Monthly Campaign Webinar
October 17, 2019
Today’s Webinar

• Together 2 Goal® Updates
  – Webinar Reminders
  – T2G Talk & Taste
  – T2G Extension Year 1 Survey

• Billing and Coding for Diabetes Care
  – Debra Barnhart, MPH, CPC of Mercy Health

• Q&A
  – Use Q&A or chat feature
Webinar Reminders

• Webinar will be recorded today and available the week of October 21st
  – www.Together2Goal.org

• Participants are encouraged to ask questions using the “Chat” and “Q&A” functions on the right side of your screen
T2G Talk & Taste

November 7, 2019

• Gather your team to watch a short Q&A video from one of our 11 Plank Mentors and enjoy a healthy meal on us (up to $100)!

• RSVP at together2goal.org/ndoa
**T2G Talk & Taste Kit**

- The downloadable kit includes:
  - Annotated PowerPoint
  - Participation guide
  - Certificate template
  - Staff invitation template
  - Reimbursement form

- To download the kit, visit together2goal.org/ndoa
Engaging Patients With Type 2 Diabetes About Common Comorbidities: Using the Teach Back Method

### THE TEACH BACK METHOD

**Helping Patient Awareness and Recall**

The teach back method is a communication technique that may assist in patient understanding and recall. It entails asking patients open-ended questions to enable or demonstrate that the information you have offered regarding any aspects of their care (such as dosages, recommendations, and treatments) is understood and retained.2

**Patient Engagement**

Patients must be engaged in order to help patients understand their own disease processes and potential complications.

Elements of the teach back method include:

- **Tell the patient what you told and why**
- **Ask the patient to repeat back what they heard**
- **Have the patient explain what they understand**

### ENAGEMENT AND TEACH BACK EXAMPLES

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<tr>
<th>Engagement/Education Point</th>
<th>Sample Topics</th>
<th>Teach Back Approach</th>
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<tr>
<td><strong>Risk</strong></td>
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<tr>
<td>Blood pressure risk</td>
<td>Discuss and provide resources on stroke prevention, including diet and exercise, smoking cessation, and medication therapy Ask the patient what they plan to do to prevent or manage high blood pressure Explain any potential complications Explain what high blood pressure means and how it is measured</td>
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<tr>
<td>Heart disease risk</td>
<td>Discuss and provide resources on heart disease prevention, including lifestyle modifications, medication, and surgery Explain any potential complications Explain what heart disease means and how it is measured</td>
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<tr>
<td>Obesity/weight management</td>
<td>Discuss how obesity increases the risk of developing CVD and diabetes, as well as how obesity management and prevention can help improve health outcomes Explain any potential complications Explain what obesity means and how it is measured</td>
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Janssen Pharmaceuticals, Inc. is the Together 2 Goal® Presenting Corporate Collaborator
**T2G Extension Year 1 Survey**

- **October 17th** is the last day to take the survey to help shape our next national campaign!
Today’s Featured Presenters

Debra Barnhart, MPH, CPC

Director, ACO Support Services
Mercy Health
Topics to Be Covered Today

- ICD-10-CM Coding Guidelines
- Documentation requirements for coding
- CPT Category II Codes
- HCC Risk Adjustment
- Strategies for Clinical Documentation Improvement
- Coding Resources
Prevalence of Diabetes in the US

• More than 30 million people have diabetes (25% don’t know it)
• Of the 84 million US Adults a third have prediabetes (90% of this group doesn’t know it)
• Diabetes is the 7th leading cause of death in the US
• Type 2 diabetes accounts for 90-95% of diagnosed cases; type 1 diabetes accounts for about 5%
• Source: Centers for Disease Control
Types of Diabetes

- Type 1
- Type 1.5 (Latent autoimmune diabetes in adults)
- Type 2
- Gestational
- Secondary Diabetes (Diabetes due to underlying condition, poisoning, adverse effect)
- Prediabetes
Hierarchy of ICD-10-CM Coding Truth

• ICD-10-CM Official Guidelines for Coding & Reporting
  – Updated in October of each year

• ICD-10-CM Chapter Specific Guidelines

• American Hospital Association, Coding Clinic
  – AHA Coding Clinic for ICD-10-CM/PCS and AHA Coding Clinic for HCPCS provides expert guidance that supports coders, auditors, and insurers with their coding matters. The coding advice delivers insights to educate providers, coders, insurers, and others in the field, on the proper use of ICD-10 codes.
  – Referenced in Chapter Specific Guidelines
ICD-10-CM Official Guidelines for Coding and Reporting

• Many DM codes are combination codes that include the type, affected body system, and manifestation (i.e. complication)
  – Examples:
    • E10.22 Type 1 diabetes mellitus with diabetic chronic kidney disease
    • E11.630 Type 2 diabetes mellitus with periodontal disease
  
• The age of the patient is not the sole determining factor, though most type 1 diabetics develop the condition before reaching puberty.
ICD-10-CM Official Guidelines for Coding and Reporting

• When the type of diabetes mellitus is not documented – the default is Type 2 diabetes mellitus E11.xx.

• If patient is on insulin and the type of DM is not documented, code E11.xx Type 2 diabetes mellitus. If the patient is on long term insulin code also Z79.4

*USE ADDITIONAL*

Use additional code to identify control using:
- insulin (Z79.4)
- oral antidiabetic drugs (Z79.84)
- oral hypoglycemic drugs (Z79.84)
ICD-10-CM
DM Chapter Specific Guidelines

• E10 – type 1 diabetes mellitus
  – Check the Include note to see terms that may be coded as type 1

  **INCLUDES**
  
  brittle diabetes (mellitus)
  diabetes (mellitus) due to autoimmune process
  diabetes (mellitus) due to immune mediated pancreatic islet beta-cell destruction
  idiopathic diabetes (mellitus)
  juvenile onset diabetes (mellitus)
  ketosis-prone diabetes (mellitus)

  – Check the Excludes 1 note for diagnoses exclusions –

  **EXCLUDES 1**
  
  diabetes mellitus due to underlying condition *(E08, )* 
  drug or chemical induced diabetes mellitus *(E09, )* 
  gestational diabetes *(D24.4)* 
  hyperglycemia NOS *(R73.9)* 
  neonatal diabetes mellitus *(E70.2)* 
  postpancreatectomy diabetes mellitus *(E13, )* 
  postprocedural diabetes mellitus *(E13, )* 
  secondary diabetes mellitus NEC *(E13, )* 
  type 2 diabetes mellitus *(E11, )*
ICD-10-CM
DM Chapter Specific Guidelines

• E11 – type 2 diabetes mellitus
  – Check the **Include** note to see terms that may be coded as type 2 DM
  – Review the **Excludes 1** note –

- diabetes (mellitus) due to insulin secretory defect
- diabetes NOS
- insulin resistant diabetes (mellitus)

- diabetes mellitus due to underlying condition (E08.-)
- drug or chemical induced diabetes mellitus (E09.-)
- gestational diabetes (O24.4-)
- neonatal diabetes mellitus (P70.2)
- postpancreatectomy diabetes mellitus (E13.-)
- postprocedural diabetes mellitus (E13.-)
- secondary diabetes mellitus NEC (E13.-)
- type 1 diabetes mellitus (E10.-)
ICD-10-CM Official Guidelines for Coding and Reporting - Insulin Use

• For patient with type 2 diabetes mellitus

• Patients who are being treated with both insulin and an oral drug – code only the insulin.

• If the documentation does not indicate the type of diabetes but does indicate that the patient uses insulin, code E11-, Type 2 diabetes mellitus, should be assigned.
Secondary diabetes
Chapter Specific Guidelines

• E08 – diabetes mellitus due to underlying condition

- Code first the underlying condition, such as:
  - congenital rubella (P35.0)
  - Cushing's syndrome (E24.7)
  - cystic fibrosis (E84.7)
  - malignant neoplasm (C00-C96)
  - malnutrition (E40-E46)
  - pancreatitis and other diseases of the pancreas (K85-K86.7)

- Use additional code to identify control using:
  - insulin (Z79.4)
  - oral antidiabetic drugs (Z79.84)
  - oral hypoglycemic drugs (Z79.84)

- Excludes:
  - drug or chemical induced diabetes mellitus (E09.7)
  - gestational diabetes (O24.4)
  - neonatal diabetes mellitus (P70.2)
  - postpancreatectomy diabetes mellitus (E13.7)
  - postprocedural diabetes mellitus (E13.4)
  - secondary diabetes mellitus NEC (E13.2)
  - type 1 diabetes mellitus (E10.5)
  - type 2 diabetes mellitus (E11.4)
Secondary diabetes
Chapter Specific Guidelines

• E09 – drug or chemical induced diabetes mellitus
Other Specified Diabetes Mellitus
Chapter Specific Guidelines

• E13 – other specific diabetes mellitus

**INCLUDES**
- diabetes mellitus due to genetic defects of beta-cell function
- diabetes mellitus due to genetic defects in insulin action
- postpancreatectomy diabetes mellitus
- postprocedural diabetes mellitus
- secondary diabetes mellitus NEC

**USE ADDITIONAL**
- Use additional code to identify control using:
  - insulin (Z79.4)
  - oral antidiabetic drugs (Z79.84)
  - oral hypoglycemic drugs (Z79.84)

**EXCLUDES**
- diabetes (mellitus) due to autoimmune process (E10.-)
- diabetes (mellitus) due to immune mediated pancreatic islet beta-cell destruction (E10.-)
- diabetes mellitus due to underlying condition (E08.-)
- drug or chemical induced diabetes mellitus (E09.-)
- gestational diabetes (O24.4)
- neonatal diabetes mellitus (P70.2)
- type 1 diabetes mellitus (E10.-)
Diabetes and Complications
Chapter Specific Guidelines

• All DM categories (E10.-, E11.-, E08.-, etc) contain combination codes for the complication or lack of a complication

• Complications assigned specific codes include the following and are repeated in each of the categories in the same order:
  - Hyperosmolarity
  - Ketoacidosis
  - Kidney complications
  - Ophthalmic complications
  - Neurological complications
  - Circulatory complications
  - Other specified complications
Coding at the Highest Level of Specificity

- Check the ICD-10-CM Index for each type of diabetes mellitus. The associated conditions listed "with" should be coded as related even in the absence of provider documentation explicitly linking them.

- Exception is when the documentation clearly states the conditions are unrelated.
“With” guideline and Not Elsewhere Classified (NEC)

- **Question:** Provider documents type 2 diabetes and arthritis, is it appropriate to assign code E11.618?

- Diabetes, type 2
  - With
    - Arthropathy NEC E11.618

- Arthropathy is a general term for any condition that affects the joints, and there are different types of arthropathic conditions that are not necessarily related to diabetes. In order to link diabetes and arthritis, the provider would need to document the condition as a diabetic complication. Coding professional should not assume a casual relationship when the diabetic complication is “NEC”.

- AHA, Coding Clinic, Fourth Quarter 2017, pages 100-101
Mental Checklist for DM Complications

• Renal – GFR < 60? Micro-albumin abnormal?
• Peripheral Vascular – atherosclerosis, abnormal ABI?
• Neurologic – monofilament, on meds for neuropathy
• Ophthalmologic – mild, moderate, severe retinopathy, macular edema
• Skin – foot ulcers
ICD-10-CM Coding Conventions

• Assign as many codes as necessary to describe all of the complications of the disease

• Sequence the codes based on the reason for a particular encounter
  – E11.65 Type 2 diabetes mellitus with hyperglycemia
  – E11.319 Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema
  – E11.42 Type 2 diabetes mellitus with diabetic polyneuropathy
ICD-10-CM Coding Conventions

• Pay close attention to “Use Additional Code” instructions
  – E11.621 type 2 diabetes mellitus with foot ulcer
    • Use additional code to identify site of ulcer
      – L97.412 Non-pressure chronic ulcer of right heel and midfoot limited to breakdown of skin
Inpatient Coding

• Key focus is the coding of all chronic conditions
  
  • Complications or Comorbidities – CC
  
  • Major Complications or Comorbidities – MCC

• The presence of CC’s and MCC’s affects DRG assignment and case mix index
Why Diagnosis Coding is Important

• More accurately describe the health status of a patient

• Way to identify patients who may benefit from additional services or interventions, e.g. case management, Asthma Education, etc.

• Diagnoses affect reimbursement
What is “M.E.A.T.” – the heart of Clinical Documentation and Diagnosis Coding

- Monitor – signs, symptoms, disease progression, status
- Evaluate – response to treatment, test results
- Assess/address – order tests, counsel, records review, refer
- Treat – start/stop meds, order therapies, patient ed

Four factors help providers establish the presence of a diagnosis during an encounter and ensure proper documentation.
M.E.A.T.

• What does M.E.A.T. look like?

• Impression:
  – Best Case
    Type 2 diabetes mellitus with chronic kidney disease, stage 3 – blood sugar well controlled on insulin 20 units/day. No change to current treatment plan.
  – Just enough
    Type 2 DM with CKD 3 stable – continue with insulin
Documentation leads to Accurate Coding - Where’s the M.E.A.T.?

• M.E.A.T. Language
  – Controlled or Poorly Controlled
    • Patient’s diabetes is controlled on Novolog 20 units daily

  – Stable or Unstable
    • Repeat GFR is unchanged, Patient has hypertensive CKD stage 2

  – Acute, chronic, acute on chronic
    • Patients heart failure is chronic and stable
Common DM Documentation Problems Related to Hyperglycemia/Hypoglycemia

- Poorly controlled, out of control or inadequately controlled – defaults to coding as hyperglycemia

- ICD-10-CM requires the physician or advanced practice clinician to specify “uncontrolled” as either hypoglycemia or hyperglycemia

- In ICD-10 CM uncontrolled diabetes by hyperglycemia or hypoglycemia is considered a diabetes complication
Coders are Not Providers

• Providers need to link the M.E.A.T to the appropriate conditions

• M.E.A.T. can be found in any section of the provider’s note – not just the A/P

• Ways to document M.E.A.T.
  – Attestation Statement is handy when the plan is the same for multiple conditions
  – “All the problems listed as an encounter diagnosis are active and monitored or reviewed as documented in the note.”
  – “Chronic conditions are being addressed by (enter provider name).”
Coders are NOT Providers

- Coders may hold a claim and query a physician or provider when:
  - The documentation is contradictory – both Type 1 and Type 2 DM are documented in the note
  - When the provider documents DM with other complication and does **not** specify the complication
  - A diagnosis is only found on the problem list or in the medical history and is pulled into the note and there is no M.E.A.T.
Coders are Not Providers

• Another common scenario is when a physician or provider documents hyperglycemia in the absence of documentation related to clinical indicators, i.e. high home blood glucose readings or elevated HbA1c test results.

• Diagnosis review team will send a Query.
Diabetes Mellitus “Resolved”

• Diabetes mellitus may be described as resolved in some cases:
  – Type 1 diabetes mellitus resolved following pancreas transplant
  – Type 2 diabetes resolved after significant weight loss following gastric bypass surgery
History of Diabetes Mellitus

• Documentation reads “history of DM” blood sugars well controlled, HbA1c’s now running less than 6.0, not on any meds

• Recommend that you query the physician or provider when the medical record documents diabetes mellitus as resolved or history of

• History of is synonymous with “cured” in the coders mind
CPT Category II Codes

• Supplemental tracking codes that can be used for performance measurement.
• Decrease the need for record abstraction and chart review.
• Use of these codes is optional.
• Four digits followed by the letter F
CPT Category II Codes

• Submission of codes encouraged by Medicare Advantage, Managed Medicaid and other insurance companies as a way for a provider to close gaps in care

• Guidance is to submit the CPT II code with a $0.00 charge
CPT Category II Codes

• Benefits to providers:
  – Fewer medical record requests
  – Enhanced performance on HEDIS measures
  – Potential to improve a patient’s health outcomes through additional Health Plan programs
Risk Adjustment – Two Models

• CMS-HCC Risk Adjustment Model –
  – Medicare Advantage payment methodology
  – CMS MSSP and Next Gen ACO models shared savings methodology

• Department of HHS-HCC Risk Adjustment Model
  – Affordable Care Act plans – limits financial exposure to insurers
What is Risk Adjustment (RAF)

Risk adjustment is a method used by CMS to evaluate the performance of solo practitioners and groups on the quality and cost of care they provide to their Medicare beneficiaries. (similar to case mix index in hospitals)
What is Risk Adjustment?

• Addresses differences in beneficiary populations
• Utilizes the CMS-Hierarchical Condition Categories (HCC) risk adjustment model
  – Combines demographic & disease information through the assessment of 83 HCCs
• Predicts future year patient care costs based on diagnosis codes submitted in the current year
What is Risk Adjustment?

- Uses 83 HCC categories, cross walk to 10,000+ diagnosis codes, to measure disease burden
  
  - Diagnoses must be included on a face to face encounter claim within the calendar year to be considered active by CMS

- Diagnoses reset January 1\textsuperscript{st} of every year; each must be redocumented in a face to face encounter every year
HCC and RAF – KEY CMS Rules

• Conditions must be supported by billing provider documentation during a face to face encounter

• Acceptable Physician Specialty Types are defined by CMS and include providers who bill for services

• How is the diagnosis supported?
  – At least one element of “M.E.A.T.” in the provider’s documentation
  – Not listed as a pertinent negative or resolved (history of) condition
  – Found only on the patient’s problem list or medical history
Three HCCs Related to Diabetes

- **HCC 17 – Acute Diabetes Complications**
  - Ketoacidosis
  - Hyperosmolarity
  - Hypoglycemia with coma

- **HCC 18 – Diabetes with Chronic Complications**
  - Type __ Diabetes Mellitus with Proliferative Retinopathy
  - Type __ Diabetes Mellitus with Polyneuropathy
  - ........

- **HCC 19 - Diabetes without Complications**
  - Type __ Diabetes Mellitus with no complications
Coding at the Highest Level of Specificity

• Pay close attention to “Use Additional Code” instructions
  
  – E11.621 type 2 diabetes mellitus with foot ulcer (HCC 18)

  • Use additional code to identify site of ulcer
    
    – L97.412 Non-pressure chronic ulcer of right heel and midfoot limited to breakdown of skin (HCC 161)
Electronic Health Records

• Provide additional tools for healthcare providers
• Integrated ICD-10-CM Dictionaries with all diagnoses and a diagnosis calculator – enables the provider to code to the highest level of specificity
• Documentation templates, Smart phrases, Smart sets, Smart links have the potential to save time spent on documentation
• Most EMRs have HCC functionality
Clinical Documentation Improvement

• Most organizations have CDI teams focused on inpatient and observation stays
  – Ongoing education for physicians and providers on diagnosis coding and documentation requirements
  – Focus is on documentation and complete coding to ensure appropriate reimbursement and the accuracy of quality and safety measures that are risk stratified
  – Monitor capture rates of CC and MCC
  – Extensive use of documentation queries
Clinical Documentation Improvement

– Education for clinicians, practice managers and clinic co-workers on diagnosis coding and HCC risk adjustment
– Review claims to confirm correct diagnosis coding
– Pend claims and send coding queries to physicians or providers to clarify documentation and/or address coding errors
– Fire best practice alerts in the EHR to call out diagnoses that have not been submitted as an encounter diagnosis in the calendar year
– Ongoing education and assistance maintaining an accurate problem list
– No Patient Left Behind = all patients seen once a year
Coding Resources

• Current (2020) ICD-10-CM Code Book
• Subscription to AHA, Coding Clinic
• ICD-10-CM and ICD-10-PCS Coding Handbook (formerly known as Faye Brown)
• Local AAPC or AHIMA Chapters
• AAPC or AHIMA
• Local Hospital CDI team or RA Teams
• Medicare Advantage Plans – Humana, UHC, etc
Contact Information

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October Webinar

• **Date/Time:** November 21, 2019 from 2-3pm Eastern

• **Topic:** Culinary Medicine as an Emerging Population Health Intervention

• **Presenters:** Timothy Harlan, M.D., FACP, CCMS and Kerri Dotson, RDN, LDN of Tulane University School of Medicine
Questions