Diabetes

The ICD-10 Success Series
Webconference
November 19, 2014
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How to Submit Questions to Our Panelists

Use the GoTo Webinar Question Panel to Ask a Question

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Managing Your Screen

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  - Minimizes the control panel to the right side of your screen
  - Re-opens the control panel

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Brief Overview: The ICD-10 Success Series Webconferences

Across the coming months, the Advisory Board’s Clinical Advisor Team will be hosting numerous Webconferences on a variety of documentation topics critical to a seamless and successful transition to ICD-10. As providers, please take a look at the list of upcoming sessions and save time to attend those most pertinent to your practice. We have created them to be succinct and to the point, and will be presenting lessons you can begin to incorporate into your documentation immediately (in an ICD-9 world). Below is a list of all upcoming sessions:

1. September 24th – Sepsis/Septicemia
2. October 1st – UTI
3. October 8th – Pressure Ulcers
4. October 15th – Stroke
5. October 22nd – Encephalopathy
6. October 29th – AMI & Coronary Artery Disease
7. November 5th – Respiratory Failure, Pneumonia, COPD
8. November 12th – Orthopedic Surgery, Joints, Spine
9. November 19th – Diabetes
10. December 3rd – Anemia
11. December 10th – Cellulitis
12. December 17th – Ambulatory

**All sessions will be hosted from 12:00 – 1:00 pm EST. Recordings will be made available for follow up viewing on the intranet and physician websites.**
About Today’s Speaker

Emeric Palmer, MD, FACP, FHM

- Senior Medical Director at the Advisory Board Company
- Board certified physician in Internal Medicine and Wound Care and Hyperbaric Medicine.
- Experience in Primary Care and Hospital Medicine with large, nation-wide systems as well as private group practices.
- Served as an Assistant Professor of Medicine at the University of Illinois, Chicago with Advocate Christ Medical Center.
- Earned the Healthcare IT Leadership Certificate from the American College of Physician Executives
- Former chair of the Health Information Management and Physician EHR committees at Meritus Medical Center in Hagerstown, Maryland
- Worked as an Internal Medicine Hospitalist with Kaiser’s Mid Atlantic Permanente group.
- Special areas of interest include process improvement, quality and safety, high reliability, team dynamics, and communication.

For more information, contact:

Emeric Palmer, MD, FACP, FHM  202.266.5600
Senior Medical Director  PalmerE@advisory.com
Brief Overview: Code Expansion in ICD-10 Requires Greater Documentation Specificity

Expanded Code Set in ICD-10: ~16K to ~150K

Why So Many New Codes?

The main difference between ICD-9 and ICD-10 codes, outside of structural changes, is the SPECIFICITY of the code.

ICD-10 codes specify several components not found in ICD-9, such as stage, laterality, severity, root cause operation, etc.

Key ICD-10 Concepts Required in Documentation

<table>
<thead>
<tr>
<th>Stage or grade of disease</th>
<th>Severity: mild, moderate, severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specific anatomical location</td>
<td>Episode of care: initial vs. subsequent</td>
</tr>
<tr>
<td>Acute or chronic</td>
<td>Unilateral or bilateral condition</td>
</tr>
</tbody>
</table>
Road Map for Discussion

1. Documentation Requirements for Diabetes in ICD-10

2. Clinical Scenario

3. Upcoming Webconferences
Documenting Diabetes in ICD-10

It is important to specify the type of diabetes in ICD-10.

**Key Components to Include in Diabetes Documentation**

| 1. Clarify Type | • DM Type 1  
|                | • DM Type 2  
|                | • Drug/Chemical Induced (Document the drug/chemical)  
|                | • DM due to underlying condition (e.g. Cushings syndrome)  
|                | • Gestational DM |

| 2. Additional Detail, if Appropriate | • Indicate use of insulin. If insulin used, clarify length of use (long term, current)  
|                                     | • Document any manifestations and/or complications of the diabetes  
|                                     | • When appropriate, link procedures from a diabetic-related problem to the diabetes |

**Key Terminology Change in ICD-10**

- If left unspecified, diabetes will default to the Type 2 code in ICD-10
- It is no longer required to specify ‘controlled’ or ‘uncontrolled’ diabetes in ICD-10
A Deeper Dive: Clearly Linking Diabetes with Manifestations & Complications

Providing sufficient documentation to link diabetes to manifestations and/or complications, when appropriate, can significantly increase the severity of illness (SOI) of the patient.

Two Ways to Capture Linkage with Manifestations & Complications:

1. The term “with”:
   - Diabetes “with”:
     • Hypoglycemia
     • Hyperglycemia
     • Hyperosmolarity
     • Ketoacidosis
     • Coma/nonketotic hyperglycemic-hyperosmolar coma

2. The term “Diabetic”:
   - Diabetic nephropathy
   - Diabetic chronic kidney disease stage 4
   - Diabetic gastroparesis
   - Diabetic neuropathy (mono/poly/autonomic)

*Example: “Type 2DM with hypoglycemia without coma with diabetic gastroparesis”*
Linking Conditions Critical to Capturing Patient Severity

There is a significant increase in the number of “combination codes” available in the ICD-10 code set. These codes can help capture the highest level of complexity and acuity in the public eye.

• Linking clinically relevant conditions, where appropriate, is the key takeaway physicians to need incorporate into their documentation today. Remember, coders cannot assume such clinical relationships.

Examples: Linking Diseases

• Type 2 DM with diabetic CKD stage 5
• Type 2 DM with foot ulcer

Use terms like “due to” or “with”
Note: Lists, commas, and the word “and” do not link conditions
Malnutrition Criteria

American Academy of Nutrition and Dietetics & American Society for Parental and Enteral Nutrition (ASPEN)

Malnutrition Criteria: Need at least two or more of the following six characteristics help to identify a malnutrition diagnosis:

<table>
<thead>
<tr>
<th>Malnutrition Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>✔️ Insufficient energy intake</td>
</tr>
<tr>
<td>✔️ Weight Loss</td>
</tr>
<tr>
<td>✔️ Loss of muscle mass</td>
</tr>
<tr>
<td>✔️ Loss of subcutaneous fat</td>
</tr>
<tr>
<td>✔️ Localized or generalized fluid accumulation that may sometime mask weight loss</td>
</tr>
<tr>
<td>✔️ Diminished functional status as measure by hand grip strength</td>
</tr>
</tbody>
</table>
## Malnutrition

Additional clinical indicators/documentation that support diagnosis of Malnutrition

<table>
<thead>
<tr>
<th>Multiple Key Components to Weight-Related Diagnoses</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BMI&lt;19</strong></td>
</tr>
<tr>
<td>• Will impact SOI/ROM</td>
</tr>
<tr>
<td>• For protein-calorie malnutrition, indicate mild, moderate or severe</td>
</tr>
<tr>
<td>• Use “starvation” in abuse cases</td>
</tr>
<tr>
<td>• Abnormal weight loss + acuity of weight loss</td>
</tr>
<tr>
<td>• Link to other illnesses</td>
</tr>
<tr>
<td><strong>BMI&gt;40</strong></td>
</tr>
<tr>
<td>• Will impact SOI/ROM</td>
</tr>
<tr>
<td>• Severe or morbid obesity</td>
</tr>
<tr>
<td>– Link to cause</td>
</tr>
<tr>
<td>– May find in medical history</td>
</tr>
<tr>
<td>• If drug induced, give the name of the drug</td>
</tr>
<tr>
<td>– Bariatric procedures performed</td>
</tr>
<tr>
<td>– Identify any associated conditions such as obesity hypoventilation syndrome</td>
</tr>
</tbody>
</table>

### Additional documentation needs:

- History of
- Exam
  - Skin care/assessment
- Diagnostic tests
- Diagnoses and linkage
- Treatments in place to treat malnutrition
  - Possible infusion (e.g. TPN)
  - Administration of vitamins/supplements (e.g. Ensure/Boost)
  - Dietician physical therapy notes

### Documentation Tip:

- Weight loss, failure to thrive, cachectic appearing, and malnourished documentation does not impact SOI/ROM
Additional manifestations and/or complications to consider:

- **Kidney/renal**: e.g. diabetic nephropathy, CKD, renal tubular degeneration
- **Ophthalmic**: e.g. mild, moderate or severe nonproliferative diabetic retinopathy
- **Neurological**: e.g. diabetic neuralgia, diabetic neuropathy
- **Circulatory**: e.g. diabetic gangrene
- **Other**: e.g. diabetic arthropathy, with foot ulcer, with hypoglycemia
- **Without complication**
- **Unspecified**
Road Map for Discussion

1. Documentation Requirements for Diabetes in ICD-10

2. Clinical Scenarios

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Diabetes Example 1

Type 2  Diabetes with hyperosmolar with coma

Diabetes mellitus
Type
Hyperosmolar with coma
Type 1
Hyperosmolar without coma
Type 2
Diabetes Example 2

In order to capture true severity of the patient, secondary diagnoses must be linked when appropriate.

Clinical Scenario: Patient presents with blood sugar 285 and tingling & burning to his feet. Diagnosis: New Onset Diabetes and polyneuropathy. Physician is queried regarding a possible link between the DM and the neuropathic condition.

Common Insufficient Documentation

- Diabetes is principal diagnosis *(without linkage)*
- Polyneuropathy, unspecified as a secondary diagnosis

Resultant Metrics Assigned:
- DRG 638 Diabetes w/o CC/MCC
- RW 0.5708
- GMLOS 2.2 days
- Reimbursement = $2,973¹

Best Practice Documentation

- “Type 2 Diabetic polyneuropathy”
- Documentation links the diabetes to the polyneuropathy as the principal diagnosis

Resultant Metrics Assigned:
- DRG 074 Cranial and Peripheral Nerve Disorders W/O MCC
- RW 0.8786
- GMLOS 3.1 Days
- Reimbursement = $4,577¹

¹Based on National Average Base Rate of $5,209
**Clinical Scenario:** 56 y.o. female with h/o type 2 diabetes mellitus on insulin presents to ER with polydipsia and polyuria. Says she forgot to take her insulin the last couple of days because she has been extremely busy with work and family visiting from out of town. Glucose 500s in ER with anion gap metabolic acidosis. ABG reveals acidemia. Urine and blood positive for ketones. Patient placed on IV fluids and IV insulin drip and admitted to ICU for further care.

**Impression:** Type II diabetic admitted with DKA likely related to patient unintentionally not taking her insulin.

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**ICD-9 Data Captured**

- DRG 639 – Diabetes W/O CC/MCC
- RW: 0.5708
- GMLOS: 2.2
- SOI: 2
  - ROM: 1
- Principal Dx: 250.12 – Diabetes mellitus with ketoacidosis, type II or unspecified type, uncontrolled
- Secondary Dx:
  - V58.67 Long-term (current) use of insulin
  - V15.81 Personal history of noncompliance with medical treatment, presenting hazards to health

**ICD-10 Data Captured**

- DRG 639 – Diabetes W/O CC/MCC
- RW: 0.5708
- GMLOS: 2.2
- SOI: 2
  - ROM: 1
- Principal Dx: E13.10 Other specified diabetes mellitus with ketoacidosis without coma
- Secondary Dx:
  - T38.3X6 – Underdosing of insulin and oral hypoglycemic
  - Z79.4 Long-term (current) use of insulin
  - Z91.138 – Patient’s unintentional underdosing of medication regimen for other reason
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Upcoming Webconferences

Through the ICD-10 Success Series, The Valley Hospital will have access to multiple Webconferences that cover a range of ICD-10 Documentation Topics. Please make time to attend topics pertinent to your practice!

Upcoming Sessions:

- December 3rd – Anemia
- December 10th – Cellulitis
- December 17th – Ambulatory

*Please reach out to John McConnell, mccjo@valleyhealth.com if you need assistance registering.
*All sessions are from 12-1pm EST
https://www.surveymonkey.com/s/ICD10-Diabetes
Questions?

Please do not forget to fill out your CME Survey Link!