p. **Follow-up care for completed treatment of a malignancy**

*See Section I.C.21. Factors influencing health status and contact with health services, Follow-up*

q. **Prophylactic organ removal for prevention of malignancy**

*See Section I.C. 21, Factors influencing health status and contact with health services, Prophylactic organ removal*

r. **Malignant neoplasm associated with transplanted organ**

A malignant neoplasm of a transplanted organ should be coded as a transplant complication. Assign first the appropriate code from category T86.-, Complications of transplanted organs and tissue, followed by code C80.2, Malignant neoplasm associated with transplanted organ. Use an additional code for the specific malignancy.

3. **Chapter 3: Disease of the blood and blood-forming organs and certain disorders involving the immune mechanism**

   *(D50-D89)*

   Reserved for future guideline expansion

4. **Chapter 4: Endocrine, Nutritional, and Metabolic Diseases**

   *(E00-E89)*

   a. **Diabetes mellitus**

   The diabetes mellitus codes are combination codes that include the type of diabetes mellitus, the body system affected, and the complications affecting that body system. As many codes within a particular category as are necessary to describe all of the complications of the disease may be used. They should be sequenced based on the reason for a particular encounter. Assign as many codes from categories E08 – E13 as needed to identify all of the associated conditions that the patient has.

   1) **Type of diabetes**

   The age of a patient is not the sole determining factor, though most type 1 diabetics develop the condition before reaching puberty. For this reason type 1 diabetes mellitus is also referred to as juvenile diabetes.
2) **Type of diabetes mellitus not documented**

If the type of diabetes mellitus is not documented in the medical record the default is E11.-, Type 2 diabetes mellitus.

3) **Diabetes mellitus and the use of insulin**

If the documentation in a medical record does not indicate the type of diabetes but does indicate that the patient uses insulin, code E11, Type 2 diabetes mellitus, should be assigned. **Code Z79.4, Long-term (current) use of insulin, should also be assigned to indicate that the patient uses insulin. Code Z79.4 should not be assigned if insulin is given temporarily to bring a type 2 patient’s blood sugar under control during an encounter.**

4) **Diabetes mellitus in pregnancy and gestational diabetes**

*See Section I.C.15. Diabetes mellitus in pregnancy.*
*See Section I.C.15. Gestational (pregnancy induced) diabetes*

5) **Complications due to insulin pump malfunction**

(a) **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 principal or **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.

(b) **Overdose of insulin due to insulin pump failure**

The principal or **first-listed** code for an encounter due to an insulin pump malfunction resulting in an overdose of insulin, should also be T85.6-, Mechanical complication of other specified internal and external prosthetic devices, implants and grafts, followed by code T38.3x1-, Poisoning by insulin and oral hypoglycemic [antidiabetic] drugs, accidental (unintentional).
6) **Secondary Diabetes Mellitus**

Codes under categories E08, Diabetes mellitus due to underlying condition, and E09, Drug or chemical induced diabetes mellitus, identify complications/manifestations associated with secondary diabetes mellitus. Secondary diabetes is always caused by another condition or event (e.g., cystic fibrosis, malignant neoplasm of pancreas, pancreatectomy, adverse effect of drug, or poisoning).

(a) **Secondary diabetes mellitus and the use of insulin**

For patients who routinely use insulin, code Z79.4, Long-term (current) use of insulin, should also be assigned. Code Z79.4 should not be assigned if insulin is given temporarily to bring a patient’s blood sugar under control during an encounter.

(b) **Assigning and sequencing secondary diabetes codes and its causes**

The sequencing of the secondary diabetes codes in relationship to codes for the cause of the diabetes is based on the Tabular List instructions for categories E08 and E09. For example, for category E08, Diabetes mellitus due to underlying condition, code first the underlying condition; for category E09, Drug or chemical induced diabetes mellitus, code first the drug or chemical (T36-T65).

(i) **Secondary diabetes mellitus due to pancreatectomy**

For postpancreatectomy diabetes mellitus (lack of insulin due to the surgical removal of all or part of the pancreas), assign code E89.1, Postprocedural hypoinsulinemia. Assign a code from category E13 and a code from subcategory Z90.41-, Acquired absence of pancreas, as additional codes.

(ii) **Secondary diabetes due to drugs**

Secondary diabetes may be caused by an adverse effect of correctly administered medications, poisoning or late effect of poisoning.