

### THE CHALLENGE: CONDITION RECOGNITION "GAP"

<b>Diabetes:</b> The prevalence of diabetes mellitus is 26.6%. <sup>1</sup> Among adults ≥ 20 years of age, as many as 30% of individuals with diabetes were undiagnosed. <sup>2</sup>	<b>Chronic Kidney Disease (CKD):</b> 39.4% of people age 60 and older have CKD. <sup>3</sup>	<b>Peripheral Arterial Disease (PAD):</b> Although more than half of patients with PAD in one study had leg symptoms, relatively few had classic claudication. <sup>4</sup> It is estimated that only 25% of afflicted individuals receive care. <sup>5</sup>
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#### 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):** ABI is used to screen at risk individuals for asymptomatic lower extremity PAD.<sup>6</sup>
- **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.
- **Comprehensive foot exam:** Foot exam includes inspection, palpation of pedal pulses, testing to detect loss of protective sensation (LOPS), which includes standard monofilament testing combined with an additional test, such as vibration, pinprick sensation or ankle reflexes. Recommended at least annually.<sup>7</sup>
- **Testing for diabetes:<sup>7\*</sup>**
  1. People with one or more high-risk foot conditions should have a visual inspection of their feet at every clinic visit.<sup>8,9</sup>
  1. A1C ≥ 6.5%. "The test should be performed in a laboratory using a method that is NGSF-certified and standardized to the DCCT assay." Use of the A1C to diagnose diabetes may not be valid with certain clinical conditions.
  2. Fasting (8 hours): FPG ≥ 126mg/dl
  3. Oral glucose tolerance test (OGTT): Plasma glucose ≥ 200mg/dl 2 hr after 75 gm glucose load
  4. Random plasma glucose ≥ 200 mg/dl in patients with classic hyperglycemic symptoms
- **Monitoring glucose control with Hemoglobin A1C:<sup>7</sup>**
  - 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.<sup>7</sup>
- **Fasting lipid profile (at least annually):<sup>7</sup>**
  - 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<sup>1</sup>

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

<sup>†</sup>Statin contraindicated in pregnancy

1 "Acute, Complicated and Uncomplicated Diabetes Mellitus" Literature Source (Total Diabetes Mellitus Prevalence Rate): (<http://ccwdata.org/index.php>) Table B.2 Medicare Beneficiary Prevalence for Chronic Conditions for 2000-2008.

2 Cowie C.C., Rust K.F., Byrd-Holt D.D., Eberhardt M.S., Flegal K.M., Engelgau M.M., et al., "Prevalence of diabetes and impaired fasting glucose in adults in the U.S. population." *Diabetes Care* June 2006. 29(6):1263-8.

3 CDC/Department of Health and Human Services, "Prevalence of Chronic Kidney Disease and Associated Risk Factors." *Morbidity and Mortality Weekly Report* 56(10)(2007):161-165.

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.

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 World Health Organization, Professional: ICD-9-CM for Physicians-Volumes 1&2. 2012. Alexandria, VA: Ingenix, 2011.

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.

#### ICD-9 CODING GUIDE<sup>9</sup>

<b>Diabetes</b>	
Diabetes without mention of complications	250.00
<b>Diabetes with mention of complications:</b> <i>Note: In addition to the code(s) below, assign as many codes as needed to identify all documented manifestations (e.g. 250.70, 443.81).</i>	
renal manifestations	250.4x
ophthalmic manifestations	250.5x
neurological manifestations	250.6x
peripheral circulatory disorders	250.7x
other specified manifestations, such as: diabetic hypoglycemia NOS, hypoglycemic shock NOS	250.8x
<b>Notes:</b> x = 0 Type 2 or unspecified type, not stated as uncontrolled x = 1 Type 1, not stated as uncontrolled x = 2 Type 2 or unspecified type, uncontrolled x = 3 Type 1, uncontrolled	
<b>Chronic Kidney Disease*</b>	
GFR value = mL/min/1.73 m <sup>2</sup> . CKD is defined as either kidney damage or GFR < 60mL/min/1.73 m <sup>2</sup> for ≥ 3 months. <sup>10</sup>	
Stage I: GFR ≥ 90 with kidney damage	585.1
<i>Kidney damage is defined as pathologic abnormalities or markers of damage, including abnormalities in blood or urine tests (e.g. untimed spot urine albumin/creatinine ratio or microalbumin-sensitive dipstick) or imaging studies.<sup>10</sup></i>	
Stage II: GFR 60–89 with kidney damage	585.2
Stage III: GFR 30–59	585.3
Stage IV: GFR 15–29	585.4
Stage V: GFR less than 15	585.5
ESRD: requiring chronic dialysis or transplantation	585.6
Chronic Kidney Disease, unspecified	585.9
Nephritis and nephropathy, not specified as acute or chronic, in diseases classified elsewhere	583.81
<i>*Use additional code to identify kidney transplant status (V42.0), renal dialysis status (V45.11) or noncompliance with renal dialysis (V45.12), if applicable.</i>	
<b>Peripheral Artery Disease</b>	
Peripheral Arterial Disease NOS	443.9
Peripheral Vascular Disease NOS	
Intermittent Claudication NOS	
<b>Atherosclerosis / Arteriosclerosis of native arteries of the extremities:</b>	
with intermittent claudication	440.21
with rest pain	440.22
with ulceration	440.23**
with gangrene	440.24**
unspecified	440.20
Atherosclerosis of bypass graft of the extremities, unspecified graft	440.30
Peripheral angiopathy in diseases classified elsewhere	443.81
<b>**If ulceration, specify the location and code 707.10 - 707.9.</b>	

#### Resources & Materials

- **National Diabetes Education Program**  
<http://ndep.nih.gov/index.htm>
- **NDEP Foot Care**  
<http://ndep.nih.gov/publications/PublicationDetail.aspx?PubId=116>
- **National Kidney Foundation – GFR calculator**  
[http://www.kidney.org/professionals/kdoqi/gfr\\_calculator.cfm](http://www.kidney.org/professionals/kdoqi/gfr_calculator.cfm)
- **Peripheral Arterial Disease Coalition**  
<http://www.padcoalition.org/resources/guidelines.php>

### Clinical Testing Flow Sheet

PATIENT NAME \_\_\_\_\_

MEDICAL RECORD # \_\_\_\_\_

SERVICE OR TEST	✓ done in 2012	date _____	date _____	date _____	date _____
<b>EXAMINATION</b>					
BLOOD PRESSURE					
WEIGHT/BMI					
ANKLE-BRACHIAL INDEX					
DILATED EYE EXAM					
FOOT EXAM					
PEDAL PULSES					
VISUAL EXAM					
10G MONOFILAMENT					
VIBRATION/REFLEXES					
<b>LABORATORY TESTING</b>					
BLOOD GLUCOSE					
FASTING					
RANDOM					
A1C					
URINE FOR ALBUMIN					
URINE ALBUMIN TO CR					
CALCULATED GFR					
LIPID PROFILE					
TOTAL CHOLESTEROL					
TRIGLYCERIDES					
HDL CHOLESTEROL					
LDL CHOLESTEROL					



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These codes are to be used for easy reference; however, the ICD-9-CM code book is the authoritative reference for correct coding guidelines. The information presented herein is for information purposes only. OptumInsight does not warrant or represent that the information contained herein is accurate or free from defects. Codes Valid 10/01/11 to 9/30/12.

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