

Together2Goal®

AMGA Foundation
National Diabetes Campaign

October 2019 Webinar at Work

“Putting T2G webinars into practice”

Webinar: [“Billing and Coding for Diabetes Care”](#)

Speakers: Debra Barnhart, MPH, CPC of Mercy

Webinar Date: October 17, 2019

Summary: In this webinar, Debra Barnhart: 1) reviewed ICD-10 coding guidelines for diabetes; 2) discussed the importance of diagnosis coding to accurately describe the health status of a patient; 3) outlined the four factors that help providers establish the presence of a diagnosis and ensure proper documentation; and 4) defined risk adjustment.

Risk adjustment is a method used by CMS to evaluate the performance of solo actioners and groups on the quality and costs of care they provide to their Medicare beneficiaries. The two models described are:

- CMS-HCC is the Medicare Advantage payment methodology. It combines demographic and disease information through the assessment of 83 HCCs and predicts future year patient care costs based on diagnosis codes submitted in the current year.
- HHS-HCC is the Affordable Care Act payment methodology. It limits financial exposure to insurers.

Implementation Tips:

There are four factors (“M.E.A.T.”) that help providers establish the presence of a diagnosis during an encounter and ensure proper documentation:

- Monitor – signs, symptoms, disease progression, status
- Evaluate – response to treatment, test results
- Assess/Address – order tests, counsel, records review, refer
- Treat – start/stop medications, order therapies, patient education

Team Discussion:

1. What are the common errors related to billing and coding for patients with diabetes at our organization (e.g. lack of specificity, contradictory notes, not properly documenting complications, etc.)? How can we address this?

2. How can we leverage tools within our EHR to facilitate more accurate coding?

3. How are we currently educating providers on the importance of accurate and detailed coding? How can we build on these efforts? Are there any tools or resources that would support providers in documentation and coding (e.g. mental checklist for DM complications)?

4. How can we facilitate better collaboration between our coders and providers to reduce queries?

Additional Notes:

Next Steps:

- _____
- _____
- _____
- _____

Resources:

- [Current \(2020\) ICD-10-CM Code Book](#)
- [Subscription to AHA, Coding Clinic](#) (\$)
- Local [AAPC](#) or [AHIMA](#) Chapters