

CLINICAL DOCUMENTATION: TYPE 2 DM

THE DIAGNOSIS	Type 2 Diabetes Mellitus
COMMON CONDITIONS INCLUDED IN HCC GROUP: 37, 38 RAF = 0.166	Type 2 diabetes mellitus with CKD – E11.22 Type 2 diabetes mellitus with mild Nonproliferative diabetic retinopathy with macular edema, bilateral – E11.3213 Type 2 diabetes mellitus with polyneuropathy – E11.42 Type 2 diabetes mellitus with peripheral angiopathy without gangrene – E11.51 Type 2 diabetes mellitus with hyperglycemia – E11.65 Type 2 diabetes mellitus without complication – E11.9 Long term current use of insulin – Z79.4 Long term current use of oral hypoglycemic drugs – Z79.84**
KEY CODING or DOCUMENTATION TIPS	<p>When coding diabetes with a complication, be sure to add the diagnosis for the complication and use linking words (due to, secondary to, etc.) in your documentation.</p> <p>If the provider doesn't indicate the type of diabetes, the coder must defer to E11.XX, or type 2 diabetes mellitus per coding guidelines.</p>
MEAT the DOCUMENTATION M= Monitor E = Evaluate A = Assess/Address T = Treat	<p>Assessment and Plan example:</p> <p>Type 2 DM with CKD Stage 3b (E11.22, N18.32)</p> <p>Long term current use of insulin (Z79.4)</p> <p>Long term current use of oral hypoglycemic drugs (Z79.84) –</p> <p>Reviewed Mrs. H's diabetes log with her, most FBS around 160s. A1c today 7.2, good control. No hypoglycemic episodes. eGFR 42, secondary to diabetes. Pt continues with glipizide and insulin glargine and sees her endocrinologist every 3 months. No changes in medications. Diabetic foot exam negative, no skin breakdown, good pedal pulses.</p> <p>M – Signs and symptoms, such as hypoglycemia.</p> <p>E – Test results or vital signs, such as A1c and eGFR.</p> <p>A – Order tests or patient discussion, such diabetic foot exam and reviewed diabetic log with patient.</p> <p>T – Medications, therapy, or other modalities, such as diabetic medications and follows with endocrinologist.</p>
IMPACT on QUALITY – HEDIS MEASURES	<ol style="list-style-type: none"> 1. Diabetes: Eye Exam (CMS 131) – retinal exam 2. Diabetes: Hemoglobin A1c Poor Control (9%) (CMS 122) 3. Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes (CMS 142) 4. Kidney Health Evaluation (CMS 95) – GFR and uACR <p>Frailty or advanced illness, ESRD, and/or palliative care diagnosis codes may provide a denominator exclusion.</p>

** Not part of HCC 37 or HCC 38 yet recommended to include in you're A&P to tell the best patient story.