

Diabetes “In Remission” Coding

A common question from practices is how one should code & treat patients with T2DM who with successful management now have normal or pre-diabetic blood glucose levels. I think there has been a tendency to code them as “Diabetes Resolved” which is incorrect. These patients should be coded as “Diabetes in Remission”.

To clarify coding:

'**diabetes resolved**' (Z12H) should only be used if incorrectly coded as having diabetes and have never had diabetes.

'**diabetes in remission**' (Z10P) should be used as per [2016/17 General Medical Services \(GMS\) contract Quality and Outcomes Framework \(QOF\) Guidance for GMS contract 2016/17 \(published April 2016\)](#):

From April 2014 the Business Rules included a READ code for "diabetes in remission". **Successful management of diabetes with lifestyle, medication, pancreatic or islet cell transplant and/or bariatric surgery may result in glucose levels falling below those diagnostic of diabetes. However these people may still experience the macrovascular and microvascular complications of diabetes and therefore need continued monitoring.**

Experts from the diabetes classification working group have endorsed the use of this code for people where treatment has normalised hyperglycaemia but still require continued monitoring.

Patients coded '**diabetes in remission**':

- a) are included in NDA audit
- b) will receive automatic invite for annual diabetes retinal screening
- c) need continued review for micro- and macro-vascular complications, ie. annual diabetes review checks, and for development of hyperglycaemia.

NHS Scotland: People with diabetes, who have had bariatric surgery or pancreas or islet cell transplant, or very significant weight loss from dieting and are on no glucose lowering therapy or continuing surgical procedures with an HbA1C below 42mmol/mol (6.5%) for 1 year or more may be considered as being in remission, but need continuing annual screening for risk factors and complications so 'diabetes resolved' should not be used. Recommend annual complications screening should continue indefinitely.

In addition, please note that **Pre-Diabetes** patients should remain coded even if their metrics become normal as they still retain an increased CV risk.