BlueCross BlueShield of Vermont
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Continuous or Intermittent Glucose Monitoring (CGMS) in Interstitial Fluid
Corporate Medical Policy

File name: Continuous or Intermittent Glucose Monitoring (CGMS) in Interstitial Fluid.
File code: UM.DME.07
Origination: 01/2005
Last Review: 02/2014 (ICD-10 remediation only)
Next Review: 10/2014
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Document Precedence

Blue Cross and Blue Shield of Vermont (BCBSVT) Medical Policies are developed to provide clinical guidance and are based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. The applicable group/individual contract and member certificate language determines benefits that are in effect at the time of service. Since medical practices and knowledge are constantly evolving, BCBSVT reserves the right to review and revise its medical policies periodically. To the extent that there may be any conflict between medical policy and contract language, the member's contract language takes precedence.

Medical Policy

Description

Recently, measurements of glucose in interstitial fluid have been developed as a technique of automatically measuring glucose values throughout the day, producing data that show the trends in glucose measurements, in contrast to the isolated glucose measurements of the traditional blood glucose measurements.

In evaluating the continuous glucose monitoring systems, it is important to recognize that they may be used intermittently, e.g., time periods of 72 hours, or continuously. In addition, it is important to note that all FDA-approved CGM systems are indicated as adjuncts to traditional self-monitoring of blood glucose and should not be used instead of self-monitoring.

Policy

Intermittent use of Continuous Glucose Monitoring in Interstitial Fluid

Intermittent monitoring, i.e. 72 consecutive hours on an appropriate periodic basis, of glucose levels in interstitial fluid may be considered **medically necessary** in patients with type 1 diabetes mellitus whose diabetes is poorly controlled as evidenced by fasting hyperglycemia (>150 mg/dL) or recurring episodes of severe hypoglycemia (<50 mg/dL) despite current use of best practices[1] when results are

monitored and interpreted under the supervision of a physician. Professional CGM-equipment is furnished by the provider using CPT codes 95250, 95251.

Poorly controlled type 1 diabetes mellitus includes the following clinical situations: unexplained hypoglycemic episodes, hypoglycemic unawareness, suspected postprandial hyperglycemia, and recurrent diabetic ketoacidosis. Women with type 1 diabetes mellitus taking insulin who are pregnant or about to become pregnant with poorly controlled diabetes are another subset of patients to whom the policy statement on intermittent monitoring may apply.

Intermittent monitoring of glucose levels in interstitial fluid may also be considered **medically necessary** in patients with type I diabetes prior to insulin pump initiation to determine basal insulin levels.

Long Term use of Continuous Glucose Monitoring in Interstitial Fluid

Continuous, i.e., long-term, monitoring of glucose levels in interstitial fluid, including real-time monitoring, as a technique of diabetic monitoring and as a supplement to self-monitoring of blood glucose, may be considered **medically necessary** in members with documented type 1 diabetes (device owned by the individual patient-see HCPCS codes in Attachment I) when:

- The member requires insulin injections 3 or more times per day or the use of an insulin pump for maintenance of blood sugar control;
- The member is capable of using a long-term continuous glucose monitoring system; **AND**

Meets at least **ONE** of the following criteria despite adherence to a physician ordered diabetic treatment plan and compliance with at least 4 times per day self monitoring and multiple alterations in insulin administrations regimens or the use of an insulin pump:

- Members who have recurrent, unexplained, severe, symptomatic (generally blood glucose levels less than 50 mg/dL) hypoglycemia for whom hypoglycemia puts the patient or others at risk; or
- Members who have been unable to achieve optimum glycemic control as defined by the current version of the American Diabetes Association *Standards of Medical Care in Diabetes*[2]; or
- Member has experienced hypoglycemia unawareness[3]; or
- Members with type I diabetes who are pregnant whose diabetes is poorly controlled. Poorly controlled type I diabetes includes unexplained hypoglycemic episodes, hypoglycemic unawareness, suspected postprandial hyperglycemia, and recurrent diabetic ketoacidosis.

Other uses of continuous monitoring of glucose levels in interstitial fluid as a technique of diabetic monitoring, including use in individuals with type 2 diabetes and in individuals with gestational diabetes are considered **investigational,** as there is limited evidence to suggest that the use of CGMS in these patients leads to improved glycemic control.

External insulin pumps and continuous blood glucose monitors combined into single closed-loop systems that do not require direct patient interaction are **investigational** and unproven.

Best practices in diabetes control for patients with diabetes mellitus:

- Compliance with a regimen of 4 or more fingersticks each day and use of an insulin pump.
- During pregnancy, 3 or more insulin injections daily could also be considered best practice for patients not on an insulin pump prior to the pregnancy.
- Prior use of an intermittent (72-hour) glucose monitor would be considered a part of best practices for those considering use of a continuous glucose monitor. [1]

Optimum Glycemic Control:

- Lowering A1C for non-pregnant adults to <7% to reduce microvascular and neuropathic complications of diabetes and, possibly,
- macrovascular disease.
- Lowering A1C for selected individual patients as close to normal (<6%) as possible without significant hypoglycemia.
- Less stringent A1C goals may be appropriate for patients with a history of severe hypoglycemia, patients with limited life expectancies, children, individuals with comorbid conditions, and those with longstanding diabetes and minimal or stable microvascular complications. [2]

Hypoglycemia Unawareness

- A complication of diabetes in which the patient is unaware of a precipitous drop in blood sugar due to failure to trigger the secretion of epinephrine which would normally generate the characteristic symptoms of hypoglycemia that serve to warn the patient of decreasing blood glucose levels. Hypoglycemia unawareness can result in prolonged exposure to hypoglycemia, resulting in a seizure, loss of consciousness, or brain damage. The development of hypoglycemia unawareness also makes intensified blood glucose control more difficult and puts the patient at risk for severe hypoglycemia-related complications. [3]

Administrative and Contractual Guidance

Benefit Determination Guidance

Prior approval may be required and benefits are subject to all terms, limitations and conditions of the subscriber contract.

For New England Health Plan (NEHP) members an approved referral authorization may be required.

Benefits for FEP members may vary. Please consult the FEP Service Plan Brochure.

Coverage varies according to the member's group or individual contract. Not all groups are required to follow the Vermont legislative mandates. Member Contract language takes precedence over medical policy when there is a conflict.

If the member receives benefits through a self-funded (ASO) group, benefits may vary or not apply. To verify benefit information, please refer to the member's plan documents or contact the customer service department.

Billing & Coding information

See attachments I, II and III for coding tables and instructions.

See the BCBSVT prior approval list for durable medical equipment (DME) to determine prior approval requirements for CGMS.

Intermittent monitoring is generally conducted in 72-hour periods. It may be repeated at a subsequent time depending on the patient's level of diabetes control.

In 2009, the language of the CPT codes that specifically describe monitoring of glucose levels in the interstitial fluid using implanted devices was revised to state that the devices are used for a minimum of 72 hours.

The patient must meet the FDA age indications for the specific device.

Continuous glucose monitoring is not covered for intermittent glucose monitoring for periods of less than 72 hours.

Any additional software or hardware required for downloading data from blood glucose monitors to computers is not covered.

Glucose monitors that are not FDA-approved, including but not limited to those using infrared spectroscopy, are considered investigational.

Use of non-invasive continuous interstitial glucose montoring devices (i.e. GlucoWatch Biographer) and related supplies is considered investigational.

Eligible Providers

Allopathic Physicians (MD)
Osteopathic Physicians (DO)
Naturopathic Physicians (NP)
Durable Medical Equipment Providers (DME)

Audit Information

BCBSVT reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in the medical policy. If an audit identifies instances of non-compliance with this medical policy, BCBSVT reserves the right to recoup all non-compliant payments.

Related Policies

External Insulin Pumps
Medical Equipment and Supplies

Policy Implementation/Update information

New Policy
01/2006 annual review, CPT codes updated, no other changes.
02/2007 annual review, clarified language that this policy is specific for 72 hour monitoring provided in an outpatient setting. Reviewed by the CAC 05/2007
01/2008 annual review. No changes made. To be reviewed by the CAC 03/2008
11/2009 annual review. Policy revised to adopt the BCBSA Medical Policy in its entirety. Name changed to reflect the expanded scope of policy to address both short-term and long-term use of continuous glucose monitoring. New policy statement added that intermittent (72 hours) glucose monitoring may be considered medically necessary when specific criteria are met; continuous (long-term) monitoring also may be considered medically necessary when specific, but different, criteria are met
11/2011 Updated and placed in new format. New language on investigational uses of CGMS added. Additional CPT code added for interpretation of physiologic data. New criteria added. Reimbursement language for professional interpretation added.
2/2014- ICD-10 remediated, minor format changes. Prior approval statement revised. RLJ.

Scientific Background and Reference Resources

The American Diabetes Association (ADA) makes the following recommendations concerning continuous glucose monitoring (CGM) in its 2011 standards of medical care in diabetes. (24)

- Continuous glucose monitoring (CGM) in conjunction with intensive insulin regimens can be a useful tool to lower A1c in selected adults (age at least 25 years) with type 1 diabetes. (Level of evidence A)
- Although the evidence of A1c lowering is less strong in children, teens, and younger adults, CGM may be helpful in those groups. Success correlates with adherence to ongoing use of the device. (Level of evidence C)
- CGM may be a supplemental tool to SMBG [self-monitoring of blood glucose] in those with hypoglycemic unawareness and/or frequent hypoglycemic episodes. (Level of evidence E)

References:

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Approved by BCBSVT Medical Directors **Date Approved**

Spencer Borden MD
Chair, Medical Policy Committee

Robert Wheeler MD
Chief Medical Officer

Attachment I
CPT Code Table & Instructions

Code Type	Number	Brief Description	Policy Instructions
The following codes will be considered as medically necessary when applicable criteria have been met.			
CPT	95250	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording	Per Current Procedural Terminology- Do not report 95250 more than once per month.

CPT	95251	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; physician interpretation and report (can only be reported 4 times per patient per plan year)	Per Current Procedural Terminology- Do not report 95250 more than once per month.
HCPCS	A9276	Sensor; invasive (e.g., subcutaneous), disposable, for use with interstitial continuous glucose monitoring system.	See the BCBSVT DME prior approval list for requirements.
HCPCS	A9277	Transmitter; external, for use with interstitial continuous glucose monitoring system.	See the BCBSVT DME prior approval list for requirements.
HCPCS	A9278	Receiver (monitor); external, for use with interstitial continuous glucose monitoring system.	See the BCBSVT DME prior approval list for requirements.
HCPCS	S1030	Continuous non-invasive glucose monitoring device, purchase (for physician interpretation of data, use CPT code).	See the BCBSVT DME prior approval list for requirements.
HCPCS	S1031	Continuous non-invasive glucose monitoring device, rental, including sensor, sensor replacement, and download to monitor (for physician interpretation of data, use CPT code).	See the BCBSVT DME prior approval list for requirements.
The following codes will be denied as Non-Covered			
CPT	99091	Collection and interpretation of physiologic data (e.g. ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, requiring a minimum of 30 minutes of time.	
Type of Service		Durable medical equipment, medicine	

Place of Service	Home, office, outpatient

Attachment II
ICD-9 Diagnosis Code table & Instructions

Code Type	Number	Brief Description	Policy Instructions
The following diagnoses may be considered as medically necessary when applicable criteria have been met.			
ICD-9	250.00	Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled	
ICD-9	250.01	Diabetes mellitus without mention of complication, type I [juvenile type], not stated as uncontrolled	
ICD-9	250.02	Diabetes mellitus without mention of complication, type II or unspecified type, uncontrolled	
ICD-9	250.03	Diabetes mellitus without mention of complication, type I [juvenile type], uncontrolled	
ICD-9	250.10	Diabetes mellitus with ketoacidosis, type II or unspecified type, not stated as uncontrolled	
ICD-9	250.11	Diabetes mellitus with ketoacidosis, type I [juvenile type], not stated as uncontrolled	
ICD-9	250.12	Diabetes mellitus with ketoacidosis, type II or unspecified type, uncontrolled	
ICD-9	250.13	Diabetes mellitus with ketoacidosis, type I [juvenile type], uncontrolled	

ICD-9	250.20	Diabetes mellitus with hyperosmolarity, type II or unspecified type, not stated as uncontrolled	
ICD-9	250.21	Diabetes mellitus with hyperosmolarity, type I [juvenile type], not stated as uncontrolled	
ICD-9	250.22	Diabetes mellitus with hyperosmolarity, type II or unspecified type, uncontrolled	
ICD-9	250.23	Diabetes mellitus with hyperosmolarity, type I [juvenile type], uncontrolled	
ICD-9	250.30	Diabetes mellitus with other coma, type II or unspecified type, not stated as uncontrolled	
ICD-9	250.31	Diabetes mellitus with other coma, type I [juvenile type], not stated as uncontrolled	
ICD-9	250.32	Diabetes mellitus with other coma, type II or unspecified type, uncontrolled	
ICD-9	250.33	Diabetes mellitus with other coma, type I [juvenile type], uncontrolled	
ICD-9	250.40	Diabetes mellitus with renal manifestations, type II or unspecified type, not stated as uncontrolled	
ICD-9	250.41	Diabetes mellitus with renal manifestations, type I [juvenile type], not stated as uncontrolled	
ICD-9	250.42	Diabetes mellitus with renal manifestations, type II or unspecified type, uncontrolled	
ICD-9	250.43	Diabetes mellitus with renal manifestations, type I [juvenile type], uncontrolled	

ICD-9	250.50	Diabetes mellitus with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled	
ICD-9	250.51	Diabetes mellitus with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled	
ICD-9	250.52	Diabetes mellitus with ophthalmic manifestations, type II or unspecified type, uncontrolled	
ICD-9	250.53	Diabetes mellitus with ophthalmic manifestations, type I [juvenile type], uncontrolled	
ICD-9	250.60	Diabetes mellitus with neurological manifestations, type II or unspecified type, not stated as uncontrolled	
ICD-9	250.61	Diabetes mellitus with neurological manifestations, type I [juvenile type], not stated as uncontrolled	
ICD-9	250.62	Diabetes mellitus with neurological manifestations, type II or unspecified type, uncontrolled	
ICD-9	250.63	Diabetes mellitus with neurological manifestations, type I [juvenile type], uncontrolled	
ICD-9	250.70	Diabetes mellitus with peripheral circulatory disorders, type II or unspecified type, not stated as uncontrolled	
ICD-9	250.71	Diabetes mellitus with peripheral circulatory disorders, type I [juvenile type], not stated as uncontrolled	
ICD-9	250.72	Diabetes mellitus with peripheral circulatory disorders, type II or unspecified type, uncontrolled	

ICD-9	250.73	Diabetes mellitus with peripheral circulatory disorders, type I [juvenile type], uncontrolled	
ICD-9	250.80	Diabetes mellitus with other specified manifestations, type II or unspecified type, not stated as uncontrolled	
ICD-9	250.81	Diabetes mellitus with other specified manifestations, type I [juvenile type], not stated as uncontrolled	
ICD-9	250.82	Diabetes mellitus with other specified manifestations, type II or unspecified type, uncontrolled	
ICD-9	250.83	Diabetes mellitus with other specified manifestations, type I [juvenile type], uncontrolled	
ICD-9	250.90	Diabetes mellitus with unspecified complication, type II or unspecified type, not stated as uncontrolled	
ICD-9	250.91	Diabetes mellitus with unspecified complication, type I [juvenile type], not stated as uncontrolled	
ICD-9	250.92	Diabetes mellitus with unspecified complication, type II or unspecified type, uncontrolled	
ICD-9	250.93	Diabetes mellitus with unspecified complication, type I [juvenile type], uncontrolled	
ICD-9	648.00	Diabetes mellitus complicating pregnancy, childbirth, or the puerperium, unspecified as to episode of care or not applicable	
ICD-9	648.01	Diabetes mellitus complicating pregnancy, childbirth, or the puerperium, delivered, with or without mention of antepartum condition	

ICD-9	648.02	Diabetes mellitus complicating pregnancy, childbirth, or the puerperium, delivered, with mention of postpartum complication	
ICD-9	648.03	Diabetes mellitus complicating pregnancy, childbirth, or the puerperium, antepartum condition or complication	
ICD-9	648.04	Diabetes mellitus complicating pregnancy, childbirth, or the puerperium, postpartum condition or complication	

Attachment III
ICD-10 Diagnosis Code Table & Instructions

Code Type	Number	Brief Description	Policy Instructions
The following diagnoses may be considered as medically necessary when applicable criteria have been met.			
ICD-10	E10.10	Type 1 diabetes mellitus with ketoacidosis without coma	
ICD-10	E10.11	Type 1 diabetes mellitus with ketoacidosis with coma	
ICD-10	E10.21	Type 1 diabetes mellitus with diabetic nephropathy	
ICD-10	E10.22	Type 1 diabetes mellitus with diabetic chronic kidney disease	
ICD-10	E10.29	Type 1 diabetes mellitus with other diabetic kidney complication	
ICD-10	E10.311	Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema	
ICD-10	E10.319	Type 1 diabetes mellitus with unspecified diabetic retinopathy without macular edema	

ICD-10	E10.321	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema	
ICD-10	E10.329	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema	
ICD-10	E10.331	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema	
ICD-10	E10.339	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema	
ICD-10	E10.341	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema	
ICD-10	E10.349	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema	
ICD-10	E10.351	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema	
ICD-10	E10.359	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema	
ICD-10	E10.36	Type 1 diabetes mellitus with diabetic cataract	
ICD-10	E10.39	Type 1 diabetes mellitus with other diabetic ophthalmic complication	
ICD-10	E10.40	Type 1 diabetes mellitus with diabetic neuropathy, unspecified	
ICD-10	E10.41	Type 1 diabetes mellitus with diabetic mononeuropathy	
ICD-10	E10.42	Type 1 diabetes mellitus with diabetic polyneuropathy	
ICD-10	E10.43	Type 1 diabetes mellitus with diabetic autonomic (poly)neuropathy	

ICD-10	E10.44	Type 1 diabetes mellitus with diabetic amyotrophy	
ICD-10	E10.49	Type 1 diabetes mellitus with other diabetic neurological complication	
ICD-10	E10.51	Type 1 diabetes mellitus with diabetic peripheral angiopathy without gangrene	
ICD-10	E10.52	Type 1 diabetes mellitus with diabetic peripheral angiopathy with gangrene	
ICD-10	E10.59	Type 1 diabetes mellitus with other circulatory complications	
ICD-10	E10.610	Type 1 diabetes mellitus with diabetic neuropathic arthropathy	
ICD-10	E10.618	Type 1 diabetes mellitus with other diabetic arthropathy	
ICD-10	E10.620	Type 1 diabetes mellitus with diabetic dermatitis	
ICD-10	E10.621	Type 1 diabetes mellitus with foot ulcer	
ICD-10	E10.622	Type 1 diabetes mellitus with other skin ulcer	
ICD-10	E10.628	Type 1 diabetes mellitus with other skin complications	
ICD-10	E10.630	Type 1 diabetes mellitus with periodontal disease	
ICD-10	E10.638	Type 1 diabetes mellitus with other oral complications	
ICD-10	E10.641	Type 1 diabetes mellitus with hypoglycemia with coma	
ICD-10	E10.649	Type 1 diabetes mellitus with hypoglycemia without coma	
ICD-10	E10.65	Type 1 diabetes mellitus with hyperglycemia	
ICD-10	E10.69	Type 1 diabetes mellitus with other specified complication	

ICD-10	E10.8	Type 1 diabetes mellitus with unspecified complications	
ICD-10	E10.9	Type 1 diabetes mellitus without complications	
ICD-10	O24.011	Pre-existing diabetes mellitus, type 1, in pregnancy, first trimester	
ICD-10	O24.012	Pre-existing diabetes mellitus, type 1, in pregnancy, second trimester	
ICD-10	O24.013	Pre-existing diabetes mellitus, type 1, in pregnancy, third trimester	
ICD-10	O24.019	Pre-existing diabetes mellitus, type 1, in pregnancy, unspecified trimester	
ICD-10	O24.02	Pre-existing diabetes mellitus, type 1, in childbirth	
ICD-10	O24.03	Pre-existing diabetes mellitus, type 1, in the puerperium	
ICD-10	O24.311	Unspecified pre-existing diabetes mellitus in pregnancy, first trimester	
ICD-10	O24.312	Unspecified pre-existing diabetes mellitus in pregnancy, second trimester	
ICD-10	O24.313	Unspecified pre-existing diabetes mellitus in pregnancy, third trimester	
ICD-10	O24.319	Unspecified pre-existing diabetes mellitus in pregnancy, unspecified trimester	
ICD-10	O24.32	Unspecified pre-existing diabetes mellitus in childbirth	
ICD-10	O24.33	Unspecified pre-existing diabetes mellitus in the puerperium	
ICD-10	O24.811	Other pre-existing diabetes mellitus in pregnancy, first trimester	
ICD-10	O24.812	Other pre-existing diabetes mellitus in pregnancy, second trimester	

ICD-10	O24.813	Other pre-existing diabetes mellitus in pregnancy, third trimester	
ICD-10	O24.819	Other pre-existing diabetes mellitus in pregnancy, unspecified trimester	
ICD-10	O24.82	Other pre-existing diabetes mellitus in childbirth	
ICD-10	O24.83	Other pre-existing diabetes mellitus in the puerperium	
ICD-10	O24.911	Unspecified diabetes mellitus in pregnancy, first trimester	
ICD-10	O24.912	Unspecified diabetes mellitus in pregnancy, second trimester	
ICD-10	O24.913	Unspecified diabetes mellitus in pregnancy, third trimester	
ICD-10	O24.919	Unspecified diabetes mellitus in pregnancy, unspecified trimester	
ICD-10	O24.92	Unspecified diabetes mellitus in childbirth	
ICD-10	O24.93	Unspecified diabetes mellitus in the puerperium	
The following diagnoses (Type II Diabetes Mellitus) will be denied as indicated in the medical policy.			
ICD-10	E11.00	Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)	
ICD-10	E11.01	Type 2 diabetes mellitus with hyperosmolarity with coma	
ICD-10	E11.21	Type 2 diabetes mellitus with diabetic nephropathy	
ICD-10	E11.22	Type 2 diabetes mellitus with diabetic chronic kidney disease	
ICD-10	E11.29	Type 2 diabetes mellitus with other diabetic kidney complication	
ICD-10	E11.311	Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema	

ICD-10	E11.319	Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema	
ICD-10	E11.321	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema	
ICD-10	E11.329	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema	
ICD-10	E11.331	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema	
ICD-10	E11.339	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema	
ICD-10	E11.341	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema	
ICD-10	E11.349	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema	
ICD-10	E11.351	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema	
ICD-10	E11.359	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema	
ICD-10	E11.36	Type 2 diabetes mellitus with diabetic cataract	
ICD-10	E11.39	Type 2 diabetes mellitus with other diabetic ophthalmic complication	
ICD-10	E11.40	Type 2 diabetes mellitus with diabetic neuropathy, unspecified	
ICD-10	E11.41	Type 2 diabetes mellitus with diabetic mononeuropathy	
ICD-10	E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	

ICD-10	E11.43	Type 2 diabetes mellitus with diabetic autonomic (poly)neuropathy	
ICD-10	E11.44	Type 2 diabetes mellitus with diabetic amyotrophy	
ICD-10	E11.49	Type 2 diabetes mellitus with other diabetic neurological complication	
ICD-10	E11.51	Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene	
ICD-10	E11.52	Type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene	
ICD-10	E11.59	Type 2 diabetes mellitus with other circulatory complications	
ICD-10	E11.610	Type 2 diabetes mellitus with diabetic neuropathic arthropathy	
ICD-10	E11.618	Type 2 diabetes mellitus with other diabetic arthropathy	
ICD-10	E11.620	Type 2 diabetes mellitus with diabetic dermatitis	
ICD-10	E11.621	Type 2 diabetes mellitus with foot ulcer	
ICD-10	E11.622	Type 2 diabetes mellitus with other skin ulcer	
ICD-10	E11.628	Type 2 diabetes mellitus with other skin complications	
ICD-10	E11.630	Type 2 diabetes mellitus with periodontal disease	
ICD-10	E11.638	Type 2 diabetes mellitus with other oral complications	
ICD-10	E11.641	Type 2 diabetes mellitus with hypoglycemia with coma	
ICD-10	E11.649	Type 2 diabetes mellitus with hypoglycemia without coma	
ICD-10	E11.65	Type 2 diabetes mellitus with hyperglycemia	

ICD-10	E11.69	Type 2 diabetes mellitus with other specified complication	
ICD-10	E11.8	Type 2 diabetes mellitus with unspecified complications	
ICD-10	E11.9	Type 2 diabetes mellitus without complications	
ICD-10	E13.00	Other specified diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)	
ICD-10	E13.01	Other specified diabetes mellitus with hyperosmolarity with coma	
ICD-10	E13.10	Other specified diabetes mellitus with ketoacidosis without coma	
ICD-10	E13.11	Other specified diabetes mellitus with ketoacidosis with coma	
ICD-10	E13.21	Other specified diabetes mellitus with diabetic nephropathy	
ICD-10	E13.22	Other specified diabetes mellitus with diabetic chronic kidney disease	
ICD-10	E13.29	Other specified diabetes mellitus with other diabetic kidney complication	
ICD-10	E13.311	Other specified diabetes mellitus with unspecified diabetic retinopathy with macular edema	
ICD-10	E13.319	Other specified diabetes mellitus with unspecified diabetic retinopathy without macular edema	
ICD-10	E13.321	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema	
ICD-10	E13.329	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema	

ICD-10	E13.331	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema	
ICD-10	E13.339	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema	
ICD-10	E13.341	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema	
ICD-10	E13.349	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema	
ICD-10	E13.351	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema	
ICD-10	E13.359	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema	
ICD-10	E13.36	Other specified diabetes mellitus with diabetic cataract	
ICD-10	E13.39	Other specified diabetes mellitus with other diabetic ophthalmic complication	
ICD-10	E13.40	Other specified diabetes mellitus with diabetic neuropathy, unspecified	
ICD-10	E13.41	Other specified diabetes mellitus with diabetic mononeuropathy	
ICD-10	E13.42	Other specified diabetes mellitus with diabetic polyneuropathy	
ICD-10	E13.43	Other specified diabetes mellitus with diabetic autonomic (poly)neuropathy	
ICD-10	E13.44	Other specified diabetes mellitus with diabetic amyotrophy	

ICD-10	E13.49	Other specified diabetes mellitus with other diabetic neurological complication	
ICD-10	E13.51	Other specified diabetes mellitus with diabetic peripheral angiopathy without gangrene	
ICD-10	E13.52	Other specified diabetes mellitus with diabetic peripheral angiopathy with gangrene	
ICD-10	E13.59	Other specified diabetes mellitus with other circulatory complications	
ICD-10	E13.610	Other specified diabetes mellitus with diabetic neuropathic arthropathy	
ICD-10	E13.618	Other specified diabetes mellitus with other diabetic arthropathy	
ICD-10	E13.620	Other specified diabetes mellitus with diabetic dermatitis	
ICD-10	E13.621	Other specified diabetes mellitus with foot ulcer	
ICD-10	E13.622	Other specified diabetes mellitus with other skin ulcer	
ICD-10	E13.628	Other specified diabetes mellitus with other skin complications	
ICD-10	E13.630	Other specified diabetes mellitus with periodontal disease	
ICD-10	E13.638	Other specified diabetes mellitus with other oral complications	
ICD-10	E13.641	Other specified diabetes mellitus with hypoglycemia with coma	
ICD-10	E13.649	Other specified diabetes mellitus with hypoglycemia without coma	
ICD-10	E13.65	Other specified diabetes mellitus with hyperglycemia	
ICD-10	E13.69	Other specified diabetes mellitus with other specified complication	

ICD-10	E13.8	Other specified diabetes mellitus with unspecified complications	
ICD-10	E13.9	Other specified diabetes mellitus without complications	
ICD-10	O24.111	Pre-existing diabetes mellitus, type 2, in pregnancy, first trimester	
ICD-10	O24.112	Pre-existing diabetes mellitus, type 2, in pregnancy, second trimester	
ICD-10	O24.113	Pre-existing diabetes mellitus, type 2, in pregnancy, third trimester	
ICD-10	O24.119	Pre-existing diabetes mellitus, type 2, in pregnancy, unspecified trimester	
ICD-10	O24.12	Pre-existing diabetes mellitus, type 2, in childbirth	
ICD-10	O24.13	Pre-existing diabetes mellitus, type 2, in the puerperium	