Diabetes Mellitus (DM)

Risk Adjustment Provider Education

May 24, 2023

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Team Introductions

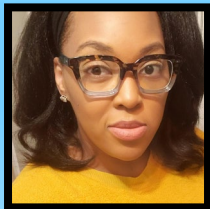Alexsandra Manuel BSN, BSW, CPC
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Housekeeping

This Presentation will be available on the Blue Cross NC Provider's Risk Adjustment webpage for educational purposes only.

Please submit questions in the chat box webinar

If we cannot answer your question during the session, the response will be emailed to you after the Webinar.

Disclaimer

This presentation is intended for both physicians and office staff. The information contained in this presentation and responses to the questions are not intended to serve as official coding or legal advice.

All Coding should be considered case by case basis and should be supported by medical necessity and the appropriate documentation reflected within the medical record.

Agenda

Diabetes Coding

- Diabetes
  - Types I, II, Secondary, and Gestational

- Treatment
  - Non-Medication
  - Oral Antidiabetics
  - Insulin (including pump malfunction)
  - Injectable GLP-1 receptor agonist

- Insulin Pump Failure

- Complications
- Coding Scenarios
- Q&A

Objectives

After this webinar participants will have:

- ✓ A foundational level of Diabetes including the disease process, treatments available, and potential complications
- ✓ Knowledge of frequently used ICD-10 coding sets related to Diabetes Mellitus
- ✓ Understanding of upcoming CMS HCC Mapping Changes related to Diabetes
- ✓ Demonstrate knowledge of ICD-10 coding guidelines

Diabetes Mellitus

Diabetes Mellitus (DM)

Definition

Diabetes mellitus is impaired insulin secretion and variable degrees of peripheral insulin resistance leading to hyperglycemia

Symptoms

Early symptoms are related to hyperglycemia and include polydipsia, polyphagia, polyuria, and blurred vision. Later complications include vascular disease, peripheral neuropathy, nephropathy, and predisposition to infection.

Diagnosis

Diagnosis is by measuring plasma glucose

Treatment

Treatment is diet, exercise, and drugs that reduce glucose levels, including insulin, oral antihyperglycemic drugs, and non-insulin injectable drugs

Complications

Complications can be delayed or prevented with adequate glycemic control; heart disease remains the leading cause of mortality in diabetes mellitus.

Diabetes Mellitus (DM)

Type I

- Onset-< 30yo
- Causes-Autoimmune reaction, genes
- Dx-Blood testing-autoantibodies & glucose level
- Treatment-Insulin

Code Set
E10-E10.9

Type I

Type 1.5

- Onset- >30yo
- Causes-autoimmune reaction, genes
- Dx-Oral glucose tolerance test, HbA1c test, C-Peptide Test, Antibody panel
- Treatment-Insulin, Dietary and Lifestyle changes

Code Set
E13-E13.9

Type 1.5

Type II

- Onset- > 45yo
- Causes-Insulin Resistance by cells
- Diagnosis-Blood test-Glucose level
- Treatment-Dietary & Lifestyle Changes, Oral/Injectable diabetes medications, and insulin

Code Set
E11-E11.9

Type II

Diabetes Mellitus (DM)

Secondary Diabetes

Secondary Diabetes
Diabetes that results because of another medical condition.

Most common
Chronic pancreatitis, and pancreatic cancer.

In most cases, secondary diabetes is permanent.

ICD-10-CM Code Section E08-E08.9

Diabetes Mellitus (DM)

What ICD-10 code would you use to code a patient with a diagnosis of Secondary Diabetes caused by chronic pancreatitis?

E08.9

Diabetes Mellitus (DM)

Diabetes that develops during pregnancy & resolves after delivery / postpartum period

Increases risk of complications to mom and baby

Testing for Gestational Diabetes usually occurs between the 24th-28th weeks of pregnancy

Treatment includes checking your blood sugar, diet changes, being active and monitoring your baby for expected growth and development

ICD-10-CM Code Section O24-O24.93

Diabetes Mellitus (DM)

Treatment Options-Non-Medication

- ✓ Aim for 150 minutes per week of moderate intensity physical activity

- ✓ Eat the right amounts of foods at the right times to keep you blood sugar in the desired range

Diabetes Mellitus (DM)

Insulin

- Regular
- Long-Acting
- Combinations

Oral Antihyperglycemic Drugs

- Sulfonylureas
- Biguanides
- Thiazolidinediones
- Alpha-glucosidase inhibitors
- DPP4 inhibitors
- GLP1 Receptor Agonists
- SGLT2 Inhibitors

Injectable Antihyperglycemic Drugs

- GLP-1 receptor agonists
- Amylin analog

Coding Diabetes Medication Use

Z79.4 Long term (current) use of insulin
Examples: Humulin N, Novolin R, Lantus, Levemir

Z79.84 Long term (current) use of oral hypoglycemic / antidiabetic drugs
Examples: Glimepiride, Glipizide, Jardiance, Farxiga, Metformin

Z79.85 Long-term (current) use of injectable non-insulin antidiabetic drugs
Effective Date-10.01.2022 | Examples: Ozempic, Victoza, Saxenda, Semaglutide

Z79.899 Other long term (current) drug therapy (ex-GLP-1 receptor agonist)
Thru 09.30.2022 | Examples: Ozempic, Victoza, Saxenda, Semaglutide

Diabetic Medication Coding Tips:
If patient is treated with both oral hypoglycemic drugs and injectable non-insulin anti-diabetic drugs, code Z79.84 and Z79.85.
If patient is treated with both insulin and injectable non-insulin anti-diabetic drugs, assign codes Z79.4 and Z79.85.
If patient is treated with both oral hypoglycemic drugs and insulin, code both Z79.84 and Z79.4.

Diabetes Mellitus (DM)

True or False

You can't take insulin as a pill because the acid in your stomach would destroy it before it could get into your bloodstream

True

Diabetes Mellitus (DM)

Insulin Pump Failure

Underdose	Overdose

Underdose

- **T85.6**-Mechanical complication of other specified internal and external prosthetic devices, implants and grafts, that specifies the type of pump malfunction, as the principal or first-listed code

- **T38.3X6**-Underdosing of insulin and oral hypoglycemic [antidiabetic] drugs
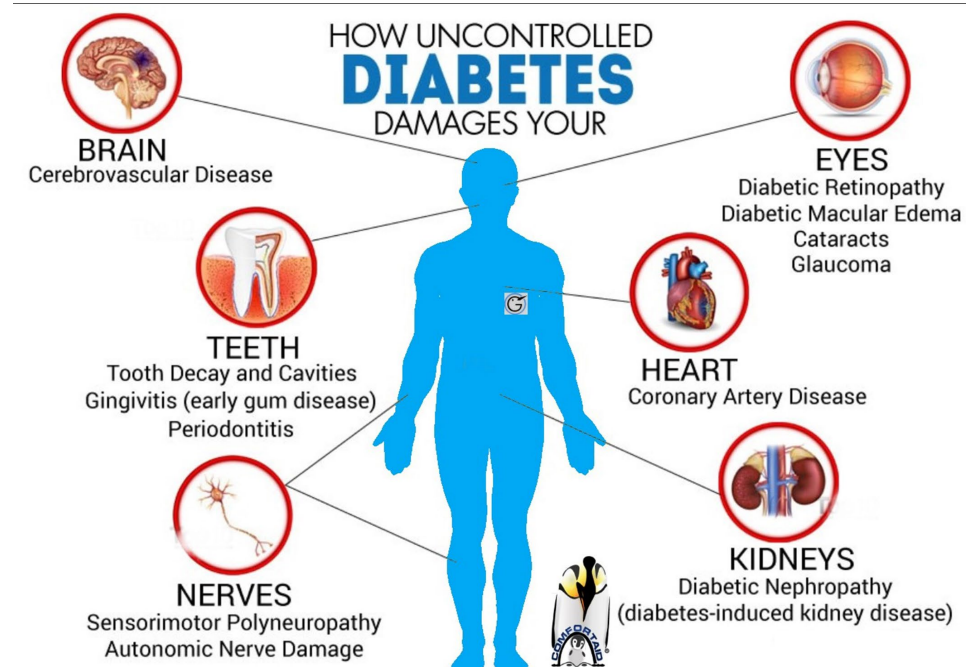
Overdose

- **T85.6**-Mechanical complication of other specified internal and external prosthetic devices, implants and grafts, that specifies the type of pump malfunction, as the principal or first-listed code

- **T38.3X1**-Poisoning by insulin and oral hypoglycemic [antidiabetic] drugs, accidental (unintentional)

Diabetes Mellitus

Complications related to Diabetes Mellitus

Critical to DM Management

-Frequent and thorough assessments

-Treatment with follow up

-HgbA1C monitoring

-Foot Examinations

-Routine Eye Examinations

-Patient Education on treatment

-Nutrition Education

HOW UNCONTROLLED **DIABETES** DAMAGES YOUR

BRAIN
Cerebrovascular Disease

TEETH
Tooth Decay and Cavities
Gingivitis (early gum disease)
Periodontitis

NERVES
Sensorimotor Polyneuropathy
Autonomic Nerve Damage

EYES
Diabetic Retinopathy
Diabetic Macular Edema
Cataracts
Glaucoma

HEART
Coronary Artery Disease

KIDNEYS
Diabetic Nephropathy
(diabetes-induced kidney disease)

Diabetes Mellitus

Coding Diabetes with Complications

Start with finding your diabetes details

- What type?
  - DM I / DM II / Secondary / Gestational
- What treatment?
  - Insulin, po medications, non-insulin injections
- Additional Dx with current treatment?
  - Neuropathy, Chronic Kidney Disease
- Skin exam?
  - Any ulcers, fungal infections
- Eye Exam?
  - Retinopathy

Hierarchies in Diabetes coding - MA

HCC 19

DM without
Complications

E11.9
Z79.4

HCC 18

DM with Chronic
Complications

E11.65
E11.42

HCC 17

DM with Acute
Complications

E09.10
E11.641

Hierarchies in Diabetes coding - ACA

HCC 21	**HCC 20**	**HCC 19**
DM without Complications	DM with Chronic Complications	DM with Acute Complications
E10.65	E11.621	E09.10
E11.9	E11.630	E11.11
Z79.4		E13.641

Diabetes Mellitus

*Reference for using the word "with" to link your complications

The word "with" or "in" should be interpreted to mean "associated with" or "due to" when it appears in a code title	The classification presumes a causal relationship between the two conditions	These conditions should be coded as related even in the absence of provider documentation explicitly linking them, unless the documentation clearly states the conditions are unrelated or when another guideline exists that specifically requires a documented linkage between two conditions (e.g., sepsis guideline for "acute organ dysfunction that is not clearly associated with the sepsis").	For conditions not specifically linked by these relational terms in the classification or when a guideline requires that a linkage between two conditions be explicitly documented, provider documentation must link the conditions in order to code them as related.

Diabetes Mellitus

Chart Example

Assessment and Plan
1. Type 2 Diabetes
    HgbA1C
    Continue Amaryl

2. Chronic Kidney Disease Stage 3A
    CMP

ICD-10 Codes
- E11.22-Type 2 diabetes mellitus with diabetic chronic kidney disease
- N18.31-Chronic kidney disease, Stage 3A

type 2   E11.9
with
    amyotrophy   E11.44
    arthropathy NEC   E11.618
    autonomic (poly)neuropathy   E11.43
    cataract   E11.36
    Charcot's joints   E11.610
    chronic kidney disease   E11.22
    circulatory complication NEC   E11.59
    coma due to
        hyperosmolarity   E11.01
        hypoglycemia   E11.641
        ketoacidosis
    complication   E11.8
        specified NEC   E11.69
    dermatitis   E11.620
    foot ulcer   E11.621

Risk Adjustment HCC CMS Mapping Changes Payment year 2024 (V28)

CMS Proposed Model changes
Model V24 vs V28

2020 Model V24

Diabetes Disease Group: 3 HCCs

- HCC 17 (Diabetes with Acute Complications)
- HCC 18 (Diabetes with Chronic Complications)
- HCC 19 (Diabetes without Complication)

Proposed 2024 Model V28

Diabetes Disease Group: 4 HCCs

- HCC 35 Pancreas Transplant Status
- HCC 36 Diabetes with severe Acute Complications
- HCC 37 Diabetes with Chronic Complications
- HCC 38 Diabetes with Glycemic, Unspecified, or No Complications

Check your understanding!

Coding Scenario for Diabetes Mellitus

NC

Fruity Smelling Breath

A 20-year-old patient with gestational diabetes presents to the ER and receives a dx of diabetic ketoacidosis. How should diabetic ketoacidosis with gestational diabetes be coded?

Assign codes **O24.419**, Gestational diabetes mellitus in pregnancy, unspecified control, and **E87.2**, Acidosis, for gestational diabetes with ketoacidosis.

Coding Scenario for Diabetes Mellitus

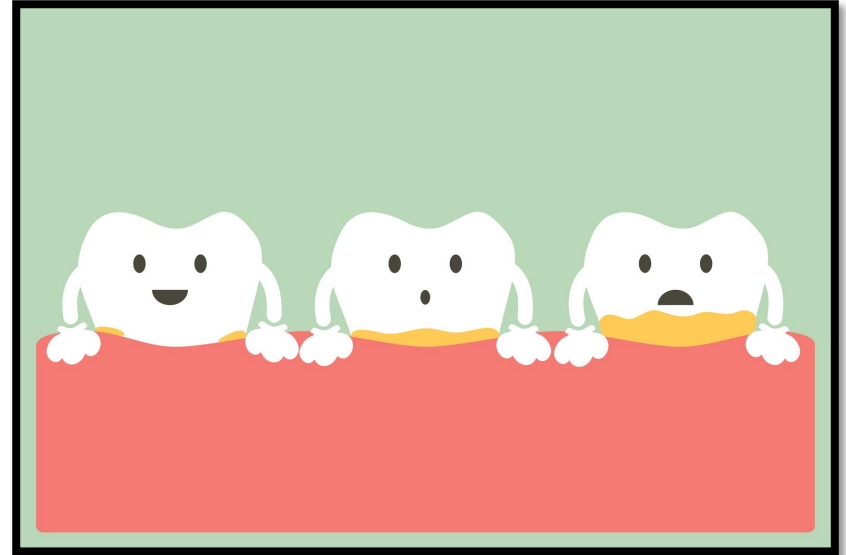## Combination Type 1 and Type 2, diabetes mellitus in poor control

A 14-year-old female patient was seen in the diabetes clinic for a follow-up visit. The provider documented "Combination Type 1 and Type 2, diabetes mellitus in poor control." The provider was queried and confirmed both Type 1 and Type 2 diabetes. This condition is sometimes called Type 1.5 diabetes. What is the correct ICD-10-CM code assignment for Type 1.5 diabetes?

E13.65

Type I Diabetes with a Complication

What codes should be assigned for a patient with Type I diabetes with periodontal disease?

E10.630

Coding Scenario for Diabetes Mellitus

Long Term Oral and Injectable treatments

What codes should be assigned for long-term use of both an oral antidiabetic drug and an injectable GLP-1 receptor agonist, such as Trulicity or Victoza?

Z79.84 & Z79.899

Diabetes Mellitus

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Revenue Program Management

HCC Risk Adjustment Provider Engagement Team

References

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NC

Coding Scenario for Diabetes Mellitus

Fruity Smelling Breath

A 20-year-old patient with gestational diabetes presents to the ER and receives a dx of diabetic ketoacidosis. How should diabetic ketoacidosis with gestational diabetes be coded?

Assign codes O24.419, Gestational diabetes mellitus in pregnancy, unspecified control, and E87.2, Acidosis, for gestational diabetes with ketoacidosis.

Coding Scenario for Diabetes Mellitus

Q: A 14-year-old female patient was seen in the diabetes clinic for a follow-up visit. The provider documented "Combination Type 1 and Type 2, diabetes mellitus in poor control." The provider was queried and confirmed both Type 1 and Type 2 diabetes. This condition is sometimes called Type 1.5 diabetes. What is the correct ICD-10-CM code assignment for Type 1.5 diabetes?

To report Type 1.5 diabetes mellitus, coders should assign ICD-10-CM codes from category E13.- (other specified diabetes mellitus). In this case, the provider specifically documented "combination Type 1 and 2 diabetes mellitus in poor control"; therefore, the coder should assign code E13.65 (other specified diabetes mellitus with hyperglycemia).

Coding Scenario for Diabetes Mellitus

Long Term Oral and Injectable treatments

1. What codes should be assigned for long-term use of both an oral antidiabetic drug and an injectable GLP-1 receptor agonist, such as Trulicity or Victoza?

   Z79.84 & Z79.899

Explanation:
Z79.84 is the code you will use to reflect the long-term and current use of an oral antidiabetic drug and code Z79.899, is used to capture the "other long-term (current) drug therapy" in this case, Victoza or Trulicity.
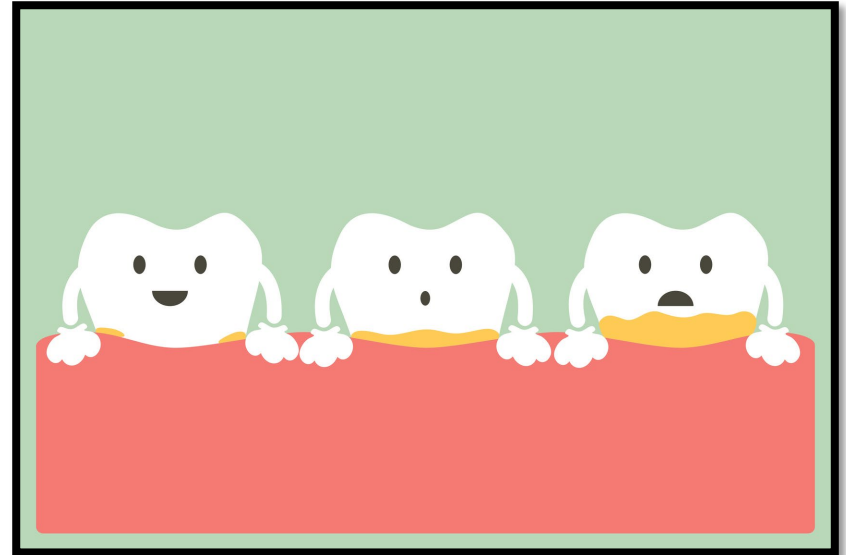
Z79.899 is what you will use when you need to reflect both an oral antidiabetic drug and an injectable GLP-1 receptor agonist drug, such as Trulicity or Victoza is being used long term.

Coding Scenario for Diabetes Mellitus

Type I Diabetes with a Complication

What codes should be assigned for a patient with Type I diabetes with periodontal disease? E10.630

Explanation:
So, looks like you should have gotten E10.630 for your answer. To map out this scenario you would first look up Diabetes, then move to Type I, and finally down to with and over to periodontal disease. It is important to know how and to understand how to use the causal relationship when coding diabetes complications. Diabetes affects almost every system in our bodies, so many complications can arise.

Coding Scenario for Diabetes Mellitus

Combination Type 1 and Type 2, diabetes mellitus in poor control

A 14-year-old female patient was seen in the diabetes clinic for a follow-up visit. The provider documented "Combination Type 1 and Type 2, diabetes mellitus in poor control." The provider was queried and confirmed both Type 1 and Type 2 diabetes. This condition is sometimes called Type 1.5 diabetes. What is the correct ICD-10-CM code assignment for Type 1.5 diabetes?

E13.65

Type 1.5 diabetes is a form of diabetes in which an adult has features of both Type 1 and Type 2 diabetes. These patients have also been described with the terms "latent autoimmune diabetes of adults" and "slow-progressing Type 1 diabetes." The condition has also been called double diabetes, because individuals demonstrate both the autoimmune destruction of beta cells of Type 1 diabetes and the insulin-resistance characteristic of Type 2 diabetes. Patients with Type 1.5 diabetes have autoantibodies to insulin-producing beta cells and gradually lose their insulin-producing capability, requiring insulin within 5–10 years of diagnosis.
Coding Clinic, Third Quarter 2018, pp. 4–5.

To report Type 1.5 diabetes mellitus, coders should assign ICD-10-CM codes from category E13.- (other specified diabetes mellitus). In this case, the provider specifically documented "combination Type 1 and 2 diabetes mellitus in poor control"; therefore, the coder should assign code E13.65 (other specified diabetes mellitus with hyperglycemia).
Also, be sure to look for insulin use, oral diabetic drug use, etc. when coding these diagnoses.

Diabetes Mellitus (DM)

What ICD-10 code would you use to code a patient with a diagnosis of Secondary Diabetes caused by chronic pancreatitis?

E08.9

Explanation:
For patients with a diagnosis of Secondary Diabetes you will begin your search using Diabetes. You will then move down to "Due to Underlying Condition". This code, E08.9- Diabetes mellitus due to underlying condition without complications should be used.