

Acuity Documentation: Diabetes Mellitus



Best Practice: Document with M.E.A.T.

Monitor

- Review signs and symptoms
- Review logs (blood sugar, BP)
- Disease progression/regression noted

Evaluate

- Reviewing lab/test results
- Review of diagnostic tests
- Medication/treatment effectiveness
- Relevant physical examination

Assess/ Address

- Stable, improving, worsening, etc.
- Discussion/counseling
- Exacerbation of condition
- Relevant record review

Treat

- Referral to specialist
- Adjusting, refilling, prescribing medication
- Surgical procedures

Noting any one of the M.E.A.T criteria will satisfy the documentation requirements needed to code that condition on a claim

M.E.A.T. Documentation Keywords:

<u>Assessment</u>	<u>Plan</u>
Stable	Monitor
Improved	D/C meds
Tolerating meds	Continue meds
Deteriorating	Refer to / Followed by

Examples:

- Type 2 DM currently stable, patient sees Endo routinely.
- Type 2 DM patient still struggling with episodes of hyperglycemia. Explained the importance of diet and compliance with taking insulin.



Diabetes Mellitus Key Points

Document and report Diabetes at any visit where it factors into the medical decision making.

Certain conditions that are reported alongside DM (same encounter note) can be assumed to be related and billed together using a combo DX code



Documentation Tips:

- Document type of diabetes (Type 1 or 2). If Type is undocumented, Type 2 is assumed
 - Type 1 DM (uncomplicated/unspecified) – E10.9
 - Type 2 DM (uncomplicated/unspecified) – E11.9
- Indicate current status (controlled/uncontrolled) in the documentation
 - If uncontrolled, document hyperglycemia and use code E11.65
- Document, by name, any affected body systems or complications:
 - Hyperglycemia/hypoglycemia
 - PVD/edema/circulatory complication
 - Neuropathy
 - CKD (document & report stage of CKD with DM code)
 - Ophthalmic complication, retinopathy



Assumed Causal Relationship Conditions

This is a list of associated diabetic conditions where the **link is assumed**

Autonomic (poly) neuropathy	Cataract	Chronic kidney disease
Foot ulcer	Hyper & hypoglycemia	Loss of protective sensation (LOPS)
Mononeuropathy	Nephropathy	Neuropathy
Ophthalmic complication NEC	Osteomyelitis	Polyneuropathy
Retinopathy	Skin complication NEC	Skin ulcer NEC

Common Complications – Type 2

ICD-10 Code	Type 2 Diabetes...
E11.649	with HYPOglycemia without coma
E11.65	with HYPERglycemia
E11.69	with other specified complication
E11.8	with unspecified complications
E11.40	with diabetic <i>neuropathy</i> , unspecified
E11.42	with diabetic <i>polyneuropathy</i>
E11.51	with diabetic peripheral <i>angiopathy</i> without <i>gangrene</i>
E11.59	with other circulatory complications
E11.21	with diabetic <i>nephropathy</i>
E11.22	with diabetic <i>chronic kidney disease</i> (also code stage of CKD N18.-)
E11.621	with <i>foot ulcer</i>
E11.622	with other <i>skin ulcer</i>
E11.628	with other <i>skin complications</i>
E11.69	with hyperlipidemia

Common Complications – Type 1

ICD-10 Code	Type 1 Diabetes...
E10.649	with HYPOglycemia without coma
E10.65	with HYPERglycemia
E10.40	with diabetic <i>neuropathy</i> , unspecified
E10.311	with diabetic retinopathy with macular edema
E10.319	with diabetic retinopathy without macular edema
E10.69	with hyperlipidemia
Z79.4	Long term (current) use of insulin

Keeping Compliant Documentation

- Completeness and accuracy is always our goal!
- Never document or bill diagnoses that are not present or currently being treated
- Never up-code diagnoses to achieve a higher risk score
- Do not document a resolved or historical medical condition as current if it is no longer being treated
- Correct any errors in diagnoses previously reported or that no longer apply
- Keep accurate, specific problem lists to easily pull the most appropriate codes into encounter notes
- Avoid using abbreviations unless the condition is previously established in the documentation within the same OV note.





Case Samples

Case Sample #1

HPI: “67-year-old here for follow-up of uncontrolled type 2 diabetes, diabetic polyneuropathy, hypertension, and generalized osteoarthritis. Continues to have moderately severe back pain and leg pain when walking...”

Pertinent PE: “Neurologic: decreased sensation of monofilament”

What diabetes code(s) applies here?

➤ In ICD-10 “uncontrolled” and “controlled” no longer apply in code selection, but this is still an important clinical indicator

✓ Codes: E11.42 Type 2 diabetes mellitus with diabetic polyneuropathy



Case Sample #2

HPI: “75-year-old here for follow-up of type 2 diabetes and COPD. Recently had retinal exam for known diabetic retinopathy; ophthalmology also diagnosed diabetic cataract. Read and discussed consult note from ophthalmology and plan with patient, also discussed recent weight loss of 8 lbs.”

What diabetes code(s) applies here?

- Because the physician is discussing and evaluating the diabetic ophthalmological complications, they can be coded
- Use as many codes as necessary when a patient has multiple complications
- ✓ E11.319 Type 2 diabetes with unspecified diabetic retinopathy without macular edema
- ✓ E11.36 Type 2 diabetes with diabetic cataract
- ✓ J44.9 COPD unspecified



Case Sample #3

HPI: “Kathryn is here today for routine visit, concerned about migraines increasing. Patient has Type 2 DM and on insulin since 2010. Reports weight is stable and blood sugars around 90 in am.”

Treatment: Maintain current dosing of Humalog 100 unit kwikpen

What diabetes code(s) applies here?

➤ It's important to code Type 2 diabetics with the code for long-term insulin use

- ✓ E11.9 Type 2 diabetes without complications
- ✓ Z79.4 Long-term use of insulin



Case Sample #4

HPI: “58-year-old here for 3-month follow-up. Patient has Type 2 DM and CKD stage 4 due to diabetes, as well as diabetic neuropathy in both feet. Recently seen by nephrologist at Milton hospital.”

PE: decreased sensation to monofilament noted bilaterally

Treatment: discussed adherence to renal diet for management of CKD

What diabetes code(s) applies here?

- It's important to code the additional code for the type of CKD
- ✓ E11.22 Type 2 diabetes with diabetic chronic kidney disease
- ✓ N18.4 Chronic kidney disease, stage 4
- ✓ E11.42 Type 2 diabetes mellitus with diabetic polyneuropathy



Case Sample #5

HPI: “38-year-old here for routine follow-up. Patient has DMI diagnosed at age 4, reports blood sugars have been elevated lately and is concerned. Urine today shows hyperglycemia-bs at 231”

Treatment: referred to endocrine dept for consult related to recurrent hyperglycemia, noted here today as well

What diabetes code(s) applies here?

- The ICD-10 codes differ for Type 1 diabetics, it’s important to code this specifically
- Hyperglycemia cannot be coded based on lab tests alone- must be noted in words in the record (coders can’t interpret findings)
- ✓ E10.65 Type 1 diabetes mellitus with hyperglycemia

