

Medicare Risk Adjustment Coding Focus

Uncontrolled diabetes



According to the Centers for Disease Control and Prevention, diabetes is the seventh leading cause of death in the United States. Diabetes mellitus (DM) is a disease that leads to above normal blood sugar (glucose) levels.¹

Monitoring DM

To minimize the chance of developing serious diabetic complications, a person with diabetes should try to keep their blood glucose level close to that of a person without diabetes. The target range is 70-130 mg/dL. Blood glucose levels can be monitored using a blood glucose meter (glucometer). High blood glucose is referred to hyperglycemia while low blood glucose is referred to hypoglycemia.²

Another test for blood glucose control is hemoglobin A1c (HbA1c). This blood test reflects the average level of glucose in blood during the prior 2 to 3 months.

The HbA1c target for most people with diabetes is below 7%. If at 8% or above, there may be a need to modify the patient's care plan for diabetes.

Coding guidance

In ICD-10-CM, diabetes is classified as diabetes (by type) uncontrolled: meaning hyperglycemia, or meaning hypoglycemia in the ICD-10-CM alphabetic index.³ Medical record documentation must clearly indicate the presence of hyperglycemia or hypoglycemia to ensure accurate diagnosis code assignment.

Clinicians typically use the phrase **uncontrolled DM** to describe a patient whose blood glucose levels are elevated or whose HbA1c is above target. Since documentation of **uncontrolled DM** does not allow coders to assign a specific code as explained above, clinicians may use alternate phrases that will map to diabetes with hyperglycemia. These phrases are **poorly controlled**, **out of control** and **inadequately controlled DM**.

Other coding considerations

According to American Hospital Association Coding Clinic, "Any combination of the diabetes codes can be assigned together, unless one diabetic condition is inherent in another."⁴ For example, diabetic retinopathy documented with hyperglycemia would be reported with two ICD-10 codes: E11.319, Type 2 DM with unspecified diabetic retinopathy without macular edema, and E11.65, Type 2 DM with hyperglycemia.

It is a documentation best practice to clearly identify any diabetic complications and casual relationships with linking verbiage such as **due to** or **secondary to**.

Atherosclerotic heart disease of coronary artery	
E11.641	Type 2 diabetes mellitus with hypoglycemia with coma
E11.649	Type 2 diabetes mellitus with hypoglycemia without coma
E11.65	Type 2 diabetes mellitus with hyperglycemia

Resources

- Centers for Disease Control and Prevention website, *Diabetes* (accessed August 2020): <http://www.cdc.gov/diabetes/basics/diabetes.html>.
- National Institute of Diabetes and Digestive and Kidney Diseases website, *Manage Your Diabetes* (accessed August 2020): <https://www.niddk.nih.gov/>
- Optum 360° (2019), *ICD-10- CM Expert for Physicians, The complete official code set*.
- AHA Coding Clinic, 2013, 3Q, "Diabetes with Hyperglycemia".

Reference the ICD-10-CM Codebook, CMS-HCC Risk Adjustment Model(s) and AHA Coding Clinic for complete code sets and official coding guidance.