Together 2 Goal®

AMGA Foundation
National Diabetes Campaign

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

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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

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T2G Talk & Taste

November 7, 2019

- Gather your team to watch a short Q&A video from one our 11 Plank Mentors and enjoy a healthy meal on us (up to $100)!
- **RSVP at together2goal.org/ndoa**

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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**

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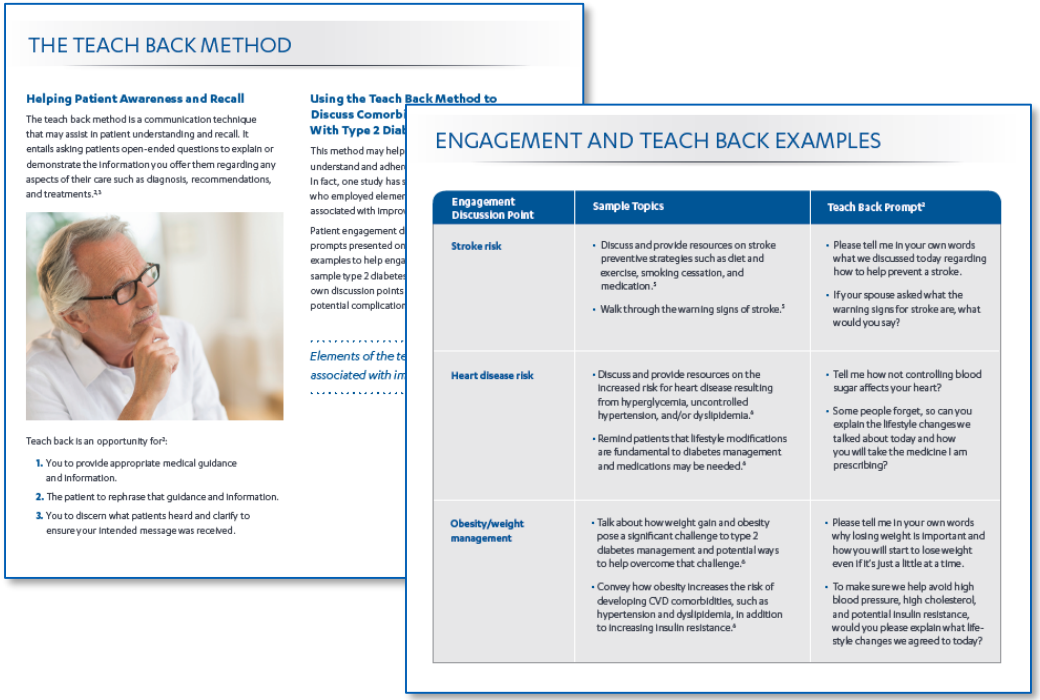
Presenting Corporate Collaborator Featured Resource

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 explain or demonstrate the information you offer them regarding any aspects of their care such as diagnosis, recommendations, and treatments.[2,3]

Using the Teach Back Method to Discuss Comorb… With Type 2 Diab…

This method may help… understand and adher… In fact, one study has s… who employed elemer… associated with improv…

Patient engagement d… prompts presented on… examples to help enga… sample type 2 diabetes… own discussion points… potential complication…

Elements of the te… associated with im…

Teach back is an opportunity for[3]:

1. You to provide appropriate medical guidance and information.
2. The patient to rephrase that guidance and information.
3. You to discern what patients heard and clarify to ensure your intended message was received.

ENGAGEMENT AND TEACH BACK EXAMPLES

Engagement Discussion Point	Sample Topics	Teach Back Prompt[4]
Stroke risk	• Discuss and provide resources on stroke preventive strategies such as diet and exercise, smoking cessation, and medication.[5] • Walk through the warning signs of stroke.[5]	• Please tell me in your own words what we discussed today regarding how to help prevent a stroke. • If your spouse asked what the warning signs for stroke are, what would you say?
Heart disease risk	• Discuss and provide resources on the increased risk for heart disease resulting from hyperglycemia, uncontrolled hypertension, and/or dyslipidemia.[6] • Remind patients that lifestyle modifications are fundamental to diabetes management and medications may be needed.[6]	• Tell me how not controlling blood sugar affects your heart? • Some people forget, so can you explain the lifestyle changes we talked about today and how you will take the medicine I am prescribing?
Obesity/weight management	• Talk about how weight gain and obesity pose a significant challenge to type 2 diabetes management and potential ways to help overcome that challenge.[6] • Convey how obesity increases the risk of developing CVD comorbidities, such as hypertension and dyslipidemia, in addition to increasing insulin resistance.[6]	• Please tell me in your own words why losing weight is important and how you will start to lose weight even if it's just a little at a time. • To make sure we help avoid high blood pressure, high cholesterol, and potential insulin resistance, would you please explain what life-style changes we agreed to today?

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T2G Extension Year 1 Survey

- **October 17th** is the last day to take the survey to help shape our next national campaign!

Together 2 Goal®

AMGA Foundation
National Diabetes Campaign

Dear Colleague:

We invite you to complete a five-question survey to help us maximize resources for the Diabetes: Together 2 Goal® campaign as well as shape our next national campaign. **Please complete this survey by Thursday, October 17.**

We truly value your candid feedback and insight. All responses to the survey will remain confidential. Survey results will be reported in the aggregate only and no individuals or organizations will be identified.

Thank you in advance for your time and feedback.

Take the Survey

Best,

The Together 2 Goal® Team

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Today's Featured Presenters

Debra Barnhart, MPH, CPC

Director, ACO Support Services
Mercy Health

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Together 2 Goal

Billing and Coding For Diabetes

Mercy | *Your life is our life's work.*

Debra Barnhart, MPH, CPC

17 October 2019

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

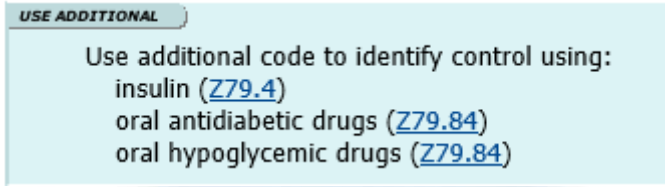
- ICD-10-CM Official Guidelines for Coding & Reporting
  - Updated in October of each year
- ICD-10-CM Chapter Specific Guidelines
- American Hospital Association, Coding Clinic
  - AHA Coding Clinic for ICD-10-CM/PCS and AHA Coding Clinic for HCPCS provides expert guidance that supports coders, auditors, 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.

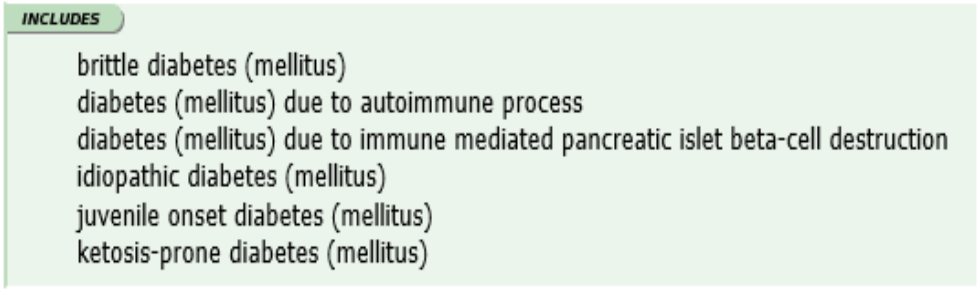
ICD-10-CM Official Guidelines for Coding and Reporting

- 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

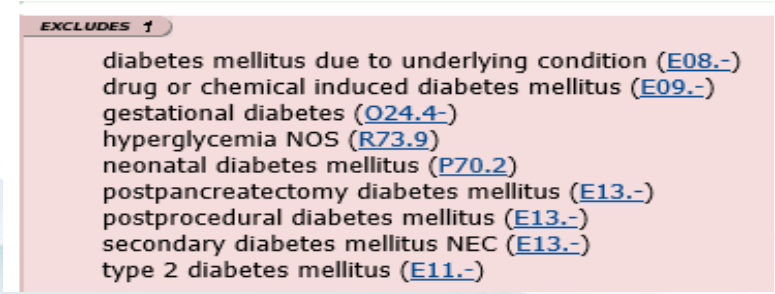


ICD-10-CM
DM Chapter Specific Guidelines

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

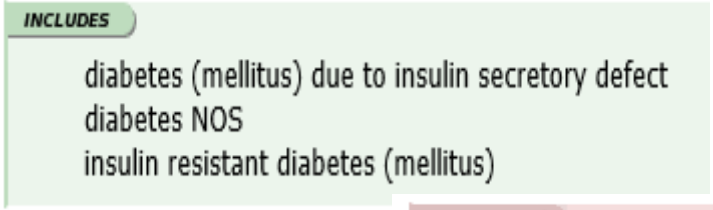


  - Check the Excludes 1 note for diagnoses exclusions –

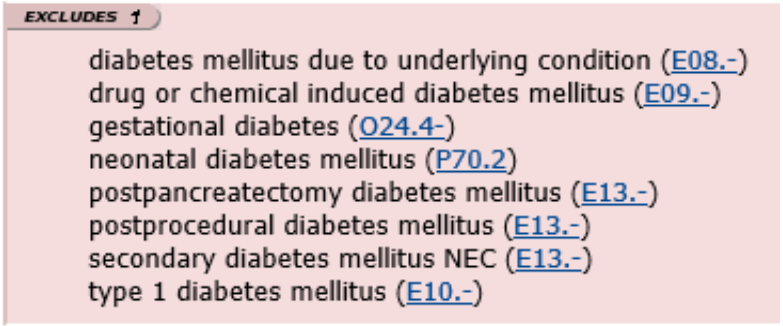


ICD-10-CM
DM Chapter Specific Guidelines

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

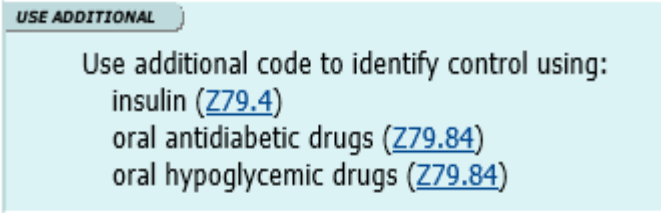


  - Review the **Excludes 1** note –



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

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

USE ADDITIONAL

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

EXCLUDES 1

- 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.-)
- type 2 diabetes mellitus (E11.-)

Secondary diabetes
Chapter Specific Guidelines

- E09 – drug or chemical induced diabetes mellitus

CODE FIRST

Code first poisoning due to drug or toxin, if applicable (T36-T65 with fifth or sixth character 1-4 or 6)

USE ADDITIONAL

Use additional code for adverse effect, if applicable, to identify drug (T36-T50 with fifth or sixth character 5)

USE ADDITIONAL

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

EXCLUDES 1

diabetes mellitus due to underlying condition (E08.-)
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.-)
type 2 diabetes mellitus (E11.-)

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 1

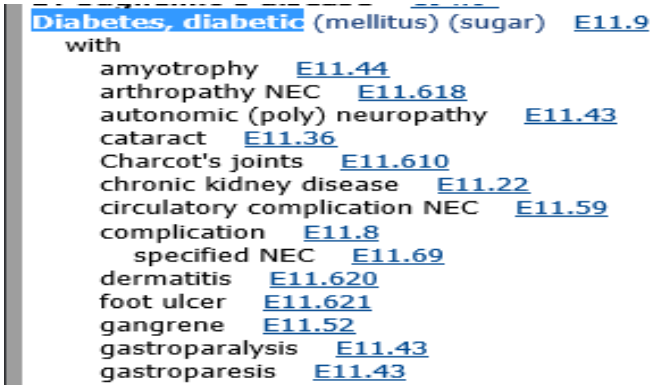
diabetes (mellitus) due to autoimmune process (E10.-)
diabetes (mellitus) due to immune mediated pancreatic islet beta-cell destruction (E10.-)
diabetes mellitus due to underlying condition (E08.-)
drug or chemical induced diabetes mellitus (E09.-)
gestational diabetes (O24.4-)
neonatal diabetes mellitus (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 1st 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

Debra Barnhart, MPH, CPC

Mercy

debra.barnhart@mercy.net

(417) 820-3516

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

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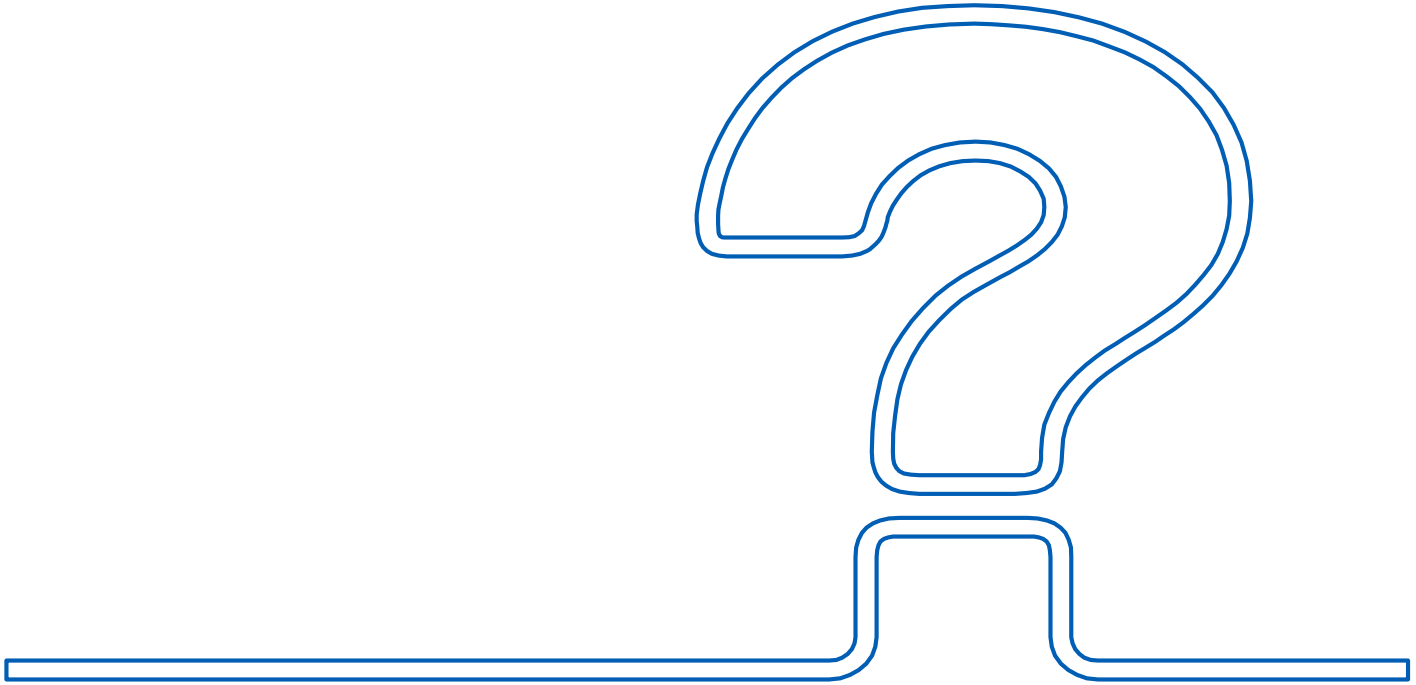
Questions



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