

Screening and Documentation Tool

DIABETES, CKD AND PAD

THE CHALLENGE: CONDITION RECOGNITION 'GAP'

<p>DIABETES:</p> <p>In one study cohort, 24.3 percent of fee-for-service Medicare beneficiaries were being treated for diabetes.¹ Among adults ≥ 20 years of age, as many as 30% of individuals with diabetes were undiagnosed.²</p>	<p>CHRONIC KIDNEY DISEASE:</p> <p>The rate of clinical diagnosis among ambulatory patients (with 2 or more eGFR results $< 60\text{mL}/\text{min}/1.73\text{m}^2$) was 26.5% in one study.³</p>	<p>PERIPHERAL ARTERIAL DISEASE:</p> <p>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</p>
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FOR PATIENTS AGE 65 AND OLDER, USE OF A CLINICAL TESTING FLOW SHEET (SEE THE 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 index⁶

- to screen for asymptomatic PAD in those with cardiovascular risk.

Comprehensive dilated eye exam⁷

- annually for patients with diabetes: type 1 begin within 5 years of initial diagnosis; type 2 begin soon after the diagnosis.

Comprehensive foot exam⁷

- at least annually: 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.

Testing for diabetes^{7*}

1. A1C $\geq 6.5\%$. “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.

2. Fasting (8 hours): FPG $\geq 126\text{mg}/\text{dl}$
3. Oral glucose tolerance test (OGTT): Plasma glucose $\geq 200\text{mg}/\text{dl}$ 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 A1C⁷

- every 3 months: if modifying therapy or if not meeting glycemic goals
- twice a year: if meeting treatment goals and stable glycemic control

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 $< 100\text{mg}/\text{dl}$
- With overt CVD, LDL-C goal of $< 70\text{mg}/\text{dl}$ (using high dose of a statin) is an option[†]

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

†Statin contraindicated in pregnancy

ICD-9 CODING GUIDE⁸

Diabetes without mention of complications	250.00	Chronic Kidney Disease GFR value = $\text{mL}/\text{min}/1.73 \text{ m}^2$ <i>Note: Use additional code to identify kidney transplant status (V42.0) or renal dialysis status (V45.11), if applicable.</i>	Peripheral Arterial Disease NOS Peripheral Vascular Disease NOS Intermittent Claudication NOS	443.9	
Diabetes with mention of complications: <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>		Stage I: GFR ≥ 90 with kidney damage	585.1	Atherosclerosis / Arteriosclerosis of native arteries of the extremities: <i>Note: Use additional code to identify chronic total occlusion of artery of the extremities (440.4), if applicable.</i>	
renal manifestations	250.4x	Stage II: GFR 60–89 with kidney damage	585.2	with intermittent claudication	440.21
ophthalmic manifestations	250.5x	Stage III: GFR 30–59	585.3	with rest pain	440.22
neurological manifestations	250.6x	Stage IV: GFR 15–29	585.4	with ulceration*	440.23
peripheral circulatory disorders	250.7x	Stage V: GFR less than 15	585.5	with gangrene*	440.24
other specified manifestations, such as: diabetic hypoglycemia NOS hypoglycemic shock NOS	250.8x	ESRD: requiring chronic dialysis or transplantation	585.6	unspecified	440.20
x = 0 Type 2 or unspecified type, not stated as uncontrolled		Nephritis and nephropathy, not specified as acute or chronic, in diseases classified elsewhere	583.81	Atherosclerosis of bypass graft of the extremities, unspecified graft	440.30
x = 1 Type 1, not stated as uncontrolled				Peripheral angiopathy in diseases classified elsewhere	443.81
x = 2 Type 2 or unspecified type, uncontrolled					
x = 3 Type 1, uncontrolled					

**If ulceration, specify the location and code 707.10 – 707.9.*

1 Schneider, KM et al. Prevalence of multiple chronic conditions in the United States' Medicare population. Health and Quality of Life Outcomes, BioMed Central (online). September 8, 2009. <http://www.hqlo.com/content/7/1/82>

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 Ryan T.P et al., “Chronic Kidney Disease Prevalence and Rate of Diagnosis.” *American Journal of Medicine* 120(2007): 981-986.

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 World Health Organization, Professional: ICD-9-CM for Physicians-Volumes 1&2. 2010. Alexandria, VA: Ingenix, 2009.

PATIENT NAME _____

Medical Record # _____

SERVICE OR TEST	✓ done in 2010	date _____	date _____	date _____	date _____
EXAMINATION					
BLOOD PRESSURE					
WEIGHT/BMI					
ANKLE-BRACHIAL INDEX					
DILATED EYE EXAM					
FOOT EXAM					
PEDAL PULSES					
VISUAL EXAM					
10G MONOFILAMENT					
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					

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

Peripheral Arterial Disease Coalition –

<http://www.padcoalition.org/resources/guidelines.php>

Additional support materials and resources are available from Ingenix. Please call your Ingenix Market Outreach Consultant for more information.