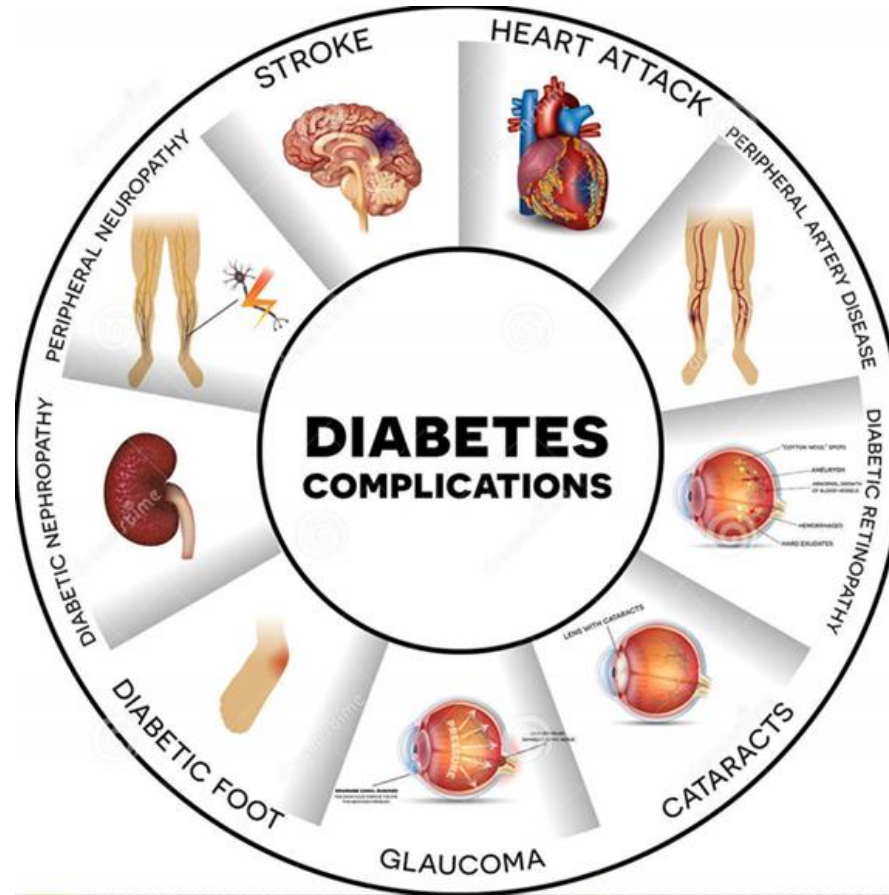


# Diabetic Complications



This is a 15 minute webinar session for CNC physicians and staff

CNC holds webinars monthly to address topics related to risk adjustment documentation and coding

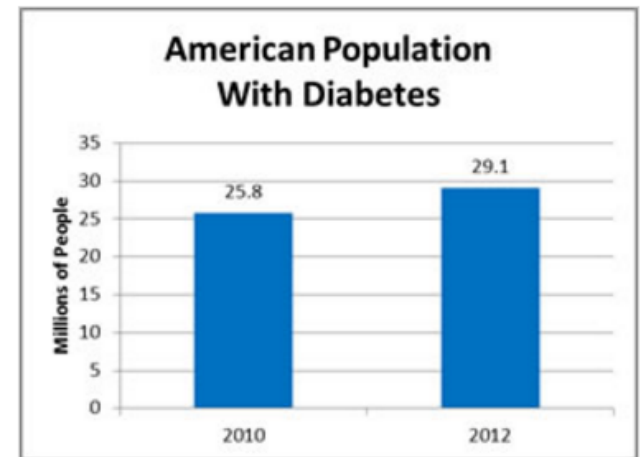
Next scheduled webinar:

- December
- Topic: Managing Risk & Quality

CNC does not accept responsibility or liability for any adverse outcome from this training for any reason including undetected inaccuracy, opinion, and analysis that might prove erroneous or amended, or the coder/physician's misunderstanding or misapplication of topics. Application of the information in this training does not imply or guarantee claims payment.

## Overall Numbers, Diabetes and Prediabetes

- **Prevalence:** In 2012, 29.1 million Americans, or 9.3% of the population, had diabetes.
  - Approximately 1.25 million American children and adults have type 1 diabetes.
- **Undiagnosed:** Of the 29.1 million, 21.0 million were diagnosed, and 8.1 million were undiagnosed.
- **Prevalence in Seniors:** The percentage of Americans age 65 and older remains high, at 25.9%, or 11.8 million seniors (diagnosed and undiagnosed).
- **New Cases:** 1.4 million Americans are diagnosed with diabetes every year.
- **Prediabetes:** In 2012, 86 million Americans age 20 and older had prediabetes; this is up from 79 million in 2010.
- **Deaths:** Diabetes remains the 7th leading cause of death in the United States in 2010, with 69,071 death certificates listing it as the underlying cause of death, and a total of 234,051 death certificates listing diabetes as an underlying or contributing cause of death.



- **Hypoglycemia** – in 2011, 282 ED visits for adults who had a first listed diagnosis of hypoglycemia and diabetes as another
- **Hypertension** – in 2009 -2012, of adults with diabetes, 71% had uncontrolled blood pressure
- **Dyslipidemia** – in 2009-2012, of adults with diabetes, 65% had blood LDL cholesterol  $\geq 100$ mg
- **CVD Death Rates** – in 2003-2006, cardiovascular disease was 1.7 times higher in patient with diabetes
- **Heart Attack Rates** – in 2010, heart attach rates were 1.8 times higher in patients with diabetes
- **Stroke** – in 2010, stroke rates were 1.5 times higher in patients with diabetes



E08	E09	E10	E11	E13
<ul style="list-style-type: none"><li>• Due to underlying disease</li></ul>	<ul style="list-style-type: none"><li>• Drug or chemical induced</li></ul>	<ul style="list-style-type: none"><li>• Type 1</li></ul>	<ul style="list-style-type: none"><li>• Type 2</li></ul>	<ul style="list-style-type: none"><li>• Other specified</li></ul>

Code 1<sup>st</sup> underlying condition

Code 1<sup>st</sup> poisoning due to drug

Documentation must specify

- Type of Diabetes
- Type of Complication
  - Kidney
  - Ophthalmic
  - Neurologic
  - Circulatory
  - Skin/Dermatitis/Ulcer
  - Periodontal
  - Hypo/Hyperglycemia
  - Other

Genetic defects, postprocedural

## **Glaucoma**

People with diabetes are 40% more likely to suffer from glaucoma than people without diabetes. The longer someone has had diabetes, the more common glaucoma is. Risk also increases with age.

## **Cataracts**

Many people without diabetes get cataracts, but people with diabetes are 60% more likely to develop this eye condition. People with diabetes also tend to get cataracts at a younger age and have them progress faster.

**NOTE** – senile and nuclear cataracts are not associated with diabetes – as these are age related

## **Retinopathy**

Diabetic retinopathy is a general term for all disorders of the retina caused by diabetes. There are two major types of retinopathy: nonproliferative and proliferative.

Majority of codes from this category require 7 digits

- E11.32-- Type 2 DM with Mild Nonproliferative Diabetic Retinopathy
- E11.33-- Type 2 DM with Moderate Nonproliferative Diabetic Retinopathy
- E11.34-- Type 2 DM with Severe Nonproliferative Diabetic Retinopathy
- E11.35-- Type 2 DM with Proliferative Diabetic Retinopathy
- E11.36 Type 2 DM with Diabetic Cataract
  - Does not require 7 digits
- E11.37-- Type 2 DM with Diabetic Macular Edema, Resolved Following Treatment
- E11.39 Type 2 DM with Other Diabetic Ophthalmic Complications
  - Does not require 7 digits
  - Use additional code to identify manifestations such as: Diabetic Glaucoma (H40-H42)

# Diabetic Complications

- E11.41 Type 2 DM with Diabetic Mononeuropathy
- E11.42 Type 2 DM with Diabetic Polyneuropathy
- E11.43 Type 2 DM with Diabetic Autonomic Neuropathy
- E11.44 Type 2 DM with Diabetic Amyotrophy
- E11.49 Type 2 DM with Other Diabetic Neurological Complications
- E11.610 Type 2 DM with Diabetic Neuropathic Arthropathy  
(Charcot's joints)
- E11.618 Type 2 DM with Other Diabetic Arthropathy



Autonomic neuropathy affects the nerves of the autonomic body system, such as the heart, lungs, blood vessels, bone, and gastrointestinal and genitourinary system. Causes Erectile Dysfunction (ED), Diarrhea, Constipation, Incontinence, Gastroparesis. Symptoms affecting the heart and vascular system can range from mild to life-threatening, such as those related to the heart and arteries failing to appropriately adjust the heart rate and vascular tone to keep blood continually and fully flowing to the brain.



- Coronary Artery Disease (CAD)
  - CAD w/o Angina I25.10; CAD w/ Unstable Angina I25.110; CAD w/ Angina NOS I25.119
- Myocardial Infarction (MI) \*Old MI  $\geq$  4 weeks
  - STEMI I21.3; NSTEMI I21.4; Old MI I25.2
- Congestive Heart Failure (CHF)
  - Chronic Systolic HF I50.22; Chronic Diastolic HF I50.32; Chronic Combined HF I50.42
- Hypertension (HTN)
  - Hypertension I10; Hypertensive Heart Disease I11.-; Hypertensive CKD I12.-; Hypertensive Heart and CKD I13.-
- Hyperlipidemia (HLD)
  - Pure Hypercholesterolemia E78.00; Pure Hyperglyceridemia E78.1; Mixed Hyperlipidemia E78.2
- Peripheral Angiopathy
  - Peripheral Vascular Disease I73.9; Atherosclerosis of Extremities I70.2-
- Stroke (CVA) \*History Of CVA post discharge; Sequelea of
  - Personal History Cerebral Infarction without Residual Deficit Z86.73; Sequelea of Cerebral Infarction I69.3-

- E11.51 Type 2 DM with Diabetic Peripheral Angiopathy without Gangrene
- E11.52 Type 2 DM with Diabetic Peripheral Angiopathy with Gangrene
- E11.59 Type 2 DM with Other Circulatory Complications  
Use additional code to identify complication
- E11.69 Type 2 DM with Other Specified Complication  
Use additional code to identify complication



## **Bacterial Infections:**

Styes (infections of the glands of the eyelid)

Boils

Folliculitis (infections of the hair follicles)

Carbuncles (deep infections of the skin and the tissue underneath)

Infections around the nails

## **Fungal Infections:**

The culprit in fungal infections of people with diabetes is often *Candida albicans*.

Common fungal infections include jock itch, athlete's foot, ringworm (a ring-shaped itchy patch), and vaginal infection that causes itching.

## **Itching (Dermatitis):**

Localized itching is often caused by diabetes. It can be caused by a yeast infection, dry skin, or poor circulation. When poor circulation is the cause of itching, the itchiest areas may be the lower parts of the legs.

E11.620 Type 2 DM with Diabetic Dermatitis

E11.621 Type 2 DM with Foot Ulcer

Use additional code to identify site of ulcer (L97.4-, L97.5-)

E11.622 Type 2 DM with Other Skin Ulcer

Use additional code to identify site of ulcer (L97.1-L97.9, L98.41-L98.49)

E11.628 Type 2 DM with Other Skin Complications

Code also the skin complication

- Controlled Blood Pressure
  - Patients 60-85 years old should have a reading of <140/90
- BMI (every visit)
  - Patients 18-74 years old should have a BMI at least every two years
- Ankle-brachial index (ABI)
  - ABI is used to screen at risk individuals for asymptomatic lower extremity PAD
- Comprehensive dilated eye exam
  - Document when a dilated eye exam was performed, results, and name of ophthalmologist
  - Obtain Ophthalmology Note
- Comprehensive foot exam
  - Foot exam includes inspection, palpation of pedal pulses, testing to detect loss of protective sensation, which includes standard monofilament testing combined with an additional test, such as vibration, pinprick sensation or ankle reflexes
- Monitoring glucose control with Hemoglobin A1C
  - Controlled HbA1c  $\leq 9$
- Diabetic Nephropathy Screening
  - Urine test for albumin or protein, documentation of a visit to a nephrologist, documentation of renal transplant, evidence of ACE/ARB therapy, documentation of diabetic nephropathy, ESRD, CRF, CKD, renal insufficiency, proteinuria, albuminuria, ARF, renal dysfunction, dialysis

- Acceptable documentation should be clear, concise, consistent, complete, and legible
- Code all documented conditions that coexist at the time of the encounter/visit, and require or affect patient care treatment or management. Do not code conditions that were previously treated and no longer exist.
- Every condition, within the A/P, must show at least one component of “MEAT” to be valid.
  - Monitored
  - Evaluated
  - Assessed/Addressed
  - Treated
- All dates of service must be signed (with credentials), authenticated, and dated by the provider.



Please submit coding and documentation questions to  
[RAFeducation@cnchealthplan.com](mailto:RAFeducation@cnchealthplan.com)