OPTUM®

Screening and documentation tool

Diabetes, chronic kidney disease and peripheral arterial disease

THE CHALLENGE: CONDITION RECOGNITION "GAP"

Diabetes mellitus (DM)	Chronic kidney disease (CKD)	Peripheral arterial disease (PAD)
30.3 million Americans have DM, another 84.1 million have prediabetes.[1] Prevalence 65+ years 25.2%, or 12 million seniors (diagnosed & undiagnosed).[2]	39.4% of people age 60 and older have CKD.[3]	Although more than half of patients with PAD in one study had leg symptoms, relatively few had classic claudication.[4] It is estimated that only 25% of afflicted individuals receive care.[5]

Documentation tips and tools:

For patients age 65 and older, use of a **Clinical Testing Flow Sheet** (see back of this sheet) will facilitate capture of dates and results of the following:

- **Blood pressure, weight and BMI (every visit):** "Adults with treated or untreated BP > 135/80 mm Hg should be screened for diabetes." (USPSTF Recommendation)
- **Ankle-brachial index (ABI):** Ankle-brachial index below 0.9 some arterial disease, less then 0.5 severe arterial disease.[6]
- **Comprehensive dilated eye exam:** Recommended **annually for patients with diabetes;** type 1 begin within 5 years of initial diagnosis; type 2 begin soon after the diagnosis.[7]
- **Comprehensive foot exam:** Foot exam includes inspection, palpation of pedal pulses, testing to detect loss of protective sensation (LOPS). Recommended **at least annually.**[7] A peripheral neuropathy screening tool can be obtained from your Optum Healthcare Advocate.
- **Testing for diabetes:**[7]*
  1. People with one or more high-risk foot conditions should have a visual inspection of their feet at every clinic visit.[8]
  2. A1C ≥ 6.5%. "The test should be performed in a laboratory using a method that is NGSP-certified and standardized to the DCCT assay." Use of the A1C to diagnose diabetes may not be valid with certain clinical conditions.
  3. Fasting (8 hours): FPG ≥ 126mg/dl
  4. Oral glucose tolerance test (OGTT): Plasma glucose ≥ 200mg/dl 2 hr after 75 gm glucose load
  5. Random plasma glucose ≥ 200 mg/dl in patients with classic hyperglycemic symptoms
- **Monitoring glucose control with hemoglobin A1C:**[7]
  - Every 3 months: if modifying therapy or if not meeting glycemic goals
  - Twice a year: if meeting treatment goals and stable glycemic control
- **Diabetic nephropathy screening:** Screen for diabetic nephropathy by testing annually for urine albumin excretion and by determining, at least annually, serum creatinine and estimated GFR.[7]
- **Fasting lipid profile (at least annually):**[7]
  - Without overt CVD, LDL-C goal <100mg/dl
  - With overt CVD, LDL-C goal of <70mg/dl (using high dose of a statin) is an option†

For patients who have been recently diagnosed with diabetes, were determined to be at risk for complications from diabetes, or were previously diagnosed with diabetes before meeting Medicare eligibility requirements, effective January 1, 2011, individual and group diabetes self-management training (DSMT) services are reportable (HCPCS codes G0108 & G0109).[11] *For more information, see:*

www.cms.gov/Medicare/Prevention/PrevntionGenInfo/medicare-preventive-services/MPS-QuickReferenceChart-1.html

*In the absence of unequivocal hyperglycemia, "Testing for Diabetes" criteria 1 – 3 should be confirmed by repeat testing.

† Statin contraindicated in pregnancy

ICD-10-CM CODING GUIDE[9]

Diabetes* *(partial listing)*	
Type 2 Diabetes with complications: *Note: Assign as many **E11.-** codes as needed to identify all the manifestations*	
Type 2 diabetes mellitus with diabetic nephropathy	**E11.21**
Type 2 diabetes mellitus with diabetic chronic kidney disease *Use additional code to identify stage of chronic kidney disease (N18.1-**N18.6**)*	**E11.22**
Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema *(code type of retinopathy, if known, and laterality)*	**E11.311**
Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema *(code type of retinopathy, if known, and laterality)*	**E11.319**
Type 2 diabetes mellitus with diabetic cataract	**E11.36**
Type 2 diabetes mellitus with diabetic neuropathy, unspecified	**E11.40**
Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene	**E11.51****
Type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene	**E11.52****
Type 2 diabetes mellitus with foot ulcer *Use additional code to identify site of ulcer (**L97.4-**, **L97.5-**)*	**E11.621**
Type 2 diabetes mellitus with hypoglycemia without coma	**E11.649**
Type 2 diabetes mellitus with hyperglycemia	**E11.65**
Type 2 diabetes mellitus with other specified complication *Use additional code to identify complication*	**E11.69**
Type 2 diabetes mellitus *without* complications	**E11.9**
Chronic kidney disease*	
GFR value = mL/min/1.73 m^2 *CKD is defined as either kidney damage or GFR < 60mL/min/1.73 m^2 for ≥ 3 months.*[10] *Kidney damage is defined as pathologic abnormalities or markers of damage, including abnormalities in blood or urine tests (for example, untimed spot urine albumin/creatinine ratio or microalbumin-sensitive dipstick) or imaging studies.*[10]	
Stage 1: GFR ≥ 90 with kidney damage	N18.1
Stage 2: GFR 60–89 with kidney damage	N18.2
Stage 3: GFR 30–59	**N18.3**
Stage 4: GFR 15–29	**N18.4**
Stage 5: GFR less than 15 (if stage 5 requiring chronic dialysis, **N18.6**)	**N18.5**
ESRD: requiring chronic dialysis or transplantation	**N18.6**
Chronic kidney disease, unspecified	N18.9
Peripheral arterial disease *(partial listing)*	
Peripheral arterial disease NOS Peripheral vascular disease NOS Intermittent claudication NOS	**I73.9**
Atherosclerosis/Arteriosclerosis of native arteries of the extremities:	
with intermittent claudication	**I70.21-***
with rest pain	**I70.22-***
right leg with ulceration	**I70.23-****
left leg with ulceration	**I70.24-****
with gangrene	**I70.26-****
unspecified	**I70.20-***
Atherosclerosis of bypass graft of the extremities, unspecified graft	**I70.30-***

**6th characters 1, 2 and 3 represent right, left and bilateral respectively.*
***Use additional code to identify severity of ulcer (**L97.-**, **L98.49-**), if applicable. Additional characters in **L97.-** report site, laterality (e.g. right, left) and severity.*

*Use additional code, if applicable, to identify chronic total occlusion of artery of extremity (**I70.92**).*

- continued on other side -

Clinical testing flow sheet

PATIENT NAME _____ **MEDICAL RECORD #** _____

SERVICE OR TEST	√ done in 2019	date _____	date _____	date _____	date _____
EXAMINATION					
BLOOD PRESSURE					
WEIGHT/BMI					
ANKLE-BRACHIAL INDEX					
DILATED EYE EXAM					
FOOT EXAM					
PEDAL PULSES					
VISUAL EXAM					
VIBRATION/REFLEXES					
LABORATORY TESTING					
BLOOD GLUCOSE					
FASTING					
RANDOM					
A1C					
URINE FOR ALBUMIN					
URINE ALBUMIN TO CR					
CALCULATED GFR					
LIPID PROFILE					
TOTAL CHOLESTEROL					
TRIGLYCERIDES					
HDL CHOLESTEROL					
LDL CHOLESTEROL					

Per the ICD-10-CM Official Guidelines for Coding and Reporting FY 2019: "A dash (-) at the end of an alphabetic index entry indicates that additional characters are required. Even if a dash is not included at the alphabetic index entry, it is necessary to refer to the tabular list to verity that no 7th character is required." The bolding of the ICD-10-CM codes represents categories, subcategories or codes that map to the CMS-HCC risk adjustment model for payment year 2019.

1. https://www.cdc.gov/diabetes/basics/quick-facts.html, Page last updated: May 11, 2018, Content source: HYPERLINK "http://www.cdc.gov/" Centers for Disease Control and Prevention
2. http://www.diabetes.org/diabetes-basics/statistics/last%20edited%20March%2022" http://www.diabetes.org/diabetes-basics/statistics/last edited March 22, 2018
3. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4291282/
4. Hirsch A.T., Criqui M.H., Treat-Jacobson D., et al., "Peripheral arterial disease detection, awareness, and treatment in primary care." JAMA 286(2001): 1317-24.
5. Heart Association Statistics Committee and Stroke Statistics Subcommittee, "Heart Disease and Stroke Statistics." Circulation 117(2008): e25-e146.
6. ACC/AHA, "Guidelines for the Management of Patients With Peripheral Arterial Disease." Journal of American College of Cardiology 47(2006): e1-e192. http://www.aafp.org/afp/2013/0901/p306.html
7. American Diabetes Association: "Standards of Medical Care in Diabetes -- 2010," Diabetes Care, January 2010; vol 33: supplement 1.
8. Standards of Medical Care in Diabetes—2011 Diabetes Care January 2011. vol. 34 no. Supplement 1 S4-S10 Singh N, Armstrong DG, et al.
9. Optum360 ICD-10-CM: Professional for Physicians 2019. Salt Lake City, UT: 2018.
10. National Kidney Foundation, "KDOQI Clinical Practice Guidelines for Chronic Kidney Disease: Evaluation, Classification and Stratification." American Journal of Kidney Disease 39: 2002 supplement 1.
11. Optum360 2019 HCPCS Level II Professional. Salt Lake City, UT: Optum360; 2018. https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/medicare-preventive-services/MPS-QuickReferenceChart-1.html#DIABETES_SELF

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