

MRA Documentation & Coding Best Practices

DIABETES /

Q

Why is accurate coding and documentation for patients with diabetes important?

A

The only visibility insurers have to the care you provide and the conditions you or a specialist may manage is through documentation and coding. This ensures that you do not get penalized for sicker patients.

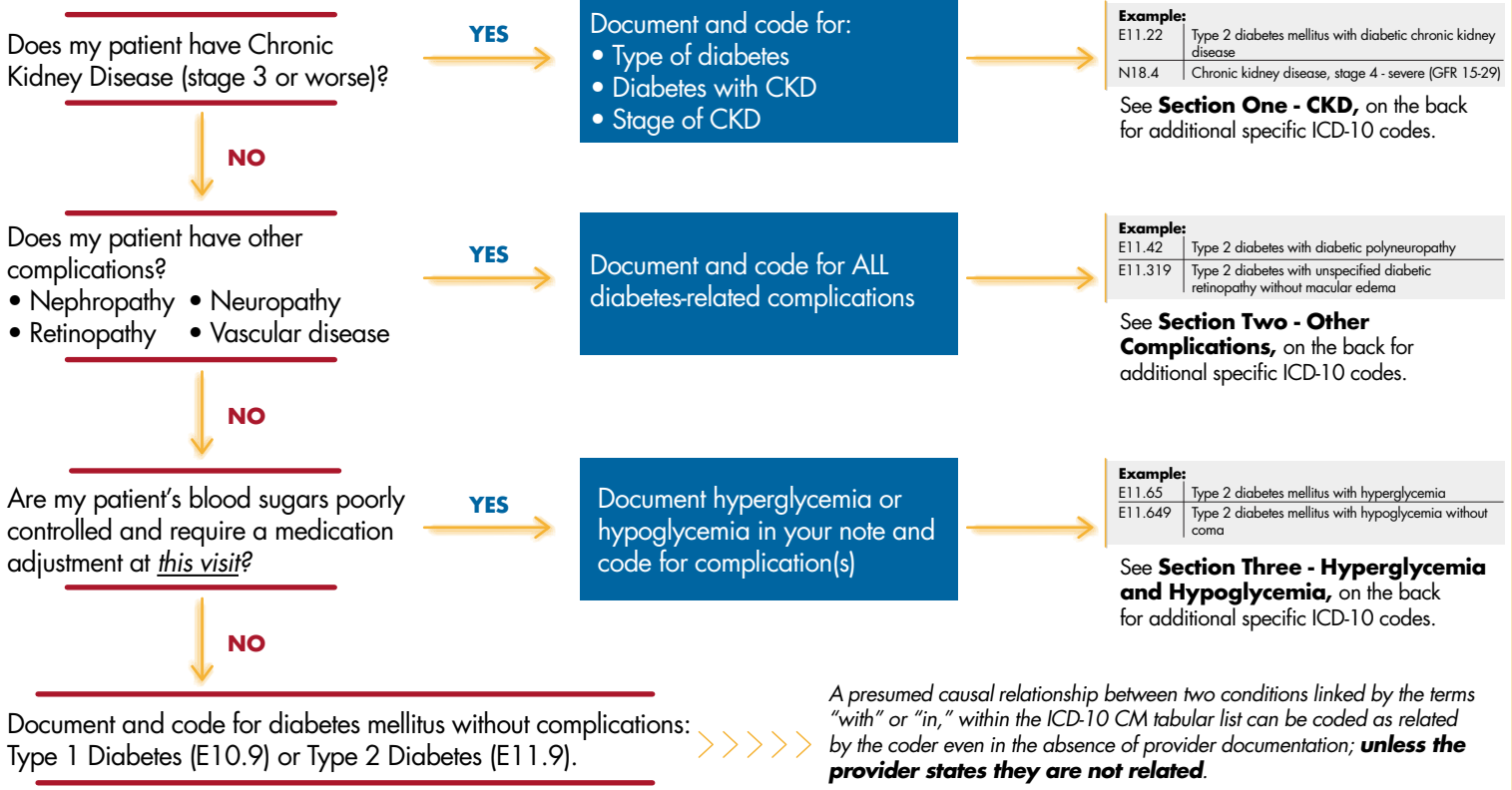
Should I document multiple diabetes ICD-10 codes if a patient has more than one diabetes-related complication?

Yes, as long as it aligns with your patient's conditions and coding guidelines.

Best Practices

Always code to the highest specificity when documenting diabetes and assign as many codes as needed to identify all the associated conditions that the patient has, **along with linking any complication(s)**.

Use the following diagram during patient visits to assist you in additional chronic condition assessment and coding.



Quick Tip

Remember to use an additional Z code to identify body mass index (for patients 21 and over).

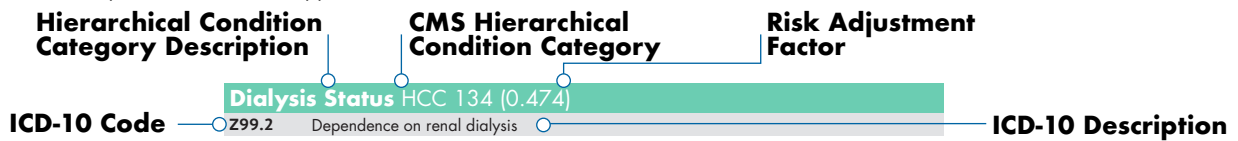
- Code the underlying condition first, such as overweight, obese, morbidly obese or protein calorie malnutrition.
- Document and code for morbid obesity **with** the associated BMI during each visit.

Morbid Obesity HCC 22 (0.262)

E66.01	Morbid (severe) obesity due to excess calories
Z68.41	Body mass index (BMI) 40.0 - 44.9, adult
Z68.42	Body mass index (BMI) 45.0 - 49.9, adult
Z68.43	Body mass index (BMI) 50.0 - 59.9, adult
Z68.44	Body mass index (BMI) 60.0 - 69.9, adult
Z68.45	Body mass index (BMI) 70.0 or greater, adult

Diabetes ICD-10 Reference Guide

This is not intended to be a comprehensive list of all applicable HCCs/ICD-10s.



Section One - CKD

Diabetes with Chronic Complications HCC 18 (0.307)	
E08.22	Diabetes mellitus due to underlying condition with diabetic chronic kidney disease
E08.29	Diabetes mellitus due to underlying condition with other diabetic kidney complication
E09.22	Drug or chemical induced diabetes mellitus with diabetic chronic kidney disease
E09.29	Drug or chemical induced diabetes mellitus with other diabetic kidney complication
E10.22	Type 1 diabetes mellitus with diabetic chronic kidney disease
E10.29	Type 1 diabetes mellitus with other diabetic kidney complication
E11.22	Type 2 diabetes mellitus with diabetic chronic kidney disease
E11.29	Type 2 diabetes mellitus with other diabetic kidney complication
E13.22	Other specified diabetes mellitus with diabetic chronic kidney disease
E13.29	Other specified diabetes mellitus with other diabetic kidney complication
Chronic Kidney Disease, Stage 5 HCC 136 (0.284)	
I12.0	Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease
I13.2	Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal disease
I13.11	Hypertensive heart and chronic kidney disease without heart failure, with stage 5 chronic kidney disease, or end stage renal disease
N18.5	Chronic kidney disease, stage 5
N18.6	End stage renal disease
Chronic Kidney Disease, Stage 4 HCC 137 (0.284)	
N18.4	Chronic kidney disease, stage 4 (severe, GFR 15-29)
Chronic Kidney Disease, Stage 3 HCC 138 (0.068)	
N18.3	Chronic kidney disease, stage 3 (moderate, GFR 30-59)
Dialysis Status HCC 134 (0.474)	
Z99.2	Dependence on renal dialysis

Section Two - Other Complications

Nephropathy • Diabetes with Chronic Complications HCC 18 (0.307)	
E08.21	Diabetes mellitus due to underlying condition with diabetic nephropathy
E09.21	Drug or chemical induced diabetes mellitus with diabetic nephropathy
E10.21	Type 1 diabetes mellitus with diabetic nephropathy
E11.21	Type 2 diabetes mellitus with diabetic nephropathy
E13.21	Other specified diabetes mellitus with diabetic nephropathy

Retinopathy • Diabetes with Chronic Complications HCC 18 (0.307)

E11.3291	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye
E11.3292	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye
E11.3293	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral
E11.3299	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye

Proliferative Diabetic Retinopathy and Vitreous Hemorrhage HCC 122 (0.232)

E11.3511	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
E11.3512	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye
E11.3513	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral

Neuropathy • Diabetes with Chronic Complications HCC 18 (0.307)

E10.40	Type 1 diabetes mellitus with diabetic neuropathy, unspecified
E10.42	Type 1 diabetes mellitus with diabetic polyneuropathy
E11.40	Type 2 diabetes mellitus with diabetic neuropathy, unspecified
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy

Vascular Disease HCC 108 (0.305)

E11.51	Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene
E11.52	Type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene

Use additional code to identify PVD
I73.89 | Other specified peripheral vascular diseases
I73.9 | Peripheral vascular disease, unspecified

Section Three - Hyperglycemia and Hypoglycemia

Hyperglycemia and Hypoglycemia • Diabetes with Chronic Complications HCC 18 (0.307)

E10.65	Type 1 diabetes mellitus with hyperglycemia
E11.65	Type 2 diabetes mellitus with hyperglycemia
E10.649	Type 1 diabetes mellitus with hypoglycemia without coma
E11.649	Type 2 diabetes mellitus with hypoglycemia without coma

Hyperglycemia and Hypoglycemia • Diabetes with Acute Complications HCC 17 (0.307)

E10.641	Type 1 diabetes mellitus with hypoglycemia with coma
E11.641	Type 2 diabetes mellitus with hypoglycemia with coma
E13.641	Other specified diabetes mellitus with hypoglycemia with coma

Medical Risk Adjustment M-E-A-T

A common acronym utilized by coders to identify documentation that supports coding accuracy is M-E-A-T. You can utilize this handy tool as you complete your documentation. Including **one or more** of the M-E-A-T details at a face-to-face visit for each condition that requires or affects patient care treatment or management will put you on the path to success in capturing risk.

M monitor
signs, symptoms, ordering or reviewing and referencing of tests/labs, disease progression or disease regression.

E evaluate
test results, medication effectiveness, physical exam findings and response to treatment.

A assess or address
by discussion, acknowledging, reviewing records, documenting status/level conditions and counseling.

T treat
with prescribing/continuation of medications, referral to specialist for treatment/consultation, surgical/other therapeutic interventions and plan for management of condition(s).

Examples:

- Monitor:** UA microalbumin and HgbA1c ordered
- Evaluate:** Monofilament test/exam shows definite sensation decrease
- Assess/Address:** Exercise regime and diet choices discussed
- Treat:** CKD stage 4 - Referred to nephrology clinic