In order to receive federal compensation for the care of Medicare members, providers must capture (on claims) diagnosis codes that form a complete and accurate representation of each member’s medical conditions. In the case of diabetes, this means including:

» whether or not complications are present;
» any and all associated complications (if present); and,
» if there is a long-term (current) use of insulin.

Additional Details Follow:

The diagnosis codes reported by providers map to Hierarchical Condition Codes (HCCs), which translate into payment for the care of the member. Upon review of medical records in 2020, a significant number of diagnosis codes relating to diabetes were missed for DHMP Medicare members.

Top Diagnoses Missed in Coding for DHMP Medicare Members, DOS 2020:

» E119: Type 2 diabetes mellitus without complications
» Z794: Long term (current) use of insulin
» E1122: Type 2 diabetes mellitus with diabetic chronic kidney disease
» E1142: Type 2 diabetes mellitus with diabetic polyneuropathy
» E1140: Type 2 diabetes mellitus with diabetic neuropathy, unspecified
» E1165: Type 2 diabetes mellitus with hyperglycemia
» E11621: Type 2 diabetes mellitus with foot ulcer
» E1136: Type 2 diabetes mellitus with diabetic cataract
» E1151: Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene
» E1169: Type 2 diabetes mellitus with other specified complication

Diabetes in Obesity:

A combination of diagnosis codes may also be used to describe a member’s condition, such as diabetes in obesity:

» E1169: Type 2 diabetes mellitus with other specified complication; AND,
» E669: Obesity, unspecified.
HCCs Related to Diabetes:
There are three HCCs related to diabetes:
» HCC 17: Diabetes with acute complications
» HCC 18: Diabetes with chronic complications
» HCC 19: Diabetes without complication
There are approximately 400 ICD-10 diagnosis codes that map to these three HCCs.

Documentation and Coding Tips:
» If applicable, remember to include a code that signifies the member has diabetes without complication.
» Don’t forget to capture if there is a long-term (current) use of insulin!
» Documentation and codes should reflect any relationship between the condition and the severity of the disease. Is the diabetes:
  • Type I or Type II?
  • Secondary to another condition?
  • In obesity?
  • With or without complications?
  • With ketoacidosis?
  • With hyperosmolarity?
  • With coma?
  • With renal manifestations?
  • With ophthalmic manifestations?
  • With neurological manifestations?
  • With peripheral circulatory disorders?
  • With other specified manifestations (ulcer & location, chronic ulcer)?
  • With unspecified complication?
» Use multiple diagnosis codes to describe a member’s condition, as applicable.

By capturing any and all applicable diagnosis codes related to diabetes, you are ensuring that there are sufficient funds to provide care for the member’s conditions!

Contact DHMP’s Medicare Risk Adjustment Analyst at 303-602-2134 if you have any questions regarding this announcement or Medicare risk adjustment in general. Thank you!