OPTUM Care™

Diabetic Dyslipidemia -
An "Other" Complication of Diabetes

FAST FACTS:

Type 2 diabetes is known to be associated with a two to four times increased risk for cardiovascular disease (CVD) compared to non-diabetics. Dyslipidemia is a key modifiable risk factor in the development of CVD and shows a typical pattern in type 2 diabetics termed **diabetic dyslipidemia**. This lipoprotein pattern is associated with insulin resistance and characterized by **moderately elevated triglyceride** levels, **low HDL cholesterol** values, and **small dense LDL particles**. At triglyceride levels >132mg/dL, LDL particles become smaller and denser which may increase atherogenicity. [1, 2]

Diagnostic Criteria		ADA Goal:
Triglycerides	> 200 mg/dL	< 150 mg/dL
HDL	Male: < 40 mg/dL	> 40 mg/dL
	Female: < 50 mg/dL	> 50 mg/dL
LDL	> 100 mg/dL	≤100 mg/dL

Treatment:

Treatment should be based on current clinical guidelines and will vary depending on the individual patient's other CVD risk factors, glycemic control, and response to treatment.

For further information on current guidelines and treatment recommendations for dyslipidemia and diabetes please refer to:

- *"2013 ACC/AHA Guideline on the Treatment of Blood Cholesteral to Reduce Atherosclerotic Cardiovascular Risk in Adults: A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines"* online at:
  http://circ.ahajournals.org/content/129/25_suppl_2/S1.full.pdf+html
- *"Standards of Medical Care in Diabetes—2015"* online at:
  http://professional.diabetes.org/admin/UserFiles/0%20-%20Sean/Documents/January%20Supplement%20Combined_Final.pdf

Example of *Diabetic Dyslipidemia:*

67 year-old male recently diagnosed diabetic patient here for follow-up; no complaints.

PE: Vitals normal, PE normal

Labs: LDL 102, HDL 32, TG 210

A: ***E11.69 Diabetes with other specified manifestations***

          E78.4   Diabetic dyslipidemia

P: Start atorvastatin 10 mg po qhs, continue with good DM control, and recheck lipids, LFTs,
          and HgbA1c in 3 months.

Example of *Mixed Hyperlipidemia due to Diabetes:*

70 year-old female with diabetes without complications and mixed hyperlipidemia, returns for follow-up after starting atorvastatin 20 mg po qhs; no complaints.

PE: Vitals normal, PE unremarkable.

Labs: 3 months ago: LDL 165, HDL 45, TG 210. This visit: LDL 68, HDL 46, TG 168

A: ***E11.69 Diabetes with other specified manifestations***

          E78.2   Mixed hyperlipidemia due to DM

P: Continue atorvastatin, recheck labs 6 months.

Coding Perils and Pearls:

The provider must first determine and document **the type or classification** of the **lipid disorder** (dyslipidemia) applicable to the patient then code to the appropriate code from Category E78, Disorders of lipoprotein metabolism and other lipidemias. For example:

- • Documented as **Diabetic dyslipidemia**, code to:

    E11.69   Diabetes with other specified manifestations

    E78.4   Other hyperlipidemia

- • Documented as **Diabetes with combined** or **mixed hyperlipidemia**, code to:

    E11.69   Diabetes with other specified manifestations

    E78.2   Mixed hyperlipidemia

    Regardless of which E78.- code is used:

- • Documentation must **link** the lipid disorder **(buddy code)** to diabetes.
    - ▪ Use terms such as "**diabetic**," "**due to diabetes**," "**in diabetes**," or "**diabetes with**"

DOCUMENTATION Tip: Even though the **lipid disorder/dyslipidemia** by itself is not a risk-adjusted code, it must be appropriately **identified** and **linked to diabetes** in order for the diabetic complication code, E11.69, to be coded and confirmed. Also, remember to address both the diabetes and the manifestation with a documented plan of care.

1 American Diabetes Association. "Position Statement: Management of Dyslipidemia in Adults With Diabetes." Diabetes Care. 26.Supplement 1 (2003): S83-S86. Web. 30 May 2013. <http://care.diabetesjournals.org/content/26/suppl_1/s83.full>.
2 Solano, M, and R Goldberg. "Lipid Management in Type 2 Diabetes." Clinical Diabetes. 24.1 (2006): 27-32. Web. 19 Nov. 2013. <http://clinical.diabetesjournals.org/content/24/1/27.full>.

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