CODING GUIDELINES FOR DIABETES TYPE 2

When the type of diabetes is not specified in the medical records, it is classified as "diabetes mellitus," and the code E11.9 is used



If the patient uses insulin but the type of diabetes is not mentioned, the same code E11.9 is used. You can also add the code Z79.4 to indicate long-term use of insulin or oral hypoglycemic drugs.



For pregnant women with pre-existing diabetes, use code 024.011-024.93 along with specific diabetes codes (E08.00-E13.9) if the diabetes complicates the pregnancy



If a patient has a malfunctioning insulin pump, use a code from the subcategory T85.6 series to specify the type of pump malfunction, followed by code T38.3X6 series to indicate overdosing of insulin.



When someone has diabetes due to another medical condition, we use specific codes from the E08, E09, and E13 categories to describe the type of diabetes.



Coding Guidelines For Diabetes Mellitus

Jerome S. Fischer

Coding Guidelines For Diabetes Mellitus:

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of Health and Human Services (DHHS),2018-08 These guidelines have been approved by the four organizations that make up the Cooperating Parties for the ICD 10 CM the American Hospital Association AHA the American Health Information Management Association AHIMA CMS and NCHS These guidelines are a set of rules that have been developed to accompany and complement the official conventions and instructions provided within the ICD 10 CM itself The instructions and conventions of the classification take precedence over guidelines These guidelines are based on the coding and sequencing instructions in the Tabular List and Alphabetic Index of ICD 10 CM but provide additional instruction Adherence to these guidelines when assigning ICD 10 CM diagnosis codes is required under the Health Insurance Portability and Accountability Act HIPAA The diagnosis codes Tabular List and Alphabetic Index have been adopted under HIPAA for all healthcare settings

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Diabetes Care Documentation and Coding Jerome S. Fischer,2002 *ICD-10-CM Official Guidelines for Coding and Reporting - FY 2020 (October 1, 2019 - September 30, 2020)* U.S. Department of Health and Human Services DHHS,2019-11-19 These guidelines are a set of rules that have been developed to accompany and complement the official conventions and instructions provided within the ICD 10 CM itself The instructions and conventions of the classification take precedence over guidelines These guidelines are based on the coding and sequencing instructions in the Tabular List and Alphabetic Index of ICD 10 CM but provide additional instruction Adherence to these guidelines when assigning ICD 10 CM diagnosis codes is required under the Health Insurance Portability and Accountability Act HIPAA The diagnosis codes Tabular List and Alphabetic Index have been adopted under HIPAA for all healthcare settings A joint effort between the healthcare provider and the coder is essential to achieve complete and accurate documentation code assignment and reporting of diagnoses and procedures These guidelines have been developed to assist both the healthcare provider and the coder in identifying those diagnoses that are to be reported

Step-by-step Medical Coding Carol J. Buck,1998 This new

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Table of Contents Coding Guidelines For Diabetes Mellitus

- 1. Understanding the eBook Coding Guidelines For Diabetes Mellitus
 - The Rise of Digital Reading Coding Guidelines For Diabetes Mellitus
 - o Advantages of eBooks Over Traditional Books
- 2. Identifying Coding Guidelines For Diabetes Mellitus
 - Exploring Different Genres
 - Considering Fiction vs. Non-Fiction
 - Determining Your Reading Goals
- 3. Choosing the Right eBook Platform
 - Popular eBook Platforms
 - Features to Look for in an Coding Guidelines For Diabetes Mellitus
 - User-Friendly Interface
- 4. Exploring eBook Recommendations from Coding Guidelines For Diabetes Mellitus

- Personalized Recommendations
- Coding Guidelines For Diabetes Mellitus User Reviews and Ratings
- Coding Guidelines For Diabetes Mellitus and Bestseller Lists
- 5. Accessing Coding Guidelines For Diabetes Mellitus Free and Paid eBooks
 - Coding Guidelines For Diabetes Mellitus Public Domain eBooks
 - Coding Guidelines For Diabetes Mellitus eBook Subscription Services
 - Coding Guidelines For Diabetes Mellitus Budget-Friendly Options
- 6. Navigating Coding Guidelines For Diabetes Mellitus eBook Formats
 - o ePub, PDF, MOBI, and More
 - Coding Guidelines For Diabetes Mellitus Compatibility with Devices
 - Coding Guidelines For Diabetes Mellitus Enhanced eBook Features
- 7. Enhancing Your Reading Experience
 - Adjustable Fonts and Text Sizes of Coding Guidelines For Diabetes Mellitus
 - Highlighting and Note-Taking Coding Guidelines For Diabetes Mellitus
 - Interactive Elements Coding Guidelines For Diabetes Mellitus
- 8. Staying Engaged with Coding Guidelines For Diabetes Mellitus
 - Joining Online Reading Communities
 - Participating in Virtual Book Clubs
 - Following Authors and Publishers Coding Guidelines For Diabetes Mellitus
- 9. Balancing eBooks and Physical Books Coding Guidelines For Diabetes Mellitus
 - Benefits of a Digital Library
 - Creating a Diverse Reading Collection Coding Guidelines For Diabetes Mellitus
- 10. Overcoming Reading Challenges
 - Dealing with Digital Eye Strain
 - Minimizing Distractions
 - Managing Screen Time
- 11. Cultivating a Reading Routine Coding Guidelines For Diabetes Mellitus
 - Setting Reading Goals Coding Guidelines For Diabetes Mellitus
 - Carving Out Dedicated Reading Time
- 12. Sourcing Reliable Information of Coding Guidelines For Diabetes Mellitus

- Fact-Checking eBook Content of Coding Guidelines For Diabetes Mellitus
- Distinguishing Credible Sources
- 13. Promoting Lifelong Learning
 - Utilizing eBooks for Skill Development
 - Exploring Educational eBooks
- 14. Embracing eBook Trends
 - Integration of Multimedia Elements
 - Interactive and Gamified eBooks

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