

November 2018 | November is National Diabetes Month

FOCUS ON: Diabetes

The CDC report of 2015 finds 30.3 million Americans or 9.4% of the U.S. population have diabetes (DM), another 84.1 million have prediabetes, a condition which left untreated can lead to type 2 diabetes within 5 years.¹ Prevalence in those 65 years and older remains high at 25.2%, or 12 million seniors (diagnosed & undiagnosed).² Individuals with diabetes are twice as likely to have heart disease or a stroke. DM is the leading cause of kidney failure, blindness, non-traumatic lower limb amputations and remains the seventh leading cause of death in the U.S.¹ Early detection and treatment of complications can prevent progression so monitoring with dilated eye exams, urine tests and foot exams is essential. Because the risk of cardiovascular disease is increased in diabetes and prediabetes, blood pressure and lipid management, along with smoking cessation, are especially important.

Diabetic nephropathy can occur in up to 40% of diabetics, annual screening for micro-albuminuria and calculation of the Glomerular Filtration Rate (GFR) should be performed.² Diabetic retinopathy is the leading cause of preventable blindness in people 25-74 years of age. Up to 80% of all diabetics over time will eventually develop some evidence of retinopathy, most without vision loss. A dilated and comprehensive eye examination by an ophthalmologist or optometrists should be performed annually.²

According to the American Diabetes Association (ADA), “diabetic adults have heart disease-related death rates of two to four times the rate of non-diabetics.” If you have PAD, you have an increased risk for heart attack and stroke. An estimated 1 out of every 3 people with diabetes over the age of 50 have this condition. Screening for PAD is best achieved by obtaining a history of claudication and performing an ankle brachial index (ABI) on DM patients.²

70-100% of diabetics may develop at least mild neuropathy over the course of their lifetime and, of these, 48% of T2DM present with neuropathy at time of DM diagnosis, but up to 50% are asymptomatic. DM can cause three types of nerve damage: mononeuropathy, peripheral, and autonomic neuropathy. Annual screening for neuropathies should include a comprehensive foot exam, including testing for loss of protective sensation.²

Per the ICD-10-CM Official Guidelines for Coding and Reporting FY 2019: “A dash (-) at the end of an alphabetic index entry indicates that additional characters are required. Even if a dash is not included at the alphabetic index entry, it is necessary to refer to the tabular list to verify that no 7th character is required.” The bolding of the ICD-10-CM codes represents categories, subcategories or codes that map to the CMS-HCC risk adjustment model for payment year 2019. Codes marked with a + directly after them represent new additions to the FY 2019 ICD-10-CM code classification.

This guidance is to be used for easy reference; however, the ICD-10-CM code book and the Official Guidelines for Coding and Reporting are the authoritative references for accurate and complete coding. The information presented herein is for general informational purposes only. Neither Optum nor its affiliates warrant or represent that the information contained herein is complete, accurate or free from defects. Specific documentation is reflective of the “thought process” of the provider when treating patients. All conditions affecting the care, treatment or management of the patient should be documented with their status and treatment, and coded to the highest level of specificity. Enhanced precision and accuracy in the codes selected is the ultimate goal. Lastly, on April 2, 2018, the Centers for Medicare & Medicaid Services (CMS) announced that 2018 dates of service for the 2019 payment year model is based on 100% of the 2019 CMS-HCC model mappings released April 2, 2018. See: <https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Announcement2019.pdf>

For additional information as well as publications and products available for HEDIS®, please visit the National Committee for Quality Assurance (NCQA) website at ncqa.org. For additional information about the Medicare Advantage Five-Star Quality Rating System, please refer to: <http://go.cms.gov/partcandstarratings>.

Optum360 ICD-10-CM: Professional for Physicians 2018. Salt Lake City, UT: 2017.

1. Diabetes Quick Facts. Centers for Disease Control and Prevention. <https://www.cdc.gov/diabetes/basics/quick-facts.html>. Published May 11, 2018. Accessed September 17, 2018.

2. Diabetes your annual guide to prevention, diagnosis and treatment. (2014). The Johns Hopkins white papers

3. ACC/AHA. “Guidelines for the Management of Patients With Peripheral Arterial Disease.” Journal of American College of Cardiology 47(2006): e1-e192.

4. American Diabetes Association: “Standards of Medical Care in Diabetes – 2010,” Diabetes Care, January 2010; vol 33: supplement 1.

Documentation and coding tips

- The diabetes mellitus codes are combination codes that include the type of diabetes mellitus, the body system affected, and the complications affecting that body system. As many codes within a particular category as are necessary to describe all of the complications of the disease may be used. They should be sequenced based on the reason for a particular encounter. Assign as many codes from categories E08 – E13 as needed to identify all of the associated conditions that the patient has.

Coding type 2 diabetes mellitus (to code Type 1 diabetes, change the 3rd character to a zero):

- **E11.21-E11.29** Type 2 diabetes mellitus with kidney complications
- **E11.311-E11.39** Type 2 diabetes mellitus with ophthalmic complications
- **E11.40-E11.49** Type 2 diabetes mellitus with neurological complications
- **E11.51-E11.59** Type 2 diabetes mellitus with circulatory complications
- **E11.610-E11.69** Type 2 diabetes mellitus with other specified complications

For patients with diabetes mellitus who routinely use insulin or oral hypoglycemic drugs, an additional code from category Z79 should be assigned to identify the long-term (current) use of insulin or oral hypoglycemic drugs. If the patient is treated with both oral medications and insulin, only the code for long-term (current) use of insulin should be assigned (**Z79.4**). Code **Z79.4** should not be assigned if insulin is given temporarily to bring a secondary diabetic patient's blood sugar under control during an encounter.

For patients age 65 and older, use of a *Clinical Testing Flow Sheet* will facilitate capture of dates and results of the following:

- **Blood pressure, weight and BMI (every visit):** “Adults with treated or untreated BP > 135/80 mm Hg should be screened for diabetes.” (USPSTF Recommendation)
- **Ankle-brachial index (ABI):** ABI is used to screen at risk individuals for asymptomatic lower extremity PAD.³
- **Comprehensive dilated eye exam:** Recommended annually for patients with diabetes; Type 1 begin within 5 years of initial diagnosis; Type 2 begin soon after the diagnosis.⁴
- **Comprehensive foot exam:** Foot exam includes inspection, palpation of pedal pulses, testing to detect loss of protective sensation (LOPS). Recommended at least annually.⁴ A peripheral neuropathy screening tool can be obtained from your Optum Healthcare Advocate.