BCA REV

Billing, Coding, Auditing, Revenue Cycle Training by BCA

Tough Topics in FQHC 5: Diabetes and DSMT Services

OBJECTIVES

1 ICD10CM Fundamentals
- Coding and Documentation Defined

2 The Endocrine System
- ICD10CM Diabetes Categories

3 Conditions Affecting Care
- Underdosing

4 Risk Adjustment
- UDS Reporting in the FQHC

4

Coding Tools

BCA's Diagnosis Coding Booklet

AHA Coding Clinic® for ICD-10-CM and ICD-10-PCS

ICD-10-CM 2022 — The Complete Official Codebook

5

Five Basic Diagnosis Coding Rules

1 The 1st listed dx identifies condition requiring the greatest work-effort as determined by the clinician and supported in the medical record.

2 Document all conditions that require/affect care.

3 Document reasons for all studies.

4 Code to the highest level of specificity known.

5 Do not use "rule out" or unconfirmed diagnoses; instead, report known signs and symptoms.

Endocrine System
Diabetes Mellitus

Hypothalamus (brain region controlling the pituitary gland)

Pituitary gland (secretes many different hormones, some of which affect other glands)

Parathyroids (help regulate the level of calcium in the blood)

Thyroid gland (affects metabolism)

Adrenal glands (inner part helps trigger the "fight-or-flight" response)

Pancreas (regulates the level of sugar in the blood)

Testis (secretes male sex hormones)

Ovary (secretes female sex hormones)

Figure 2.8
Myers/DeWall, *Psychology in Everyday Life*, 4e, © 2017 Worth Publishers

Endocrine System: Hormone Production

Regulate body temperature

Aid in digestion

Controls growth, development and metabolism

Controls electrolyte composition of the body fluids

Reproduction
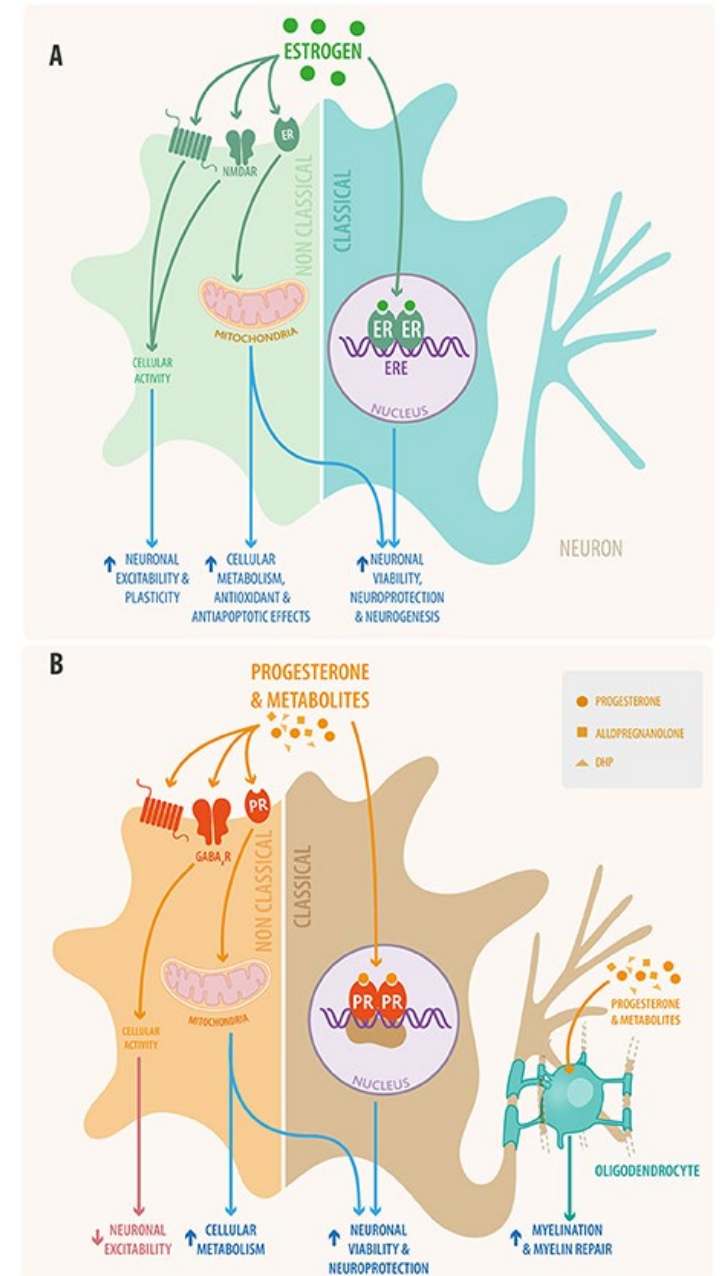
Endocrine System: Major Players

Pituitary

Thyroid

Thymus

Pancreas

Ovaries

Testes
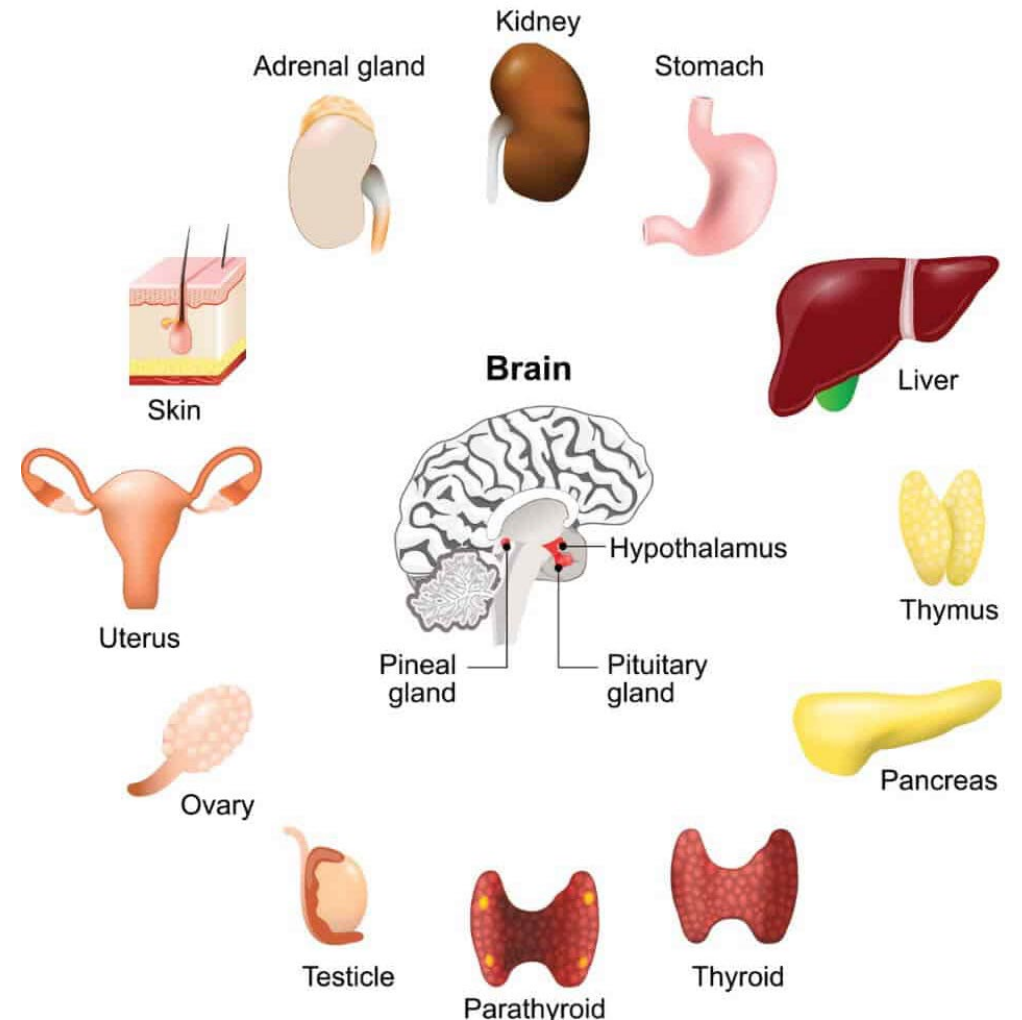
Diabetes Mellitus (DM) Defined

Per CDC: Diabetes is a chronic (long-lasting) health condition that affects how your body turns food into energy.

With diabetes, your body either doesn't make enough insulin or can't use it as well as it should.

Diabetes Mellitus
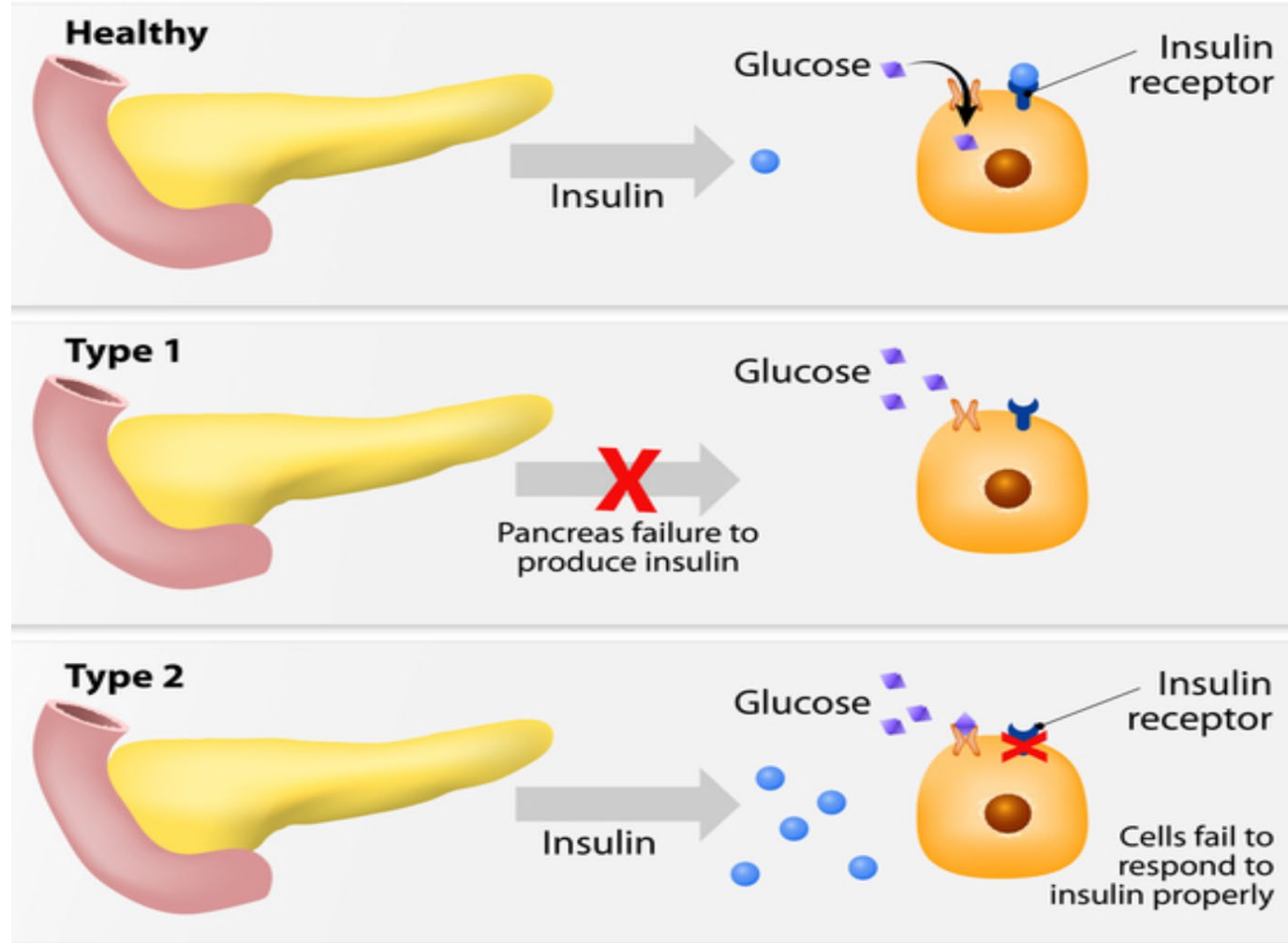
Common Diabetic Labs

01

82947

- Fasting blood sugar: Amount of glucose in blood sample after an overnight fast.

02

83036

- HbA1c: Measures average blood glucose over the past 3 months

ICD-10 Diabetes Mellitus Categories

1 E08 DM due to underlying condition

2 E09 DM due to drugs, chemicals

3 E10 Type 1 DM

4 E11 Type 2 DM

5 E13 Other specified DM
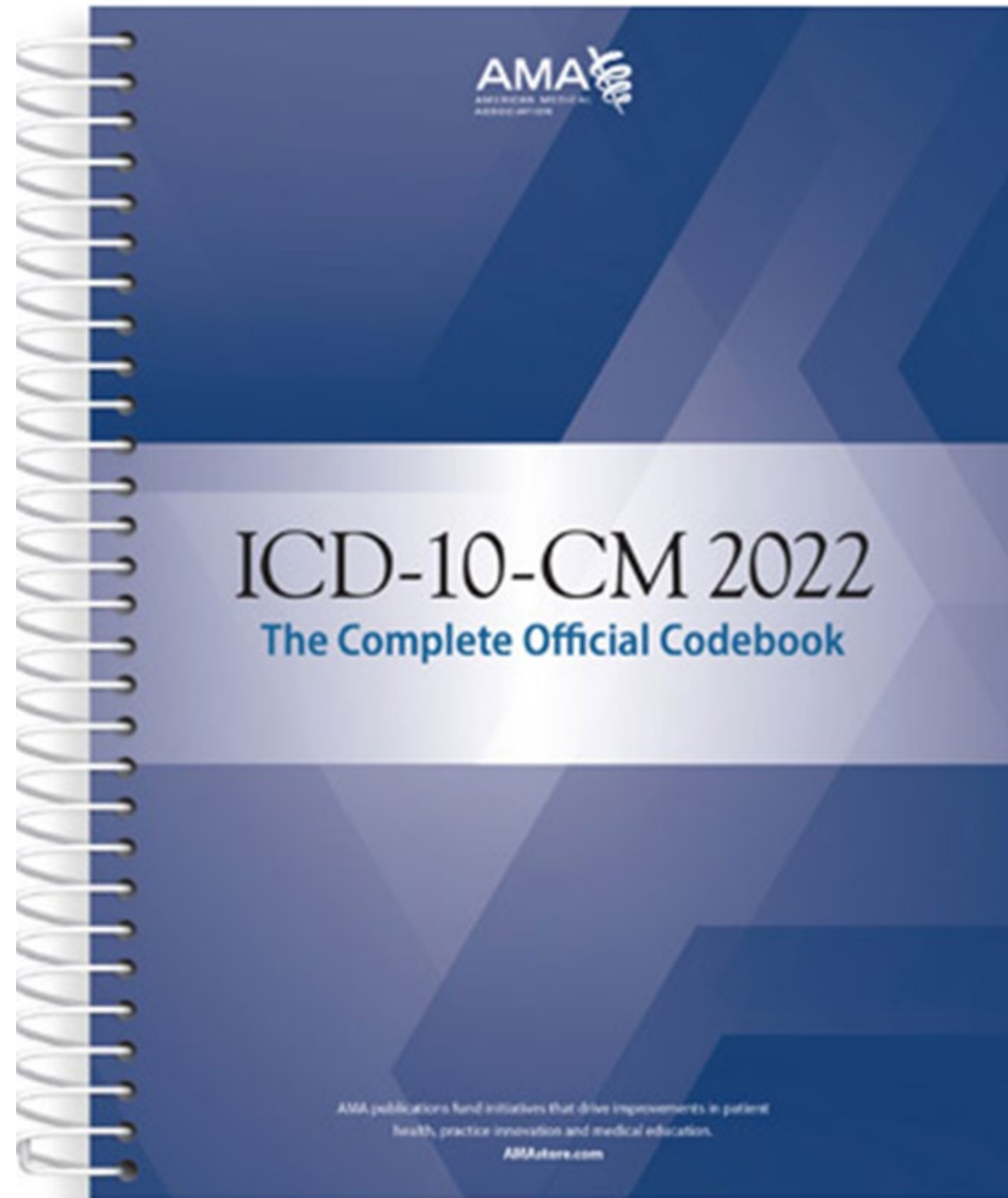
4th Character Specificity

.0 with hyperosmolarity (not an option for Type 1)

.1 with ketoacidosis

.2 with kidney complications

.3 with ophthalmic complications

.4 with neurological complications

.5 with circulatory complications

.6 with other (e.g., skin, oral) complications

.7 (Not in use)

.8 with unspecified complications

.9 without complications

ICD-10-CM Guidelines I.C.4.a

4. **Chapter 4: Endocrine, Nutritional, and Metabolic Diseases (E00-E89)**

   a. **Diabetes mellitus**

   The diabetes mellitus codes are combination codes that include the type of diabetes mellitus, the body system affected, and the complications affecting that body system. As many codes within a particular category as are necessary to describe all of the complications of the disease may be used. They should be sequenced based on the reason for a particular encounter. Assign as many codes from categories E08 – E13 as needed to identify all of the associated conditions that the patient has.

   1) **Type of diabetes**

      The age of a patient is not the sole determining factor, though most type 1 diabetics develop the condition before reaching puberty. For this reason type 1 diabetes mellitus is also referred to as juvenile diabetes.

   2) **Type of diabetes mellitus not documented**

      If the type of diabetes mellitus is not documented in the medical record the default is E11.-, Type 2 diabetes mellitus.

Uncontrolled Diabetes Mellitus

Type 2 DM:

- E11.65 T2DM with hyperglycemia
- E11.649 T2DM with hypoglycemia (w/o coma)

Type 1 DM:

- E10.65 T1DM with hyperglycemia
- E10.649 T1DM with hypoglycemia (w/o coma)

T2DM Specificity

Type 2 Diabetes without complications		Code
DM controlled and without complications	*HCC 19*	E11.9
DM uncontrolled w/ hyperglycemia	*HCC 18*	E11.65
DM uncontrolled w/ hypoglycemia, w/o coma	*HCC 18*	E11.649
hypoglycemia, with coma	*HCC 17*	E11.641
Always code for DM2 patient on insulin	*HCC 19*	**+Z79.4**
Long-term use oral hypoglycemic med *(code both when true)*		**+Z79.84**
DM with complication of neurological system, specifically;		
polyneuropathy	*HCC 18*	E11.42
mononeuropathy	*HCC 18*	E11.41
gastroparesis (autonomic polyneuropathy)	*HCC 18*	E11.43
DM with unspecified neuropathy *(avoid)*	*HCC 18*	E11.40
DM with neuropathic arthropathy	*HCC 18*	E11.610
If the DM is not in control assign *also*	*HCC 18*	**+E11.65**
Diabetes w/complication of circulatory system, specifically;		
DM with peripheral angiopathy, no gangrene	*HCC 18 & 108*	E11.51
DM w/peripheral angiopathy, w/ gangrene		E11.52
DM with other circulatory complication	*HCC 18*	E11.59
If the DM is not in control assign *also*	*HCC 18*	**+E11.65**

DM with diabetic nephropathy	*HCC 18*	E11.21
DM with proteinuria or microalbuminuria: E11.29 and R80.9		
DM w/complication of CKD *(code also stage CKD)*	*HCC 18*	E11.22
CKD stage 1 GFR >90 (Glomerular Filtration Rate)		**+N18.1**
CKD stage 2 GFR 60-89 (Mild)		**+N18.2**
CKD stage 3 unspecified (Moderate)		**+N18.30**
CKD stage 3a GFR 45-59 (Moderate)		**+N18.31**
CKD stage 3b GFR 30-44 (Moderate)		**+N18.32**
CKD stage 4 GFR 15-29 (Severe)	*HCC 137*	**+N18.4**
CKD stage 5 GFR <15	*HCC 136*	**+N18.5**
End Stage Renal Disease (ESRD)	*HCC 136*	**+N18.6**
If the DM is not controlled, assign also	*HCC 18*	**+E11.65**
DM with complication of eyes, specifically:		
DM w/nonproliferative retinopathy w/o edema	*HCC 18*	E11.329-
with macular edema	*HCC 18*	E11.321-
DM w/proliferative retinopathy *see choices* HCC 18		E11.351- thru
Dash indicates must have 7th character for laterality		E11.359-
DM with diabetic cataract	*HCC 18*	E11.36
DM with eye complication not listed above	*HCC 18*	E11.39
If the DM is not in control assign *also*	*HCC 18*	**+E11.65**
Diabetes - varied complications		
DM with; arthropathy	*HCC 18*	E11.618
dermatitis	*HCC 18*	E11.620
foot ulcer *(Code also site L97.4-, L97.5-)*	*HCC 18 & 161*	E11.621
skin ulcer *(Code also site L97.1-L98.49)*	*HCC 18 & 161*	E11.622
other skin complication	*HCC 18*	E11.628
DM with hyperosmolarity, without coma	*HCC 17*	E11.00
hyperosmolarity, with coma	*HCC 17*	E11.01
If DM is not in control assign *also*	*HCC 18*	**+E11.65**

HPI: 72 yo male with T2DM suffers a hypoglycemic episode. His wife could not awaken him enough to give him some orange juice. Wife reports pt's blood sugar has been fluctuating lately. When EMS arrived, an IV was started, pt was given D50. The patient woke, blood sugar was re-checked, was 149. Pt was brought to the ED via ambulance.

Exam: Vitals are stable. Comprehensive exam was unremarkable.

A/P: Finger stick blood sugar was 140. Episode of hypoglycemia. Pt was discharged home.

HPI: Hosp f/u for 56 yo female with T2DM. Recently hospitalized with cellulitis of the LT foot. She was started on IV therapy and is recovering well. The infection is almost resolved. Complains of some pain in the foot, but severity has improved.

PMH significant for COPD, HTN, and CKD stage 3. She denies chest pain and SOB. Meds rev'd and updated; taking insulin as directed and reports normal blood sugars since discharge.

Exam: Detailed exam completed. LT foot shows significant improvement in the reddening on the upper surface.

Plan: Will d/c Vancomycin and start oral penicillin. FU in one week.

Diabetes and Underdosing

1.C.19.e.5.c

Underdosing refers to taking less of a medication than is prescribed by a provider or a manufacturer's instruction. Discontinuing the use of a prescribed medication on the patient's own initiative (not directed by the patient's provider) is also classified as an underdosing.

For underdosing, assign the code from categories T36-T50 (fifth or sixth character "6").

Underdosing of Prescribed Medication by Patient	
Code first, underdosing of medication (T36-T50) with fifth or sixth character of "6", then code intent and reason (below)	
Replace dash (-) with; A = initial (active tx); D = FU (healing); or S = sequela	
1. Underdosing, oral contraceptives	T38.4x6-
2. Then code also intent and reason from below.	
INTENTIONAL underdosing of med(s) by patient	
due to financial hardship	Z91.120
for any other reason	Z91.128
UNINTENTIONAL underdosing of med(s) by pt	
due to age-related debility	Z91.130
for any other reason	Z91.138

Intentional & Unintentional Underdosing

Z91   Personal risk factors, not elsewhere classified

    Z91.0   Allergy status, other than to drugs and biological substances

→   Z91.1   Patient's noncompliance with medical treatment and regimen

        Z91.11   Patient's noncompliance with dietary regimen

        Z91.12   Patient's intentional underdosing of medication regimen

            Z91.120   Patient's intentional underdosing of medication regimen due to financial hardship

            Z91.128   Patient's intentional underdosing of medication regimen for other reason

        Z91.13   Patient's unintentional underdosing of medication regimen

            Z91.130   Patient's unintentional underdosing of medication regimen due to age-related debility

            Z91.138   Patient's unintentional underdosing of medication regimen for other reason

        Z91.14   Patient's other noncompliance with medication regimen

        Z91.15   Patient's noncompliance with renal dialysis

        Z91.19   Patient's noncompliance with other medical treatment and regimen

ICD-10-CM 2022
The Complete Official Codebook
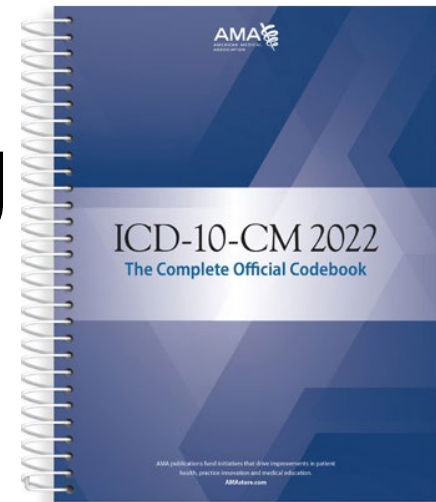
T2DM patient intentionally taking less insulin than prescribed due to financial difficulties. Now with poorly controlled diabetes. Discussed importance of compliance with medication use…FU in 2 weeks.

E11.65 T2DM with hyperglycemia

T38.3X6A Underdosing insulin and/or oral hypoglycemic, initial encounter

Z91.120 Patient's intentional underdosing of medication due to financial hardship

Consider noncompliance with medication regimen, Z91.14

T2DM, HTN & CKD

AHA October 2018 Coding Clinic

Published: Oct 1, 2018
Publisher: AHA Coding Clinic - ICD-10

Question:
Since ICD-10-CM presumes a relationship between both chronic kidney disease (CKD) and hypertension as well as diabetes mellitus and CKD, what are the appropriate code assignments when the provider documents type 2 diabetic mellitus with chronic kidney disease and the patient also has a diagnosis of hypertension?

Answer:
Assign codes E11.22, Type 2 diabetes mellitus with diabetic chronic kidney disease, I12.9, Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease, and N18.9, Chronic kidney disease, unspecified. The classification presumes a cause-and-effect relationship between both diabetes and CKD and hypertension and CKD. CKD is most likely related to both hypertension and diabetes when the patient has all three conditions. Both high blood sugar and high pressure in the blood vessels will cause the vessels to deteriorate, which can then damage the kidneys.

As of October 1, 2018, the *ICD-10-CM Official Guidelines for Coding and Reporting* have been revised to read "Assign codes from category I12, Hypertensive chronic kidney disease, when both hypertension and a condition classifiable to category N18, Chronic kidney disease (CKD), are present. CKD should not be coded as hypertensive if the provider indicates the CKD is not related to the hypertension."

DM + HTN + CKD

Patient presents for evaluation of T2DM, hypertension & CKD

N18.31
Chronic kidney
disease, stage 3a

E11.22
- T2DM with diabetic chronic kidney disease

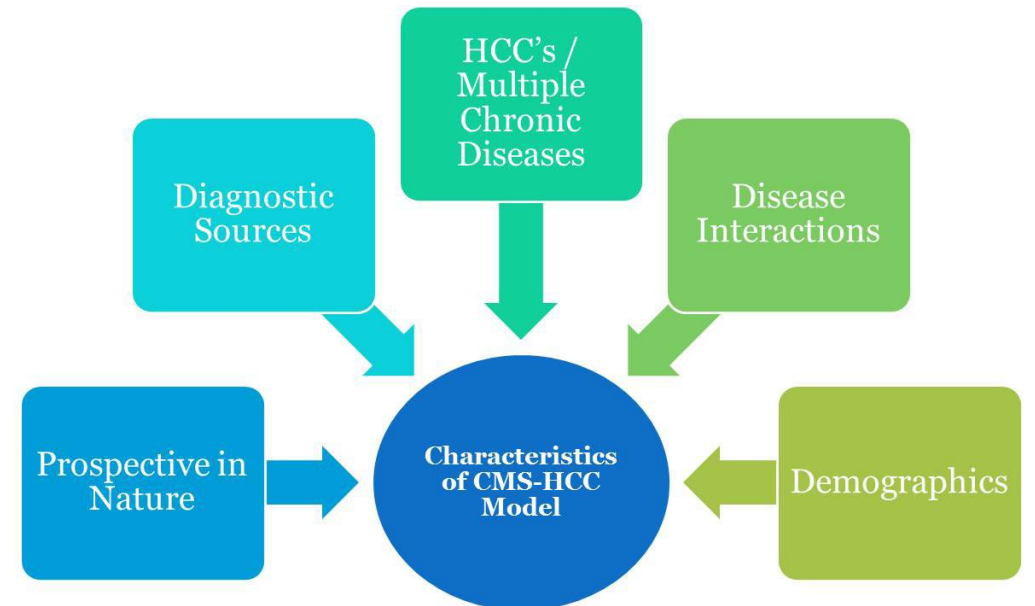**Diabetes**

CKD

Hypertension

I12.9
Hypertensive chronic kidney disease
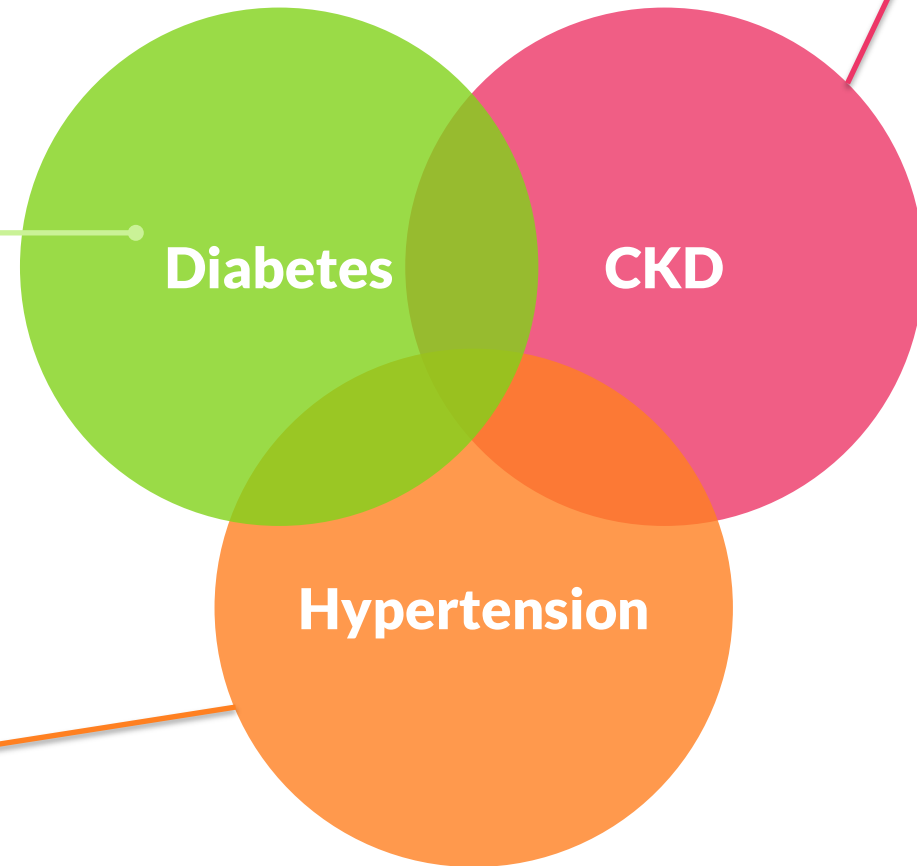
Risk Adjustment

Risk-Based Reimbursement

1 Various risk-based reimbursement models

2 Categories describe broad set of similar diseases

3 Well-diagnosed conditions may add value

4 Report all conditions that affect care

Risk Adjustment Diabetes Mellitus

ICD-10-CM Codes, CMS-HCC and RxHCC Models
Includes ICD-10 codes valid in FY2020 or FY2021.

Diagnosis Code	Description	CMS-HCC Model Category V21	CMS-HCC Model Category V22	CMS-HCC Model Category V24	RxHCC Model Category V05	CMS-HCC ESRD Model for 2021 Payment Year	CMS-HCC Model Category V22 for 2021 Payment Year	CMS-HCC Model Category V24 for 2021 Payment Year	RxHCC Model for 2021 Payment Year
E1111	Type 2 diabetes mellitus with ketoacidosis with coma	17	17	17	30	Yes	Yes	Yes	Yes
E1121	Type 2 diabetes mellitus with diabetic nephropathy	18	18	18	30	Yes	Yes	Yes	Yes
E1122	Type 2 diabetes mellitus with diabetic chronic kidney disease	18	18	18	30	Yes	Yes	Yes	Yes
E1129	Type 2 diabetes mellitus with other diabetic kidney complication	18	18	18	30	Yes	Yes	Yes	Yes
E11311	Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema				241	--	--	--	Yes
E11319	Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema	18	18	18	30	Yes	Yes	Yes	Yes
E113211	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye				241	--	--	--	Yes
E1140	Type 2 diabetes mellitus with diabetic neuropathy, unspecified	18	18	18	30	Yes	Yes	Yes	Yes
E1141	Type 2 diabetes mellitus with diabetic mononeuropathy	75				Yes	--	--	--
E1142	Type 2 diabetes mellitus with diabetic polyneuropathy	18	18	18	30	Yes	Yes	Yes	Yes
E1143	Type 2 diabetes mellitus with diabetic autonomic (poly)neuropathy	18	18	18	30	Yes	Yes	Yes	Yes
E1144	Type 2 diabetes mellitus with diabetic amyotrophy	18	18	18	30	Yes	Yes	Yes	Yes
E1149	Type 2 diabetes mellitus with other diabetic neurological complication	18	18	18	30	Yes	Yes	Yes	Yes
E1151	Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene	18	18	18	30	Yes	Yes	Yes	Yes
E1152	Type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene	18	18	18	30	Yes	Yes	Yes	Yes
E11649	Type 2 diabetes mellitus with hypoglycemia without coma	18	18	18	30	Yes	Yes	Yes	Yes
E1165	Type 2 diabetes mellitus with hyperglycemia	18	18	18	30	Yes	Yes	Yes	Yes
E1169	Type 2 diabetes mellitus with other specified complication	18	18	18	30	Yes	Yes	Yes	Yes
E118	Type 2 diabetes mellitus with unspecified complications	18	18	18	30	Yes	Yes	Yes	Yes
E119	Type 2 diabetes mellitus without complications	19	19	19	31	Yes	Yes	Yes	Yes

Common DM Risk Adjustment Mistakes

Presuming causal relationships inappropriately.

Reporting E11.59 when a pt has DM and HTN

Reporting E11.69 when a pt has DM and obesity

Problem List Maintenance

Annotated Display	Condition Name	Onset Date	Name of Problem	Vocabulary	Code	Life Cycle St...	Classification	
☐ **All Problems**								
At risk for impaired skin integrity	At risk for impaired skin inte...	06/06/2018	At risk for impaired skin inte...	IMO	20566975	Active	No Eggs	
At risk for venous thromboembolism	At risk for venous thromboe...	06/06/2018	At risk for venous thromboe...	IMO	33989582	Active	No Eggs	
At risk of pressure ulcer	At risk of pressure ulcer	06/06/2018	At risk of pressure ulcer	IMO	10066145	Active	No Eggs	
CAD (coronary artery disease)	CAD (coronary artery disea...		Coronary arteriosclerosis	SNOMED CT	89331010	Active	Medical	
Chronic obstructive pulmonary disease (CO...	Chronic obstructive pulmon...		Chronic obstructive lung di...	SNOMED CT	23287019	Active	Medical	
Chronic ulcer of right calf with fat layer exp...	Chronic ulcer of right calf w...		Chronic ulcer of calf	SNOMED CT	303834...	Active	Medical	
Chronic venous insufficiency	Chronic venous insufficiency		Lymphedema of limbs due t...	SNOMED CT	177494...	Active	Medical	
Dependence on continuous supplemental ...	Dependence on continuou...		Dependence on continuou...	SNOMED CT	303771...	Active	Medical	
Diabetes mellitus	Diabetes mellitus		Diabetes mellitus	ICD-9-CM	250	Active	Medical	
Diabetes mellitus with skin ulcer	Diabetes mellitus with skin ...		Diabetes mellitus	SNOMED CT	121589...	Active	Medical	
Hypertension	Hypertension		Hypertension.	ICD-9-CM	401.9	Active	Medical	
PAD (peripheral artery disease)	PAD (peripheral artery dise...		Peripheral arterial occlusive...	SNOMED CT	177923...	Active	Medical	

Poorly Maintained Problem List

- Multiple variations of a single disease process
- Unspecified conditions remain
- Specificity doesn't match documentation

Well Maintained Problem List

- Helps identify pts who benefit from Care Mgmt
- Assists with Attribution List reconciliation
- Excellent communication tool

It's Not My Problem.....List

What Can a Coder Do?

01 Analyze for presumable causal relationships

02 Watch for excluded conditions (e.g., E11.9 and a complication)

03 Compare stats and ask – especially when highly suggestive of greater specificity

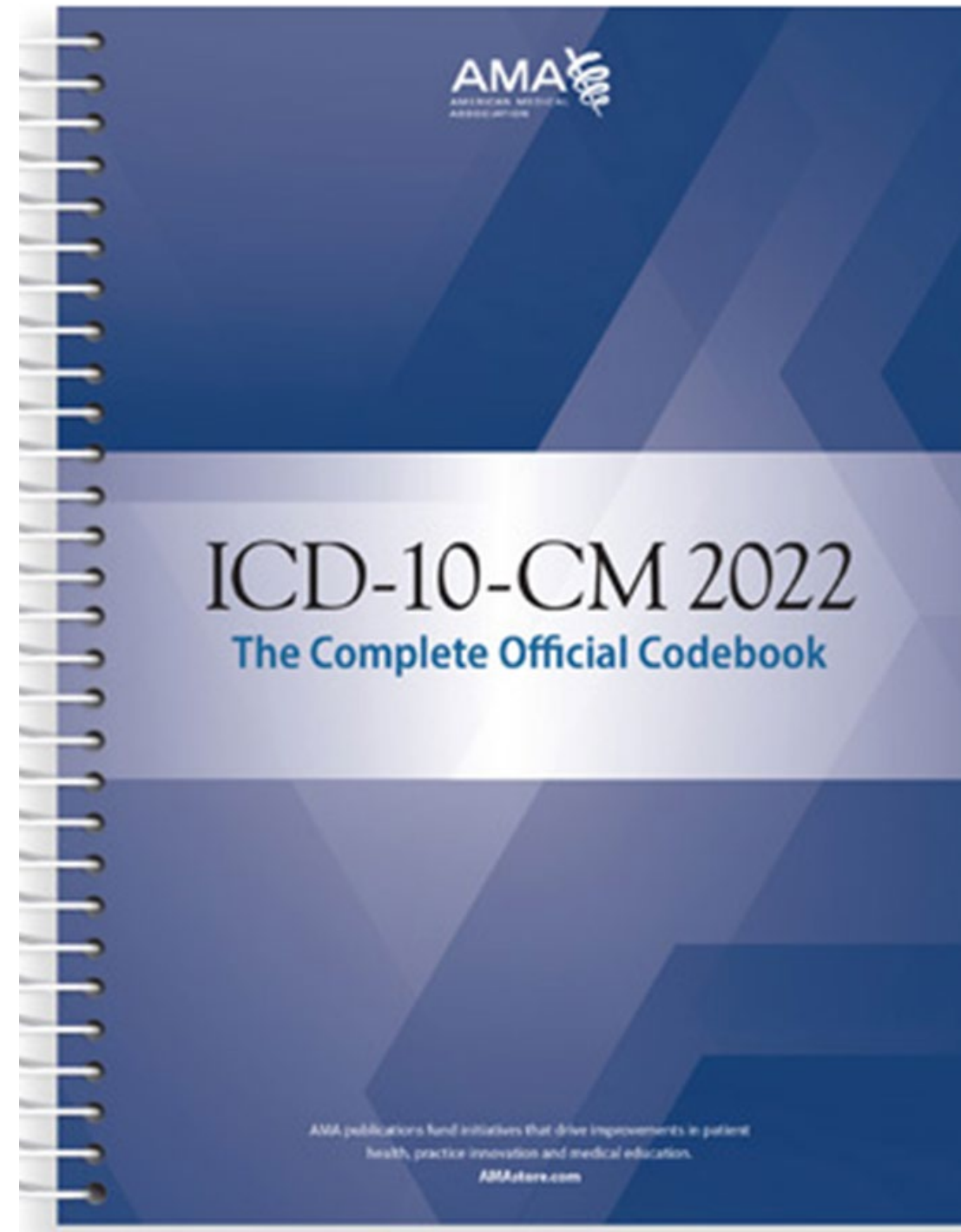**04** Have other specialists weighed in? (Neuropathy, CKD, etc.)

05 Provide if/then coding – make the right information readily available

ICD-10-CM: Diabetes & Conditions that Affect Care

ICD-10-CM, Section IV, J

Code all documented conditions that coexist at the time of the encounter and require or affect patient care treatment or management.

Uniform Data System Reporting Requirements

For Calendar Year 2021 UDS Data

For help contact: 866-837-4357 (866-UDS-HELP), https://bphcdata.net/, or udshelp330@bphcdata.net

Health Resources and Services Administration

Bureau of Primary Health Care

5600 Fishers Lane, Rockville, Maryland 20857

UDS Reporting Instructions Manual

The UDS Reporting Instructions manual provides guidance on reporting the 11 tables and 3 forms that provide a snapshot of health centers' clinical, financial, and administrative performance. The manual is updated annually to support a timely, accurate, and complete UDS report submission – due **February 15, 2022**!

UDS Measure: A1C Control

UDS Data Five-Year Summary

Select five-year national summaries of awardee data: Age and Race/Ethnicity, Patient Characteristics, Services, Clinical, and Cost.

Age and Race/Ethnicity   **Patient Characteristics**   **Services**   **Clinical Data**   **Cost Data**

Clinical Data	2016	2017	2018	2019	2020
Patients					
Medical Conditions (% of Patients with Medical Conditions)					
Diabetes: Hemoglobin A1c Poor Control *	32.10 %	32.95 %	32.79 %	31.95 %	35.60 %
Number of Diabetic Patients with Poorly Controlled Hemoglobin A1c (HbA1c > 9%) or No Test During Year *	664,855	746,932	785,346	805,728	887,573

Category II Codes and Performance Measures
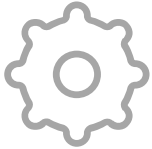
3044F
Most recent hemoglobin A1C (HbA1c) less than 7.0%

3046F
Most recent hemoglobin level > 9.0%

3051F
Most recent hemoglobin level $\geq$ to 7.0% and less than 8.0%

3052F
Most recent hemoglobin level $\geq$ 8.0% and less than 9.0%

Diabetes Self-Management Training

Medicare preventive service that helps patients manage their diabetes and prevent additional complications.

Goals: Educate and empower to better manage and control their conditions, reduce hospitalizations and complications, and reduce costs.

Medicare may cover up to 10 hours of initial DSMT – 1 hour of individual training and 9 hours of group training. Also, for up to 2 hours of follow-up training each year.

Coding for Diabetes Self-Management Training

HCPCS & CPT Codes

G0108 —
Diabetes outpatient self-management training services, individual, per 30 minutes

G0109 —
Diabetes outpatient self-management training services, group session (2 or more), per 30 minutes

FQHC and DSMT

70.5 - Diabetes Self Management Training (DSMT) and Medical Nutrition Services (MNT)
(Rev. 3434, Issued: 12-31-15, Effective: 03-31-16, Implementation: 03-31-16)

FQHCs billing under the AIR system

Payment is made at the all-inclusive encounter rate to the FQHC for DSMT or MNT. This payment can be in addition to payment for another qualifying visit on the same date of service as the beneficiary received qualifying DSMT services.

For FQHCs to qualify for a separate visit payment for DSMT or MNT services, the services must be a one-on-one face-to-face encounter. Group sessions do not constitute a billable visit for any FQHC services. To receive separate payment for DSMT or MNT services, the services must be billed on TOB 77x with HCPCS code G0108 (DSMT) or HCPCS code 97802, 97803, or G0270 (MNT) and the appropriate site of service revenue code in the 052X revenue code series. This payment can be in addition to payment for any other qualifying visit on the same date of service that the beneficiary received qualifying DSMT /MNT services as long as the claim for DSMT/MNT services contains the appropriate coding specified above. Additional information on DSMT can be found in Chapter 18, section 120 of Pub. 100-04.

Additional information on MNT can be found in Chapter 4, section 300 of Pub. 100-04.

Group services (G0109, 97804 and G0271) do not meet the criteria for a separate qualifying encounter. A ll line items billed on TOBs 77x with group services will be denied.

Diabetes Reporting Reminders

01 Controlled versus poorly controlled

02 Complications

03 Insulin Use

04 Underdosing

05 Financial Difficulties

06 Other Issues Influencing Care

07 UDS Measures

General Training Disclaimer

- "CPT" is a registered trademark of the American Medical Association. Their codes, descriptions and manual content are copyright by the AMA. All rights are reserved by the AMA.

- The content of this presentation has been abbreviated for a focused presentation for a specific audience. Verify all codes and information in a current CPT book.

- This information is considered valid at the time of presentation, but changes may occur through the year.

- Information presented is not to be considered legal or medical advice.

- Third-party payment guidelines vary. Confirm payment guidelines with your payers of interest.

BCA

Revolutionizing Your Revenue Cycle