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Diabetes ICD-10 Coding Cheat Sheet

FY2026 Quick Reference | E08–E13 Full Hierarchy | CPT Pairings | Denial Triggers | HCC V28

1 DIABETES CATEGORY GUIDE — CHOOSE THE RIGHT ROOT CODE FIRST

Code	Type	Key Sequencing Rule
E08	Diabetes due to underlying condition	Underlying disease coded FIRST
E09	Drug or chemical-induced diabetes	Adverse effect T-code coded FIRST
E10	Type 1 diabetes mellitus	Never add Z79.4 — insulin is implied
E11	Type 2 diabetes mellitus (default)	Add Z79.4 for insulin; Z79.84 for oral agents
E13	Other specified (post-surgical, MODY)	Complication structure mirrors E11
O24.4	Gestational diabetes	Obstetrics chapter only — NOT E codes

2 COMPLICATION EXTENSION MAP (applies to E08–E13)

Extension	Complication	Always Add
.00/.01	Hyperosmolarity (without/with coma)	—
.10/.11	Ketoacidosis (without/with coma)	—
.21	Diabetic nephropathy (no CKD stage needed)	No N18.x required unless CKD stage also documented
.22	Diabetic CKD (any stage)	N18.x for CKD stage — REQUIRED (use N18.31/N18.32 for stage 3)
.12/.13/.14	CKD stage 3 / 4 / 5 or ESRD	N18.31 or N18.32 (stage 3a/3b), N18.4, N18.5, N18.6 — REQUIRED
.311–.359	Retinopathy (NPDR, PDR, various types)	Laterality required: 1=right 2=left 3=both
.36	Diabetic cataract	—
.40–.49	Neuropathy (unspec / mono / poly / auto /amyotrophy)	—
.51/.52	Peripheral angiopathy (without/with gangrene)	"Gangrene" must appear in physician note for .52
.610	Neuropathic arthropathy (Charcot joint)	—
.620/.628	Diabetic dermatitis / other skin complication	—
.621	Foot ulcer	L97.x for ulcer site & severity — REQUIRED
.622	Other skin ulcer	L98.x — REQUIRED
.630/.638	Periodontal / other oral complication	—
.641/.649	Hypoglycemia with/without coma	—
.65	Hyperglycemia	—
.9	No complications	Confirm with full chart review — don't default

3 MEDICATION Z-CODES — REQUIRED SECONDARY CODES

Situation	Code	Notes
E08/E09/E11/E13 patient on long-term insulin	Z79.4	NEVER add to E10 — implied for Type 1
On oral hypoglycemics (metformin, glipizide, SGLT2, oral semaglutide)	Z79.84	All oral antidiabetic agents
On BOTH insulin AND oral agents	Z79.4 ONLY	Do NOT add Z79.84 — per official guidelines
On injectable GLP-1 (Ozempic, Victoza, Trulicity)	Z79.85	Injectable non-insulin antidiabetic
On insulin + injectable GLP-1	Z79.4 + Z79.85	Add both codes

On oral agents + injectable GLP-1	Z79.84 + Z79.85	Add both codes
Diet-controlled only	None	No Z code required
Resolved complication (e.g. healed ulcer)	Z86.39	Personal history — not an active code
Temporary insulin (e.g. hospital only)	None	Z79.4 is for established long-term use only

★ **Z79.4 only when on both insulin AND oral agents — confirmed per ICD-10-CM Official Guidelines FY2026, Section I.C.4.a.3**

4 HCC RISK ADJUSTMENT — CMS-HCC VERSION 28 (Effective Jan 1, 2025)

HCC (V28)	Description	Applies To	Important Rule
HCC 36	Diabetes with severe acute complications	DKA, hyperosmolar coma, hypoglycemic coma	All 3 HCCs carry equal weight (0.166) under V28 constraining
HCC 37	Diabetes with chronic complications	Neuropathy, nephropathy, retinopathy, angiopathy	Still critical for audit defense and accurate documentation
HCC 38	Diabetes with glycemic, unspecified, or no complications	E11.9, E11.65 — no documented complications	Do not default to HCC 38 if complications exist in the chart

★ **HCC diagnoses do NOT carry forward year to year. Every active complication must appear on at least one claim per calendar year.**

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Diabetes ICD-10 Cheat Sheet — Page 2

CPT Code Pairings | Top Denial Triggers | Common Documentation Errors | MDM Scoring

5 COMMON CPT CODE PAIRINGS

CPT	Description	Common Diabetes ICD-10 Pairing
99213–99215	E&M; visit, established patient	E11.x + Z79.4/Z79.84
83036	Hemoglobin A1c	E11.x (monitoring — not standalone diagnosis)
82962	Blood glucose by monitoring device	E11.649, E11.65
99490	Chronic care management (20 min)	E11.x with 2+ chronic conditions
99091	Remote patient monitoring — interpretation	E11.x (chronic management)
92134	Scanning ophthalmic diagnostic imaging (retina)	E11.311–E11.359
92228	Remote imaging — diabetic retinopathy detection	E11.311–E11.359
G0108	Diabetes self-mgmt training, individual (DSMT)	E11.x (new diagnosis or plan change)
G0109	Diabetes self-mgmt training, group	E11.x
95905–95913	Nerve conduction studies	E11.42 (polyneuropathy)
11721	Debridement of nails	E11.621 + L97.x
97597–97598	Debridement, open wound	E11.621 + L97.x

6 TOP CLAIM DENIAL TRIGGERS

Denial Trigger	Prevention
E11.12 without N18.x companion	Always pair nephropathy with CKD stage code
E08/E09 sequenced AFTER diabetes code	Cause first: underlying disease or T-code before E08/E09
E11.621 (foot ulcer) without L97.x	Foot ulcer always needs L97.x site + severity
Retinopathy coded without laterality	Query ophthalmology note; specify R / L / bilateral
Z79.4 missing for Type 2 on insulin	Cross-check medication list every encounter
Z79.4 added to E10 (Type 1)	Remove — insulin is implied for all E10 codes
E11.52 (gangrene) without the word 'gangrene' in note	Do not code from wound appearance alone
E09 submitted without T-code	T-code must precede E09 — always
Drug-induced diabetes coded as E11	If drug caused it, use E09 regardless of presentation
Active complication coded as resolved	Use Z86.39 for healed/resolved complications only

7 MDM COMPLEXITY SCORING BY DIABETES SCENARIO

Clinical Scenario	MDM Level	Supports
Type 2, stable, no complications (E11.9)	Moderate	99214
Type 2 + ONE stable complication (e.g. E11.42)	Moderate	99214
Type 2 + MULTIPLE complications	High	99215
Hypoglycemic episode with loss of consciousness (E11.641)	High	99215
New-onset diabetes, type not yet established	Moderate	99214
Steroid-induced diabetes, newly diagnosed (E09.9)	Moderate	99214
Diabetic foot ulcer with wound care (E11.621 + L97.x)	High	99215
Diabetic ketoacidosis (E11.10 or E11.11)	High	99215

Type 2 + CKD stage 4 (E11.13 + N18.4)	High	99215

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OmniMD's AI Medical Coder catches missing companion codes, flags undercoded E11.9 encounters, and suggests the right Z-codes — before claims are submitted. Combined with AI RCM, it tracks HCC capture gaps across your entire diabetic panel.

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