Navigating the Gnarly Challenges of HCC Coding: Episode 2

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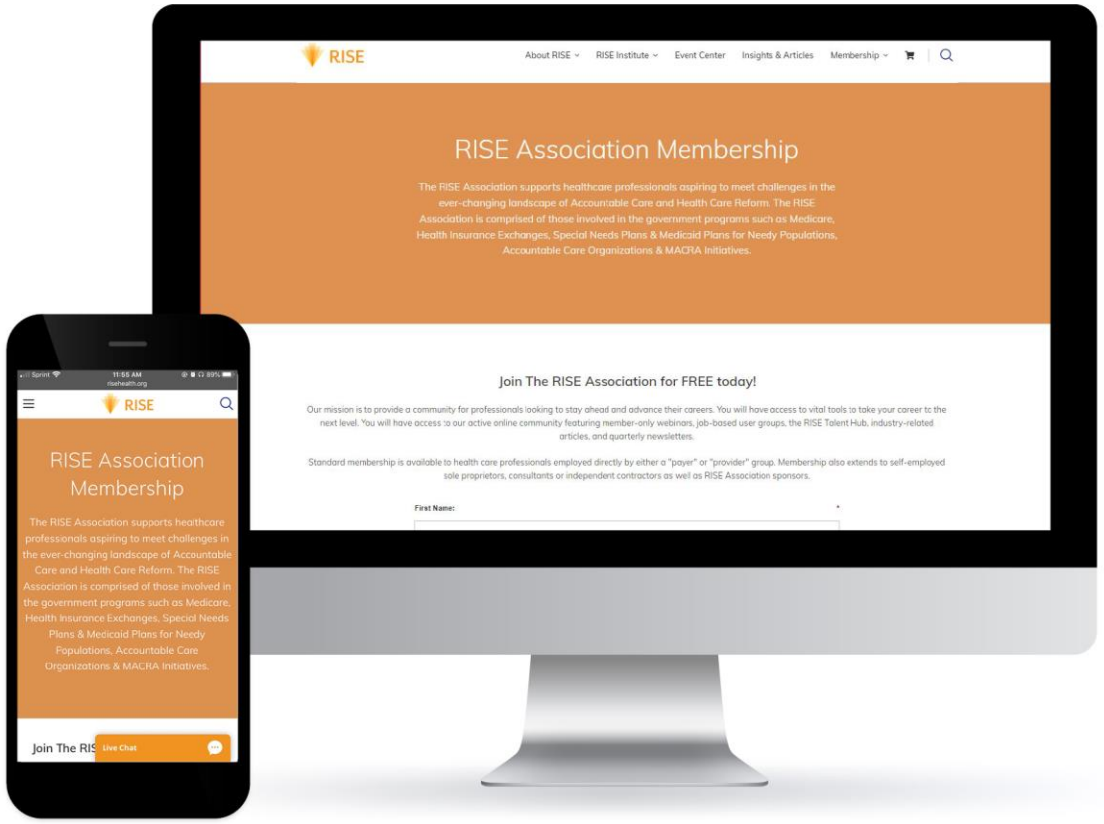

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Diabetes with manifestations

Coding diabetic manifestations

- ICD-10-CM guidelines allow for an assumed linkage between diabetes and certain complications.

"With"

The word "with" or "in" should be interpreted to mean "associated with" or "due to" when it appears in a code title, the Alphabetic Index (either under a main term or subterm), or an instructional note in the Tabular List. The classification presumes a causal relationship between the two conditions linked by these terms in the Alphabetic Index or Tabular List. These conditions should be coded as related even in the absence of provider documentation explicitly linking them, unless the documentation clearly states the conditions are unrelated or when another guideline exists that specifically requires a documented linkage between two conditions (e.g., sepsis guideline for "acute organ dysfunction that is not clearly associated with the sepsis").

For conditions not specifically linked by these relational terms in the classification or when a guideline requires that a linkage between two conditions be explicitly documented, provider documentation must link the conditions in order to code them as related.

The word "with" in the Alphabetic Index is sequenced immediately following the main term **or subterm**, not in alphabetical order.

Coding Example #1

HPI: Patient is here for pre-op clearance for left cataract surgery with Dr. Elmo next week. Her diabetes is well controlled with her current insulin regimen. Reviewed her labs at today's visit.

Assessment & Plan:

1. Left cataract: No concerns with her upcoming surgery
2. Diabetes: Recheck HbA1c in 3 months. Continue Lantus as prescribed.

- Cataracts are one of the conditions listed under the "with" language.
  - ICD-10 codes: E11.36

Coding Example #2

PMH: Type 2 diabetes, hypertension, chronic kidney disease

Medications: Norvasc, metformin

Assessment & Plan:

1. Chronic kidney disease: Based on recent labs, he has advanced to stage 4. Discussed the importance of blood pressure control and healthy diet to slow the progression. Will recheck labs at his next visit
2. Diabetes: Continue metformin

- Chronic kidney disease is another condition with an assumed link. The provider does not need to modify documentation to capture the code.
  - ICD-10 codes: E11.22, N18.4

NEC and unspecified manifestations

- NEC manifestations must be linked to the diabetes by the provider in order to support the combination code.
  - Coding Clinic – 2017 Q4, 2018 Q2
- E11.8 – Type 2 diabetes with unspecified complications is to be used when the provider documents a complication of the diabetes but does not specify what that complication is.
  - Often coded instead of E11.9 because the provider did not specify if there were or were not complications

Poll Question

Multiple diabetic manifestations

- ICD-10-CM allows for coding of multiple diabetic complications to fully assess the condition of the patient.

Coding Example #3

HPI: Diabetic patient presents for her regular follow-up, I received records from her ophthalmologist who confirmed a new diagnosis of mild diabetic retinopathy. At this time, no treatment is recommended however we discussed the importance of timely eye checks to monitor for progression.

PMH: Type 2 diabetes, neuropathy

Medications: Metformin, gabapentin

Assessment & Plan:

1. Diabetic retinopathy: This is a new diagnosis, she will continue to monitor her blood sugars and follow with her ophthalmologist as scheduled
2. Neuropathy: She reminded me that her gabapentin is due for a refill. I will send that to her pharmacy today.

- The provider does a nice job linking the retinopathy, but missed the neuropathy.
  - ICD-10 codes: E11.31, E11.40

Poll Question

MEAT for the manifestation?

- Best practice is to ensure there is adequate MEAT to support both the diabetes and the associated complication.

Coding Example #4

DOS: 6/12/2020

Past Surgical History: left cataract (2018), right cataract (2019)

Assessment & Plan:

1. E11.36 – Diabetes with diabetic cataracts – her labs look great, she has done well losing weight and her diabetes is well controlled using only diet and exercise. She will continue checking her sugars and return in 3 months for a recheck of her A1c

- The provider gave excellent documentation for her diabetes, however, the past surgical history states that she had cataract surgery a few years ago.
  - ICD-10 codes – E11.9

“Uncontrolled” Diabetes

- Did You Know?
  - In ICD-9 “Uncontrolled diabetes” could be indexed and coded
- In ICD-10, providers cannot document just “uncontrolled” diabetes, they must specify if the patient is experiencing hyper- or hypoglycemia
  - Coding Clinic – 2017 Q1
- Even though “uncontrolled” cannot be indexed, “poorly controlled”, “out of control”, and “inadequately controlled” all can be indexed and will default to a hyperglycemia code

Major Depressive Disorder

Depression Severity (mild/moderate/severe)

- Often times, PCPs are hesitant to fully assess mental health conditions
- PHQ-9 scores are a helpful tool to guide them with determining severity

PHQ-9 Score	Severity
0-4	None-minimal
5-9	Mild
10-19	Moderate
20-27	Severe

Episode – Single vs Recurrent

Recurrent

- Repeated episodes of depression
- At least one previous episode lasting a minimum of two weeks and separated by the current episode of at least two months

Single

- Five or more symptoms as classified by the DSM for Major Depression must be present during the same 2-week time period

In Remission

- Two or more depressive episodes in the past, but free from depressive symptoms for several months.
- Can still be used if the patient is receiving treatment to reduce the risk of further episodes.

“History of”

- This is a common problem among all diagnostic conditions
- Providers frequently use the phrase “history of” when documenting
  - Provider – views this as “his story”, this is the story of the patient
  - Coder – views the condition as no longer active
- What is a good alternative?
  - Change phrasing to “follow up”
  - “Patient has a history of diabetes” vs. “Patient is here for follow-up of diabetes”

Questions?

THANK YOU