Diabetes is the most common cause of non-congenital vision loss in the United States. There are many ocular complications associated with diabetes including: cataracts, retinopathy, and macular edema.

Cataracts are common and have many etiologies. It is important to document and begin treatment for diabetes mellitus upon diagnosing a diabetic related cataract.

The American Diabetic Association recommends all diabetics undergo an annual comprehensive eye exam by an ophthalmologist or optometrist, including a dilated retinal examination.

**Documentation Examples:**

**Initial Diagnosis**

**Assessment:** 52 year old male with diabetic macular edema, uncontrolled. New worsening of vision, A1C 12.8.

- **ICD-10 Code: E11.311** Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema
- **And**
- **ICD-10 Code: E11.65** Type 2 diabetes mellitus with hyperglycemia

**Plan:** Recommend significantly tighter glycemic control, STAT evaluation by ophthalmologist

**Established Diagnosis**

**Assessment:** 62 year old male with diabetic proliferative retinopathy and cataract. No macular edema, but noncompliant with recommendations, slight decrease in vision.

- **ICD-10 Code: E11.3599** Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye
- **And**
- **And ICD-10 Code: E11.36** Type 2 diabetes mellitus with diabetic cataract

**Plan:** Recommend close follow up with diabetic educator and ophthalmologist/optometrist.

Have Questions?

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