

# MRA Documentation & Coding Best Practices

## DIABETES /



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

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



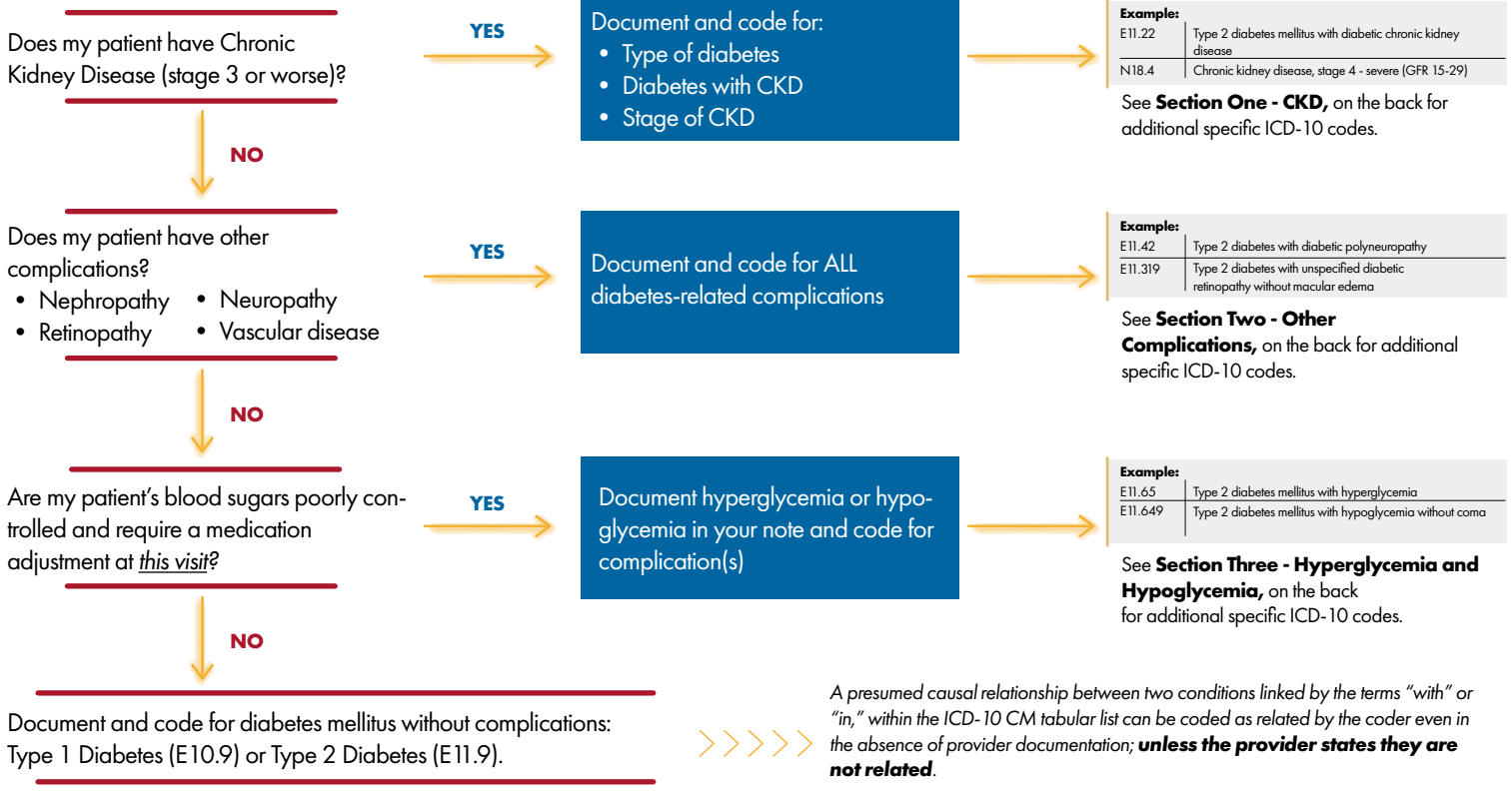
The only visibility insurers have to the care you provide and the conditions you or a specialist may manage is through documentation and coding. This ensures that you do not get penalized for sicker patients.

**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 ICD-10 Z code to identify body mass index (for patients 21 and over).

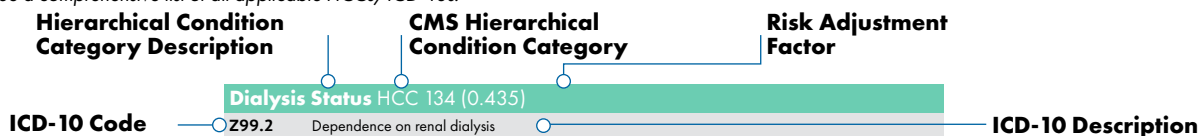
- Code the underlying condition first, such as overweight, obese, morbidly obese or protein calorie malnutrition.
- Document and code for morbid obesity **with** the associated BMI during each visit.

#### Morbid Obesity HCC 22 (0.250)

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 - Chronic Kidney Disease (CKD)

Diabetes with Chronic Complications HCC 18 (0.302)	
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 (0.289)	
I12.0	Hypertensive chronic kidney disease 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
I13.2	Hypertensive heart and chronic kidney disease with heart failure and 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 (0.289)	
N18.4	Chronic kidney disease, stage 4 (severe, GFR 15-29)
Chronic Kidney Disease, Stage 3 HCC 138 (0.069)	
N18.3	Chronic kidney disease, stage 3 (moderate, GFR 30-59)
N18.30	Chronic kidney disease, stage 3 (unspecified, GFR 30-59)
N18.31	Chronic kidney disease, stage 3a (GFR 45-59)
N18.32	Chronic kidney disease, stage 3b (GFR 30-44)
Dialysis Status HCC 134 (0.435)	
Z99.2	Dependence on renal dialysis



## Section Two - Other Complications

Nephropathy • Diabetes with Chronic Complications HCC 18 (0.302)	
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



## Section Two - Other Complications, continued

Retinopathy • Diabetes with Chronic Complications HCC 18 (0.302)	
E11.3291	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye
E11.3292	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye
E11.3293	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral
E11.3299	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye
Proliferative Diabetic Retinopathy and Vitreous Hemorrhage HCC 122 (0.222)	
E11.3511	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
E11.3512	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye
E11.3513	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral
Neuropathy • Diabetes with Chronic Complications HCC 18 (0.302)	
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 (0.288)	
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 (0.302)	
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 (0.302)	
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, which stands for Monitor, Evaluate, Assess or Address and Treat. 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:** Chronic Kidney Disease (CKD) stage 4 - Referred to nephrology



Document and code for all diagnoses for each patient, every year. Keep in mind that a patient with Chronic Kidney Disease (CKD) this year is considered to no longer have CKD as of Jan. 1, of the following year or in subsequent years if it is not documented and coded **every calendar year**.