

PRESENTED BY HIGHMARK RISK ADJUSTMENT ACCURACY MANAGEMENT

Diabetes Mellitus



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Agenda

1. Overview of the condition
 2. Coding & documentation considerations
 3. Documentation example
 4. Additional resources
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Diabetes Mellitus

The various forms highlighting the diverse causes and complications of Diabetes Mellitus are:

Type 1 Autoimmune disease destroying insulin-producing cells, requiring lifelong insulin	Type 2 Most common, involving insulin resistance or deficiency in the body	Drug or Chemical Induced Temporary condition caused by medications	Due to Underlying Condition Resulting from underlying condition(s)	Use additional code, if applicable
				Z79.4 Long term (current) use of insulin
				Z79.84 Long term (current) use of oral hypoglycemic or antidiabetic drugs
E10.2X	E11.2X	E08.2X	E09.2X	With kidney complications <i>Use additional code to identify stage of CKD, if applicable</i>
E10.3XXX	E11.3XXX	E08.3XXX	E09.3XXX	With ophthalmic complications
E10.4X	E11.4X	E08.4X	E09.4X	With neurological complications
E10.5X	E11.5X	E08.5X	E09.5X	With circulatory complications
E10.62XX	E11.62XX	E08.62XX	E09.62XX	With skin complications <i>Use additional code to identify site of ulcer, if applicable</i>
E10.64X	E11.64X	E08.64X	E09.64X	With hypoglycemia <i>Use additional code for hypoglycemia level, if applicable</i>
E10.65	E11.65	E08.65	E09.65	With hyperglycemia
E10.9	E11.9	E08.9	E09.9	Without complications

This partial list of ICD-10 codes (showing incomplete ICD-10 codes) is not exhaustive. Refer to the current version of the ICD-10-CM Official Guidelines for Coding and Reporting, the ICD-10-CM Index to Diseases and Injuries, and the Tabular List of Diseases for a list of all ICD-10-CM codes and coding instructions. Copies of the Risk Adjustment models can be found at www.cms.gov/medicare/payment/medicare-advantage-rates-statistics/risk-adjustment.

Diabetes Documentation Tips

When documenting diabetes, it's important to include the following information:

Specify the type

Type 1, Type 2, or due to other diseases
Note: Impaired fasting glucose, prediabetes, & borderline diabetes are not synonymous with diabetes

State the cause

Secondary to an underlying condition, drug, or chemical

Document all complications

What other body systems are affected (e.g., *CKD, PVD, etc.*)
Note: 'uncontrolled' diabetes defaults to uncomplicated diabetes if not further specified

Note the treatment

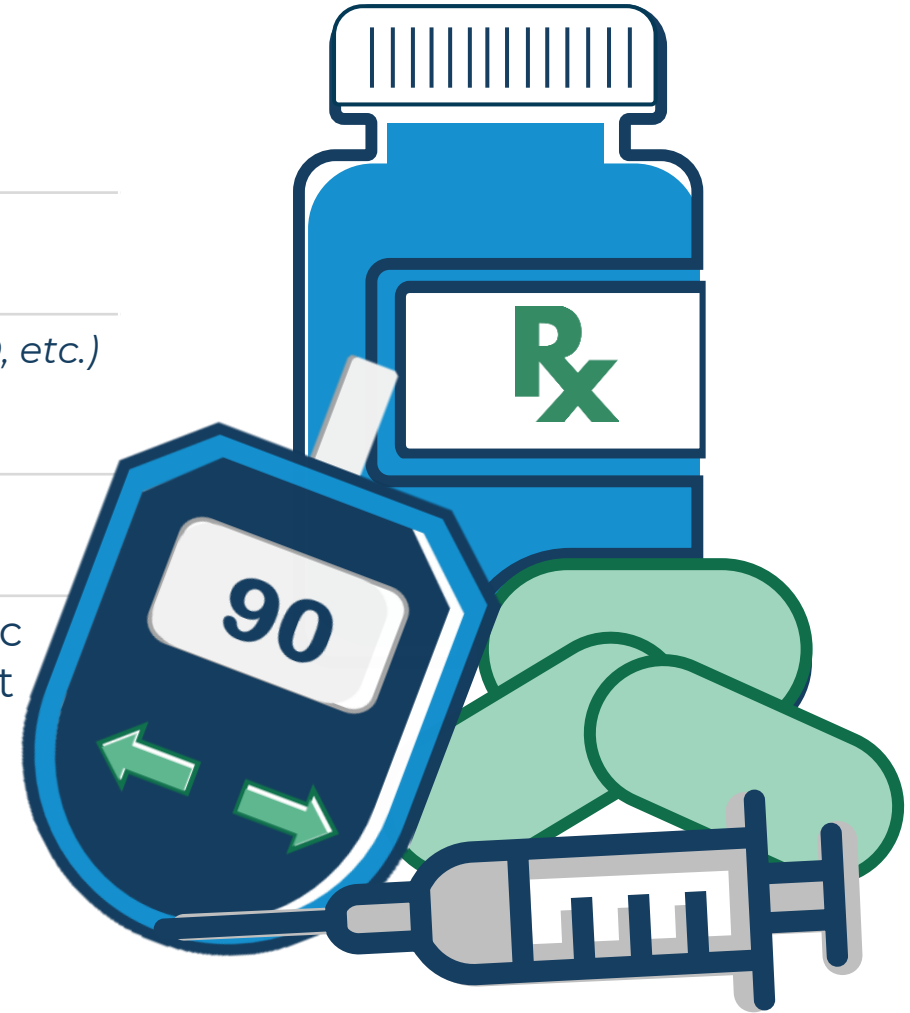
Type of treatment the patient is receiving (e.g., *medication, diet, exercise, or insulin pump*)

Include supporting evidence

Blood pressure, Blood sugar (most recent FBS or A1c and note if hypoglycemic or hyperglycemic), weight and BMI, and comprehensive dilated eye exam including date and results

Other tips for documenting diabetes include:

- Use the M.E.A.T. tool (monitor, evaluate, assess, treat) to verify clinical documentation.
- Document all conditions that affect patient care, treatment, or management.
- State the causal relationship of diabetic complications.



Diabetes in Remission

E11.A

Type 2 Diabetes Mellitus **Without Complications, In Remission**



For patients with a documented history of Type 2 Diabetes (A1C at or above 6.5% as per standard criteria) who have achieved remission by maintaining an A1C below 6.5% for at least three consecutive months without diabetes medication.

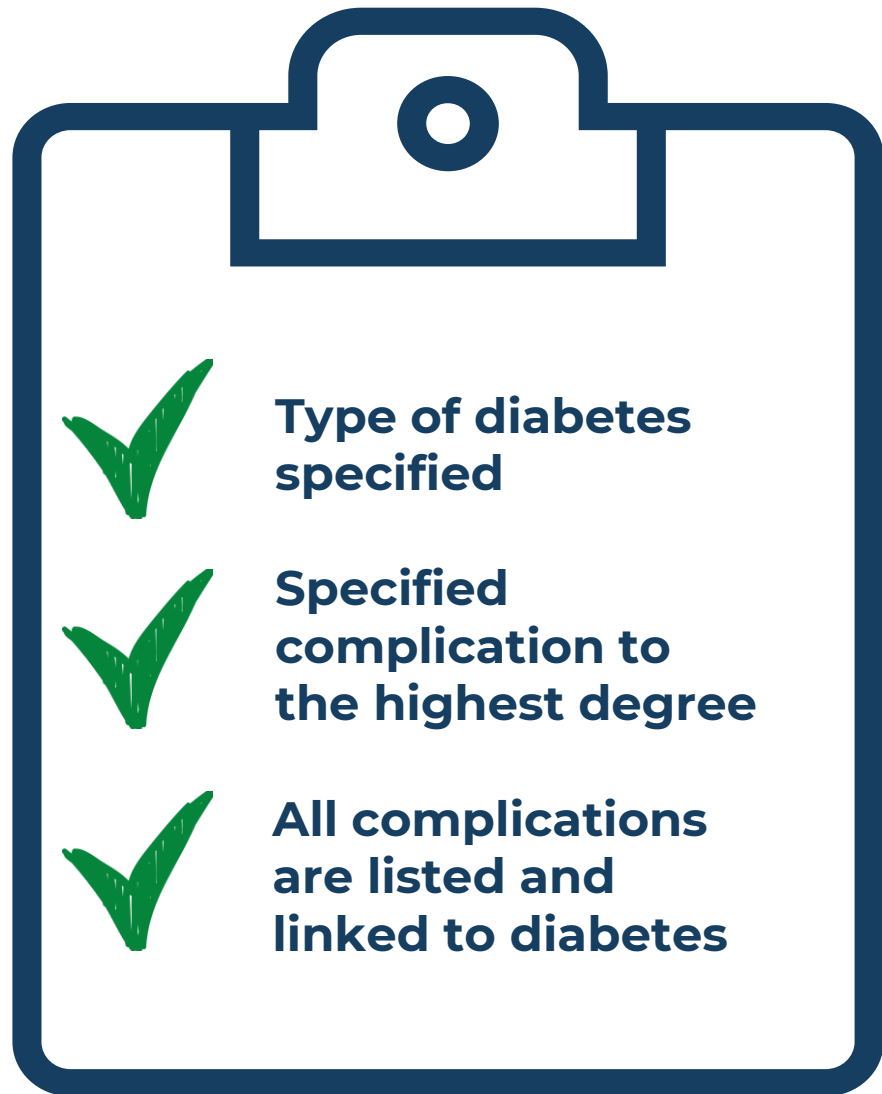


Not for patients with Type 1 diabetes or patients with diabetic complications. If patient continues to have any complications due to diabetes, report a code for Type 2 Diabetes that specifies the type of complication.

Documenting Diabetes in Remission

- ❑ Documentation must include the term “remission” and an explanation of how it was achieved, such as through lifestyle changes (diet, exercise, documented weight loss), bariatric surgery, a supervised weight loss program, or a combination of these interventions.
- ❑ The term “resolved” is not synonymous with “remission”.
- ❑ Include the most recent A1c reading to support the remission status.
- ❑ Note the patient is not currently on prescribed diabetes medications and has no ongoing diabetic complications.

Diabetes Example



History of Illness:

72-year-old male here for follow up of longstanding diabetes and bilateral proliferative retinopathy. Most recent bilateral eye exam showed no macular edema. Diabetes is uncontrolled. A1c has been trending at 8.5 for some time. Patient admits to not sticking to a health diet.

Assessment & Plan:

Type 2 diabetes with proliferative diabetic retinopathy without macular edema, bilateral

Follow up with ophthalmology in one year.

Type 2 diabetes with hyperglycemia

Referred patient to our diabetes clinic for diabetes self management education.

The clinician linked the proliferative retinopathy to the patient's diabetes and further specified by noting there is no macular edema. Additionally, the clinician further specified the patient's uncontrolled diabetes as hyperglycemia. All complications have been identified and listed separately under the assessment and plan.

Additional Resources

Documentation Best Practice Checklist



Annually assess all chronic conditions and document a plan for each one



Link medications to help establish ongoing treatment especially if the medication is used to treat multiple conditions.



Use the term “History of” before a condition if it no longer exists or has resolved



Validate patient reported findings



Code and document all coexisting conditions that require or affect patient care, treatment or management



Avoid using uncertain terms when a diagnosis has been confirmed for a patient



Choose the highest level of specificity when selecting an ICD-10 code



Keep problem list up to date by removing acute and one-time conditions

Highmark Provider Resource Center

KNOWLEDGE COLLEGE

15-minute on-demand courses on risk adjustment coding and documentation to help clinicians comply with CMS standards and ICD-10-CM guidelines

1. Log into Availity.
2. Navigate to the Provider Resource Center.
3. Locate “Resources and Education” in the menu bar and navigate to “Clinical Quality & Education”.
4. Select “Coding Education/HCC University”.

RISK ADJUSTMENT OVERVIEW

Review the foundations of what risk adjustment is, hierarchical condition categories, common errors, best practices and impacts to patient care



CODING & DOCUMENTATION CARDS

Reference cards to assist with documentation and coding according to CMS documentation standards and ICD-10-CM coding requirements



Have questions about risk adjustment?

**Want to share feedback or suggest topics
for future presentations?**

Email:

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