to include this same level of detail in order to code to the highest degree of specificity.³

Type 2 Diabetes with Ophthalmic Complications (HCC 18)

E11.31* - unspecified diabetic retinopathy

E11.32* - mild nonproliferative diabetic retinopathy

E11.33* - moderate diabetic retinopathy

E11.34* - severe diabetic retinopathy

E11.35* - proliferative diabetic retinopathy

E11.36 - diabetic cataract

E11.37* - macular edema, resolved following treatment

E11.39 - other diabetic ophthalmic complication (use additional code to identify manifestation)

***6th and 7th characters (when required) will indicate the presence or absence of macular edema and provide detail regarding laterality (right, left, bilateral or unspecified eye)**

Resources:

¹ National Institutes of Health. (n.d.) Epidemiology of Diabetic Retinopathy, Diabetic Macular Edema, and Related Vision Loss. Accessed September 12, 2018 from nih.gov

² National Eye Institute. (n.d.) Facts about Diabetic Eye Disease. Accessed September 11, 2018 from nih.gov

³ Schmidt, A. & Patterson, L. (2018). ICD-10-CM Expert for Physicians. Optum Insight Inc.

⁴ American Academy of Ophthalmology (n.d.) Diabetic Retinopathy Treatment. Accessed September 12, 2018 from aao.org