ULTIMATE HEALTH PLANS

Diabetes

Clinical overview, ICD -10 CM and documentation tips for providers

Diabetes is a chronic health condition that is considered a lifelong disease. The body either doesn't make enough insulin or unable to use the insulin the way it needs to.

Types of Diabetes Mellitus

- **Type 1 Diabetes Mellitus** is usually diagnosed in children and young adults. It develops when the body's immune system destroys pancreatic beta cells, the only cells in the body that make the hormone insulin, regulating blood glucose.
- **Type 2 Diabetes Mellitus** is the most common form of Diabetes. It develops from abnormal pancreatic beta-cell function and tissue (muscle, liver, adipose tissue, and pancreas) insulin sensitivity. In type 2 diabetes, either the body does not produce enough insulin, or the cells ignore the insulin. It usually begins as insulin resistance, a disorder in which the cells do not use insulin properly. As the need for insulin rises, the pancreas gradually loses its ability to produce it.
- **Latent autoimmune Diabetes in adults (LADA) or Prediabetes** Is a slow-progressing form of autoimmune Diabetes that occurs because the pancreas stops producing adequate insulin, most likely from some "insult" that slowly damages the insulin-producing cells in the pancreas.
- Many researchers believe LADA, sometimes called type 1.5 diabetes, is a subtype of type 1 diabetes, while others do not recognize it as a distinct entity.
- **Secondary diabetes mellitus** – Always caused by another condition, such as malignant neoplasm of the pancreas, pancreatectomy, adverse drug effects or poisoning.
- **Gestational Diabetes** develops in pregnant women who have never had Diabetes.

Causes

The underlying cause of Diabetes varies by type.

Type 1 Diabetes The exact cause is unknown. What is known is that the immune system attacks and destroys the insulin-producing cells in the pancreas, leaving the body with little or no insulin.

Type 2 Diabetes The cause is multifactorial and includes genetic and environmental elements that affect pancreatic beta-cell function and tissue insulin sensitivity, producing resistance to insulin action, and the pancreas becomes unable to make enough hormone to overcome this resistance.

Gestational Diabetes During pregnancy, the placenta produces hormones to sustain the pregnancy. These hormones make body cells more resistant to insulin.

Secondary Diabetes The cause may vary but results from medication, endocrine disease, neoplasm, or hereditary disease that affect the pancreas or inducing insulin resistance.

Signs and Symptoms

Signs and symptoms of diabetes may include:

- Frequent urination (polyuria)
- Fatigue
- Excessive thirst (polydipsia)
- Irritability
- Excessive hunger (polyphagia)
- Blurry vision
- Unusual weight loss

Risk factors

Type 1 Diabetes:

- Family history
- Age

Type 2 Diabetes

- Overweight
- Family History
- Sedentarism
- Personal history of Gestational Diabetes
- Race (African American, Hispanic/Latino American, American Indian, or Alaska Native)

Gestational Diabetes

- Personal history of gestation diabetes
- Have given birth to a baby who weighed more than 9 pounds.
- Overweight
- Pregnancy at an age older than 25 years old
- Family history of type 2 diabetes
- Polycystic ovary syndrome (PCOS)
- Race (African American, Hispanic/Latino American, American Indian, or Alaska Native)

Complications

Acute Complications

- Infections
- Stroke
- Diabetic ketoacidosis (DKA)
- Hyperglycemic hyperosmolar state
- Lactic acidosis
- Hypoglycemia

Chronic Complications

- Hypertension and heart diseases
- Neuropathy
- Retinopathy
- Nephropathy
- Hyperlipidemia
- Vascular disease (PVD, CAD, etc.)

Diagnostics test

- Medical history and physical exam
- Lab testing: fasting or random blood sugar test, oral glucose tolerance tests, glycohemoglobin (HbA1c), metabolic, urinalysis.

Treatment

Controlling blood sugar (glucose) levels is the major goal of diabetes treatment to prevent complications of the disease. Dietary, lifestyle changes play an important role on the blood sugar management, however Diabetes medications is also used.

- **Type 1 diabetes** is managed with Insulin in the form of injections or through use of a continuous pump.
- **Type 2 Diabetes** can be managed by diet and exercise; however, some people will need oral medication or insulin.
- **Lifestyle changes**
- **Exercise, weight control and balance nutrition**
- **Avoid alcohol and dehydration**

Clinical Documentation and Coding Tips

- Always document it to the highest level of specificity
- SOAP Notes documentation tips:
  - **Subjective** – Document the presence or absence of any current symptoms related to diabetes.
  - **Objective** – Document signs, symptoms, labs, and test results related to the treatment of diabetes present at the visit (such as polyuria, polyphagia, ultrasound results, GFR results, etc.).
  - **Assessment** – Document diagnostic statements that are compatible with the ICD-10 nomenclature, describing each final diabetes-related diagnosis to the highest specificity.
  - **Plan** – Document and link all medications used to treat diabetes; detail any referrals, consultations, labs, or diagnostic testing requested.

Medicare Hierarchal Condition Categories (HCC)

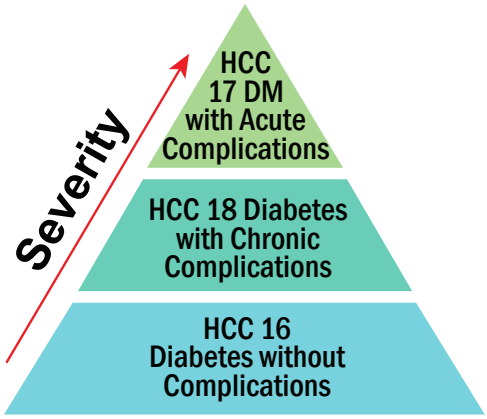
Hierarchical condition category (HCC) coding is a risk-adjustment model designed to estimate future health care costs for patients. This model filters ICD-10CM codes into diagnosis groups (DxGs), and then into Conditions Categories (CCs). Hierarchies or families are placed to gain an HCC numeric code, which translates to a risk adjustment factor (RAF) value. Each diagnosis code found in the model, as a stand-alone diagnosis code or within a family or hierarchy, carries a value through RAF, but this value can change if the patient has other influencing factors such as ESRD, hospice, or are dual-eligible. Families or hierarchies set a value based on severity of illness, with more severe diagnoses carrying the overall risk score for that family. Diagnoses within families or hierarchies are inclusive of one another, while any additional diagnoses from other hierarchies or stand-alone diagnoses are additive and increase each patient's overall risk score.

Diabetes is a chronic condition that falls under HCCs 17, 18, and 19 with an average RAF Score 0.262. These HCCs categories belongs to the **"Diabetes Hierarchy or family"**, which includes:

→ HCC 17 - Diabetes with Acute Complications (23 ICD-10CM codes, and an average RAF Score of 0.340)

→ HCC 18 – Diabetes with Chronic Complications (400 ICD-10CM codes, and an average RAF Score of 0.340)

→ HCC 19 – Diabetes without Complication (6 ICD-10CM codes, and an average RAF Score of 0.107)



These categories are ranked by severity within the hierarchy. Qualifying codes for HCC 17 take precedence over any condition within HCC 18, 19 categories. Any qualifying codes for HCC 18 take precedence over any condition within HCC 19, but not in category 17. Hence, the number value of the HCC category is inversely proportional to the severity of the disease.

Coding Diabetes

There are four hundred and twenty-nine (429) ICD-10CM applicable to code diabetes with or without complications. Conditions documented under HCC 18 and 19 are acceptable to be coded in an office setting, however conditions that fall within HCC 17 are considered acute complications of diabetes and must not be documented during an office visit unless occurring in office and documentation support it.

Diabetes Mellitus HCC 18 -19	
Type 2 Diabetes Mellitus (E11.X) **Use additional code to identify control using:** **insulin (Z79.4)** **oral antidiabetic drugs (Z79.84)** **oral hypoglycemic drugs (Z79.84)**	
E11.9	Type 2 diabetes mellitus without complications
E11.2X	Type 2 diabetes mellitus with kidney complications
E11.21	with diabetic nephropathy
E11.22	with Chronic Kidney Disease (CKD) ***use code to identify stage of CKD (N18.1-N18.6)***
E11.3X	with ophthalmic complications NOTE: Please use the higher level of specificity based on the complication liked to DM
E11.36	with diabetic cataract
E11.4X	Type 2 diabetes mellitus with neurological complication
E11.40	with diabetic neuropathy, unspecified
E11.41	with diabetic **mono**neuropathy

E11.42 with diabetic **poly**neuropathy

E11.43 with diabetic **autonomic** (poly)neuropathy (DM with gastroparesis)

E11.5X Type 2 diabetes mellitus with circulatory complications

E11.51 with diabetic peripheral angiopathy **without gangrene** (DM with PVD)

E11.52 with diabetic peripheral angiopathy **with gangrene**

E11.6X Type 2 diabetes mellitus with other specified complications

E11.6X with diabetic arthropathy

E11.62X with skin complications

- ***use code to identify site of ulcer (L97.1-L97.9, L98.41-L98.49)***

E11.63X with oral complications

E11.64X with **hypo**glycemia

E11.65 with **hyper**glycemia

E11.69 with other specified complication

- use code to identify the complication

E11.8 Type 2 diabetes mellitus with unspecified complications

Type 1 Diabetes Mellitus (E10.X)

- As per ICD-10 CM coding guidelines no additional code is required to identify insulin control.

Diabetes mellitus due to underlying condition (E08.X)

- ***Code First:*** the underlying condition, such as:
  - congenital rubella (P35.0)
  - Cushing's syndrome (E24.-)
  - cystic fibrosis (E84.-)
  - malignant neoplasm (C00-C96)
  - malnutrition (E40-E46)
  - pancreatitis and other diseases.
- ***Use additional code:*** to identify control using:
  - insulin (Z79.4)
  - oral antidiabetic drugs (Z79.84)
  - oral hypoglycemic drugs (Z79.84)

Drug or chemical induced diabetes mellitus (E09.X)

- ***Code First:*** poisoning due to drug or toxin, if applicable (T36-T65 with fifth or sixth character 1-4 or 6)
- ***Use additional code:*** for adverse effect, if applicable, to identify drug (T36-T50 with fifth or sixth character)
- ***Use additional code:*** to identify control using:
  - insulin (Z79.4)
  - oral antidiabetic drugs (Z79.84)
  - oral hypoglycemic drugs (Z79.84)

Other specified diabetes mellitus (E13.X)

- Includes:
  - DM due to genetic defects of beta-cell function
  - DM due to genetic defects in insulin action
  - Post-pancreatectomy DM
  - Postprocedural DM
  - Secondary DM NEC
- ***Use additional code:*** to identify control using:
  - Insulin (Z79.4)
  - Oral antidiabetic drugs (Z79.84)
  - Oral hypoglycemic drugs (Z79.84)

Always remember

- Verify DM is a current problem.
- Note the exact diabetes description and any associated complications to correctly diagnosis diabetes.
- Follow the ICD-10 CM official coding guidelines and conventions. Select the correct ICD-10 CM code to the highest specificity.