Welcome to Medicare Risk Adjustment, Documentation and Coding Guidance:
Diabetes Mellitus and Endocrine, Nutritional and Metabolic Disorders

September 25, 2019

presented by
Michele Chatham, CPC, CPMA, CRC
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Medicare Risk Adjustment Documentation and Coding Guidance: Diabetes Mellitus and Endocrine, Nutritional and Metabolic Disorders

September 25, 2019

Presenter: Michele Chatham, BA, CPC, CPMA, CRC
Compliance Analyst, Sr. (Lead Medical Records Auditor and Training Cons.)
Disclaimer

This training is based on coding guidance from the Official ICD-10-CM Coding Guidelines, American Hospital Association’s (AHA) Coding Clinic, and/or Centers for Medicare and Medicaid Services (CMS) guidance and guidelines. Documentation recommendations are based on the official requirements for correct code assignment per the aforementioned guidelines.

The ICD-10-CM code set is updated annually. Coding requirements and standards are subject to change, potentially impacting the accuracy of the content contained within this presentation. The practitioner supplying the medical documentation and the individual assigning codes are reminded to verify the accuracy, specificity, currency, and acceptability of such codes, coding methods, and supporting documentation by referencing official sources with up-to-date information.

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Continuing Medical Education (CME)

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Approved for 1 AAFP Prescribed credit.
Agenda:

• Risk Adjustment, Diabetes, and Endocrine, Nutritional, and Metabolic Disorders

• Diabetes Mellitus and Endocrine, Nutritional, and Metabolic Disorders in ICD-10-CM

• Documentation Guidance

• Case Study Examples
Medicare Risk Adjustment: Basic Overview

- Risk Adjustment models are actuarial tools used to predict health care costs
- CMS model(s) use risk adjustment to help predict the cost of medical care for Medicare Advantage members
- Medicare Advantage members each have a risk score which is determined by CMS based on their demographic information and their health status
- Health status information comes from the provider, and is based on medical conditions that are documented during a patient encounter
- Conditions must be explicitly stated by the provider, who is responsible for establishing the diagnosis

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Medicare Risk Adjustment Overview

Higher risk scores represent members with a greater than average burden of illness.

Lower risk scores represent a healthier population.

Risk Scores do not follow a MA member from year to year.

Conditions must be reported annually in order to be included.

It is important to ensure risk adjustment data is accurate and complete.
Hierarchical Condition Categories (HCCs) are a grouping of clinically related diagnoses with similar medical costs.

- CMS-HCC Model has disease hierarchies
- Payment is only associated with the more serious condition when a less serious condition from the same hierarchy also exists

- ~ 72,000 ICD-10-CM Codes
- ~ 9,700 Codes CMS-HCC V24
- 86 HCC Codes

Example HCCs:
- Diabetes with Acute Complications (HCC 17)
- Diabetes without Complications (HCC 19)
- Diabetes with Chronic Complications (HCC 18)

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The Disease Hierarchy

CMS-HCC Model has disease hierarchies³

Table 9: Disease Hierarchies for the 2020 Payment Condition Count Model

<table>
<thead>
<tr>
<th>Hierarchical Condition Category (HCC)</th>
<th>If the Disease Group is Listed in this column…</th>
<th>…Then drop the Disease Group(s) listed in this column</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hierarchical Condition Category (HCC) LABEL</td>
<td>Hierarchical Condition Category (HCC)</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Metastatic Cancer and Acute Leukemia</td>
<td>9, 10, 11, 12</td>
</tr>
<tr>
<td>9</td>
<td>Lung and Other Severe Cancers</td>
<td>10, 11, 12</td>
</tr>
<tr>
<td>10</td>
<td>Lymphoma and Other Cancers</td>
<td>11, 12</td>
</tr>
<tr>
<td>11</td>
<td>Colorectal, Bladder, and Other Cancers</td>
<td>12</td>
</tr>
<tr>
<td>17</td>
<td>Diabetes with Acute Complications</td>
<td>18, 19</td>
</tr>
<tr>
<td>18</td>
<td>Diabetes with Chronic Complications</td>
<td>19</td>
</tr>
<tr>
<td>27</td>
<td>End-Stage Liver Disease</td>
<td>28, 29, 30</td>
</tr>
<tr>
<td>28</td>
<td>Cirrhosis of Liver</td>
<td>29</td>
</tr>
<tr>
<td>46</td>
<td>Severe Hematological Disorders</td>
<td>48</td>
</tr>
<tr>
<td>54</td>
<td>Substance Use with Psychotic Complications</td>
<td>55, 56</td>
</tr>
</tbody>
</table>

When a condition is reported with a higher HCC value...

Any reported condition within the same disease hierarchy with a lower value will be dropped

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United States Diabetes Mellitus Statistics

- 30.3 million Americans have diabetes
- 25% of Seniors over 65 have diabetes
- 1.5 million new cases annually
- 7th Leading cause of death in the U.S.
- $327 Billion in medical costs in the U.S. in 2017
- 25% of Seniors over 65 have diabetes
Endocrine, Nutritional and Metabolic Disorders

- Hypoparathyroidism
- Hyperparathyroidism
- Malnutrition
- Multiple Endocrine Neoplasia
- Hyperaldosteronism
- Morbid Obesity
- Amyloidosis
- Cushing’s Disease
Diabetes Mellitus in ICD-10-CM

- Diabetic Codes in ICD-9-CM and ICD-10-CM
- Diabetic Complications and Manifestation Codes in ICD-10-CM
- Other Endocrine, Nutritional and Metabolic Disorders
- ICD-10-CM Coding Guidance
Diabetic Coding in ICD-9-CM

Two Main Code Categories

Three Types of Diabetes

Eight Specific Complications

No Combination Codes

Coders were limited by documentation and a lack of options within the code set
Diabetes Mellitus

ICD-10-CM Code Categories*6

- E08: Diabetes mellitus due to underlying condition
- E09: Drug or chemical induced diabetes mellitus
- E10: Type 1 diabetes mellitus
- E11: Type 2 diabetes mellitus
- E13: Other specified diabetes mellitus

*Codes for gestational diabetes can be found in category O24, and for neonatal diabetes in category P70

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Diabetes Mellitus

E10 – Diabetes Mellitus Type 1

- Juvenile or insulin dependent
- 5-10% of all cases
- Diagnosed in childhood or early adulthood
- No way to prevent

E11 – Diabetes Mellitus Type 2

- Adult onset
- 90-95% of cases
- Insulin resistance
- Can be prevented through diet and exercise
Diabetes Mellitus

E11.0*/E11.1*
Hyperosmolarity / Ketoacidosis

E11.2*
Kidney Complications

E11.3*
Ophthalmic Complications

E11.4*
Neurological Complications

E11.5*
Circulatory Complications

E11.6*
Other Specified Complications

Subcategories found in ICD-10-CM

E11.8 unspecified complications
E11.9 without complications

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Diabetes Mellitus

**Type 2 Diabetes Mellitus with Hyperosmolarity (HCC 17)**

- E11.00 - without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)
- E11.01 - with coma

**Type 2 Diabetes Mellitus with Ketoacidosis (HCC 17)**

- E11.10 - without coma
- E11.11 - with coma

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

Type 2 Diabetes Mellitus with Kidney Complications (HCC 18)

E11.21 – with diabetic nephropathy

E11.22 – with chronic kidney disease
   Use additional code to identify stage of chronic kidney disease (N18.1-N18.6)
   Ex. Type 2 diabetes with stage 4 chronic kidney disease – E11.22, N18.4

E11.29 – with other diabetic kidney complication
Diabetes Mellitus

Type 2 Diabetes Mellitus with Ophthalmic Complications (HCC 18)

- E11.31* - with unspecified diabetic retinopathy
- E11.32* - with mild nonproliferative diabetic retinopathy
- E11.33* - with moderate nonproliferative diabetic retinopathy
- E11.34* - with severe nonproliferative diabetic retinopathy
- E11.35* - with proliferative diabetic retinopathy
- E11.36 - with diabetic cataract
- E11.37* - with diabetic macular edema, resolved following treatment
- E11.39 - with other diabetic ophthalmic complication (use additional code to indicate manifestation)

*Sixth character will indicate the presence or absence of macular edema, when required
*Seventh character will indicate laterality (right, left, bilateral, unspecified), when required

Ex. Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral - E11.3413
Diabetes Mellitus

Type 2 Diabetes Mellitus with Neurological Complications (HCC 18)

- E11.40 - with diabetic neuropathy, unspecified
- E11.41 - with diabetic mononeuropathy
- E11.42 - with diabetic polyneuropathy
- E11.43 - with diabetic autonomic (poly)neuropathy
- E11.44 - with diabetic amyotrophy
- E11.49 - with other diabetic neurological complication

Type 2 Diabetes Mellitus with Circulatory Complications (HCC 18)

- E11.51 - with diabetic peripheral angiopathy without gangrene
- E11.52 - with diabetic peripheral angiopathy with gangrene
- E11.59 - with other circulatory complications
Diabetes Mellitus

Type 2 Diabetes Mellitus with Other Specified Complications (HCC 18)

**Arthropathy**
- E11.610 - with diabetic neuropathic arthropathy
- E11.618 - with other diabetic arthropathy

**Skin Complications**
- E11.620 - with diabetic dermatitis
- E11.621 - with foot ulcer
  - Use additional code to identify site of ulcer (L97.4-, L97.5-)
- E11.622 - with other skin ulcer
  - Use additional code to identify site of ulcer (L97.1-L97.9, L98.41-L98.49)
- E11.628 - with other skin complications
Diabetes Mellitus

Type 2 Diabetes Mellitus with Other Specified Complications (HCC 18)

**Oral**
- E11.630 - with periodontal disease
- E11.638 - with other oral complications

**Hypoglycemia and Hyperglycemia**
- E11.641 - with hypoglycemia with coma (HCC 17)
- E11.649 - with hypoglycemia without coma
- E11.65 - with hyperglycemia
- E11.69 - with other specified complication

Use additional code to identify complication

**Unspecified and without complications**
- E11.8 - with unspecified complications
- E11.9 - without complications (HCC 19)
Historically, coders could not assume a relationship between diabetes and another condition unless the provider clearly stated it.
ICD-10-CM Coding Guidance

“With”

“The classification presumes a causal relationship between the two conditions linked by these terms in the Alphabetic Index or Tabular.”

(AHA Coding Clinic, 2016)

*Note: please refer to ICD-10-CM for complete listings

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ICD-10-CM Coding Guidance

Diabetes Uncontrolled

There is no default code for “uncontrolled diabetes”. Currently, only “out of control” and “poorly controlled” diabetes mellitus are coded as diabetes with hyperglycemia. In ICD-10-CM, the tabular list reads as:

Diabetes, diabetic (mellitus) (sugar)
   Uncontrolled
   Meaning
      hyperglycemia – see Diabetes, by type, with hyperglycemia

   hypoglycemia – see Diabetes, by type, with hypoglycemia

Documentation best practice is to clearly indicate hyperglycemia or hypoglycemia
Endocrine, Nutritional and Metabolic Disorders

Hypoparathyroidism (HCC 23)
- E20.0 Idiopathic hypoparathyroidism
- E20.8 Other hypoparathyroidism
- E20.9 Hypoparathyroidism, unspecified

Hyperparathyroidism (HCC 23)
- E21.0 Primary hyperparathyroidism
- E21.1 Secondary hyperparathyroidism, not elsewhere classified
- E21.2 Other hyperparathyroidism
- E21.3 Hyperparathyroidism, unspecified
- E21.4 Other specified disorders of parathyroid gland
- E21.5 Disorder of parathyroid gland, unspecified

Parathyroid glands are four tiny glands, located in the neck, that control the body's calcium levels.

Parathyroid glands produce a hormone called parathyroid hormone (PTH).
### Endocrine, Nutritional and Metabolic Disorders

#### Cushing’s Syndrome (HCC 23)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>E24.0</td>
<td>Pituitary-dependent Cushing's disease</td>
</tr>
<tr>
<td>E24.1</td>
<td>Nelson's syndrome</td>
</tr>
<tr>
<td>E24.2</td>
<td>Drug-induced Cushing's syndrome</td>
</tr>
<tr>
<td>E24.3</td>
<td>Ectopic ACTH syndrome</td>
</tr>
<tr>
<td>E24.4</td>
<td>Alcohol-induced pseudo-Cushing's syndrome</td>
</tr>
<tr>
<td>E24.8</td>
<td>Other Cushing's syndrome</td>
</tr>
<tr>
<td>E24.9</td>
<td>Cushing's syndrome, unspecified</td>
</tr>
</tbody>
</table>

#### Hyperaldosteronism (HCC 23)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>E26.01</td>
<td>Conn's syndrome</td>
</tr>
<tr>
<td>E26.02</td>
<td>Glucocorticoid-remediable aldosteronism</td>
</tr>
<tr>
<td>E26.09</td>
<td>Other primary hyperaldosteronism</td>
</tr>
<tr>
<td>E26.1</td>
<td>Secondary hyperaldosteronism</td>
</tr>
<tr>
<td>E26.81</td>
<td>Bartter's syndrome</td>
</tr>
<tr>
<td>E26.89</td>
<td>Other hyperaldosteronism</td>
</tr>
<tr>
<td>E26.9</td>
<td>Hyperaldosteronism, unspecified</td>
</tr>
</tbody>
</table>
## Endocrine, Nutritional and Metabolic Disorders

### Malnutrition (HCC 21)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>E40</td>
<td>Kwashiorkor</td>
</tr>
<tr>
<td>E41</td>
<td>Nutritional marasmus</td>
</tr>
<tr>
<td>E42</td>
<td>Marasmic kwashiorkor</td>
</tr>
<tr>
<td>E43</td>
<td>Unspecified severe protein-calorie malnutrition</td>
</tr>
<tr>
<td>E44.0</td>
<td>Moderate protein-calorie malnutrition</td>
</tr>
<tr>
<td>E44.1</td>
<td>Mild protein-calorie malnutrition</td>
</tr>
<tr>
<td>E45</td>
<td>Retarded development following protein-calorie malnutrition</td>
</tr>
<tr>
<td>E46</td>
<td>Unspecified protein-calorie malnutrition</td>
</tr>
<tr>
<td>E64.0</td>
<td>Sequelae of protein-calorie malnutrition</td>
</tr>
</tbody>
</table>

### Morbid Obesity (HCC 22)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>E66.01</td>
<td>Morbid (severe) obesity due to excess calories</td>
</tr>
<tr>
<td>E66.2</td>
<td>Morbid (severe) obesity with alveolar hypoventilation</td>
</tr>
</tbody>
</table>
# Endocrine, Nutritional and Metabolic Disorders

## Amyloidosis (HCC 23)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>E85.0</td>
<td>Non-neuropathic heredofamilial amyloidosis</td>
</tr>
<tr>
<td>E85.1</td>
<td>Neuropathic heredofamilial amyloidosis</td>
</tr>
<tr>
<td>E85.2</td>
<td>Heredofamilial amyloidosis, unspecified</td>
</tr>
<tr>
<td>E85.3</td>
<td>Secondary systemic amyloidosis</td>
</tr>
<tr>
<td>E85.4</td>
<td>Organ-limited amyloidosis</td>
</tr>
<tr>
<td>E85.81</td>
<td>Light chain (AL) amyloidosis</td>
</tr>
<tr>
<td>E85.82</td>
<td>Wild-type transthyretin-related (ATTR) amyloidosis</td>
</tr>
<tr>
<td>E85.89</td>
<td>Other amyloidosis</td>
</tr>
<tr>
<td>E85.9</td>
<td>Amyloidosis, unspecified</td>
</tr>
</tbody>
</table>

## Multiple Endocrine Neoplasia [MEN] Syndrome (HCC 23)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>E31.0</td>
<td>Autoimmune polyglandular failure</td>
</tr>
<tr>
<td>E31.1</td>
<td>Polyglandular hyperfunction</td>
</tr>
<tr>
<td>E31.20</td>
<td>Multiple endocrine neoplasia [MEN] syndrome, unspecified</td>
</tr>
<tr>
<td>E31.21</td>
<td>Multiple endocrine neoplasia [MEN] type I</td>
</tr>
<tr>
<td>E31.22</td>
<td>Multiple endocrine neoplasia [MEN] type IIA</td>
</tr>
<tr>
<td>E31.23</td>
<td>Multiple endocrine neoplasia [MEN] type IIB</td>
</tr>
<tr>
<td>E31.8</td>
<td>Other polyglandular dysfunction</td>
</tr>
<tr>
<td>E31.9</td>
<td>Polyglandular dysfunction, unspecified</td>
</tr>
</tbody>
</table>
Risk Adjustment and Diabetes Mellitus

- Best Practices
- Case Studies
- Coding Examples
Medicare Risk Adjustment Best Practices: Documentation Recommendations

- Patient name and date of service on each page and unique identifier such as date of birth
- All the patient’s medical conditions, including chronic and status conditions
- Specific details regarding acuity and laterality
- Treatment for each condition, including medications

Provider signature and credentials, with date

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### Provider’s Diagnostic Statement

<table>
<thead>
<tr>
<th>Provider’s Diagnostic Statement</th>
<th>ICD-10-CM</th>
<th>HCC Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient has type two diabetes mellitus</td>
<td>E11.9</td>
<td>19</td>
</tr>
<tr>
<td>Patient has type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema</td>
<td>E11.311</td>
<td>18</td>
</tr>
<tr>
<td>Patient has type 2 diabetes mellitus with stable proliferative diabetic retinopathy, bilateral</td>
<td>E11.3553</td>
<td>18, 122</td>
</tr>
</tbody>
</table>

Concise, detailed documentation and accurate diagnosis coding are essential elements to ensure accurate risk score reporting.
Case Study Example 1

DOS: 08/08/19
Name: Female Patient DOB: 05/01/1949

Chief Complaint & HPI
70 year old female, here for follow up of diabetes, hip pain and hypothyroidism

Past Medical History
MVA, femoral fx (2011)

ROS
General – patient notes fatigue
MS – continued pain in hip
All other systems negative

Vitals
Ht 64 in, Wt 160 lbs
BP 114/76
FBS - 108

Exam

General Appearance: Healthy, appears younger than stated age of 67
ENMT: Normal, Heart: RRR;
Lungs – clear; Extremities – pain in left hip noted, assessed at 5/10

Assessment/Plan
1. Arthropathy – increase ibuprofen and refer to PT for continued management
2. Diabetes – well controlled, maintain current therapy
3. Hypothyroidism – order TSH, T4, will adjust thyroid medication if indicated

Electronically signed by: A. Doctor, MD on 08/08/19
Case Study Example 1

First coding scenario:

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>ICD-10-CM</th>
<th>HCC Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type 2 diabetes with arthropathy</td>
<td>E11.618</td>
<td>18</td>
</tr>
<tr>
<td>Hypothyroidism</td>
<td>E03.9</td>
<td>none</td>
</tr>
</tbody>
</table>

Diabetes with complications map to the higher HCC of 18
Case Study Example 1

**DOS:** 08/08/19  
**Name:** Female Patient  
**DOB:** 05/01/1949

**Chief Complaint & HPI**  
70 year old female, here for follow up of recent onset of diabetes, hip pain and hypothyroidism

**Past Medical History**  
MVA, femoral fx -2011

**ROS**  
General – patient notes fatigue  
MS – continued pain in hip  
All other systems negative

**Vitals**  
Ht 64 in, Wt 160 lbs  
BP 114/76  
FBS - 108

**Exam**

- **General Appearance:** Healthy, appears younger than stated age of 67  
- **ENMT:** Normal  
- **Heart:** RRR;  
- **Lungs** – clear; **Extremities** – pain in left hip noted, assessed at 5/10

**Assessment/Plan**

1. **Traumatic arthropathy, left hip s/p MVA** – increase ibuprofen and refer to PT for continued management  
2. **Diabetes** – well controlled, maintain current therapy  
3. **Hypothyroidism**, increased fatigue – order TSH, T4, will adjust thyroid medication if indicated

Electronically signed by: A. Doctor, MD on 08/08/19
Case Study Example 1

First coding scenario:

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>ICD-10-CM</th>
<th>HCC Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type 2 diabetes with arthropathy</td>
<td>E11.618</td>
<td>18</td>
</tr>
<tr>
<td>Hypothyroidism</td>
<td>E03.9</td>
<td>none</td>
</tr>
</tbody>
</table>

Second coding scenario:

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>ICD-10-CM</th>
<th>HCC Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traumatic arthropathy, s/p MVA</td>
<td>M12.552, V49.9xxS</td>
<td>none</td>
</tr>
<tr>
<td>Type 2 diabetes, without complication</td>
<td>E11.9</td>
<td>19</td>
</tr>
<tr>
<td>Hypothyroidism</td>
<td>E03.9</td>
<td>none</td>
</tr>
</tbody>
</table>

Detailed and concise documentation is essential in order to report appropriate diagnosis codes for Risk Adjustment purposes.
Case Study Example 2

DOS: 1/16/19
Name: Patient Male DOB: 01/04/1950

Chief Complaint & HPI
69 year old male, here for check up

Past Medical History
Type 2 diabetes 2013, Prostate cancer, s/p brachytherapy 2009

ROS
Pt admits mild headache, post nasal drip, sore throat; all other systems negative

Vitals / Labs
Ht 64 in, Wt 200 lbs
BP 127/78
FBS 115
HA1C 6.6

Exam
General Appearance: Patient is obese, ENMT: Sinuses are inflamed, sinus drainage noted Abdomen: Soft, unremarkable, Heart: RRR; Lungs: clear to auscultation

Assessment/Plan
1. Diabetes, well controlled, repeat A1c in six months
2. Acute sinusitis; recommend OTC antihistamine, ibuprofen for headache; follow up if needed
3. Hx of prostate cancer – continue PSA monitoring as recommended by oncologist
4. Obesity – counseled pt regarding healthy diet and increasing physical activity

Electronically signed by: A Doctor, MD on 01/16/19

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Case Study Example 2

Coding scenario 2, first visit:

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>ICD-10-CM</th>
<th>HCC Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type 2 diabetes</td>
<td>E11.9</td>
<td>19</td>
</tr>
<tr>
<td>Acute sinusitis</td>
<td>J01.90</td>
<td>none</td>
</tr>
<tr>
<td>Obesity</td>
<td>E66.9</td>
<td>none</td>
</tr>
<tr>
<td>Hx of prostate cancer</td>
<td>Z85.46</td>
<td>none</td>
</tr>
</tbody>
</table>
Case Study Example 3

DOS: 11/24/19
Name: Patient Male DOB: 01/04/1950

Chief Complaint & HPI
69 year old male, review follow up labs for diabetes

Past Medical History
Prostate cancer, s/p brachytherapy 2009

ROS
Positive for urinary frequency, nausea and headaches. All other systems negative

Vitals / Labs
Ht 64 in, Wt 201 lbs
BP 134/84
FBS 215
HA1C 9
PSA 0.08

Exam

General Appearance: Patient is obese, ENMT: Normal, Abdomen: Soft, patient complains of mild abdominal pain, Heart: RRR; Lungs – clear, normal breath sounds

Assessment/Plan
1. Diabetes with hyperglycemia– patient logs show continually high BS readings, elevated FBS, increasing insulin, emphasized importance of diet, follow up in two weeks for recheck
2. Hx of prostate cancer – continue PSA monitoring as recommended by oncologist
3. Obesity – stressed the importance of healthy, low fat and low sugar diet and increasing physical activity

Electronically signed by: A. Doctor, MD on 11/24/19
Case Study Example 2

Coding scenario 2, first visit:

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>ICD-10-CM</th>
<th>HCC Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type 2 diabetes</td>
<td>E11.9</td>
<td>19</td>
</tr>
<tr>
<td>Acute sinusitis</td>
<td>J01.90</td>
<td>none</td>
</tr>
<tr>
<td>Obesity</td>
<td>E66.9</td>
<td>none</td>
</tr>
<tr>
<td>Hx of prostate cancer</td>
<td>Z85.46</td>
<td>none</td>
</tr>
</tbody>
</table>

Coding scenario 2, second visit:

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>ICD-10-CM</th>
<th>HCC Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type 2 diabetes with hyperglycemia</td>
<td>E11.65</td>
<td>18</td>
</tr>
<tr>
<td>Obesity</td>
<td>E66.9</td>
<td>none</td>
</tr>
<tr>
<td>Hx of prostate cancer</td>
<td>Z85.46</td>
<td>none</td>
</tr>
</tbody>
</table>

CMS-HCC risk adjustment trumping logic will “drop” the first HCC of 19 and use only the higher HCC of 18 for this patient for this calendar year.
Role of Diabetes Mellitus in Risk Adjustment

- Over 30 million Americans have diabetes
- Diabetes can affect a variety of body systems
- ICD-10-CM Diagnosis Codes require greater detail in the documentation
- New and updated coding guidance
- Improved patient outreach and case management lead to enhanced quality of care
- Correct and accurate risk score reporting

Diabetes and related complications can have a major impact on member health
Did You Know?

• The Medicare Risk Adjustment Regulatory Compliance (MRARC) team has multiple resources and tools available, including:
  – **The Coding Focus** - A useful and concise one page publication focusing on specific condition(s) with details regarding the clinical definition, diagnostic criteria, and relevant ICD-10 coding guidance with impact to HCC code(s) assignment.

Recent and upcoming topics include:

  – Senile Purpura
  – Personality Disorders
  – Peripheral Vascular Disease

The Coding Focus, along with other coding training material, is available on Anthem’s Provider Webpage(s)
Questions?
References


10. American Hospital Association (2017) Coding Clinic for ICD-10-CM, Volume 4, Number 1, First Quarter, pg. 42