Diabetes mellitus (DM) documentation

To capture the full disease burden of a patient's DM condition, follow the documentation guidelines below, as applicable.

Do document: Type and etiology	*Do document:* Treatment plan/supporting documentation
• Type 1 or Type 2. • Drug/chemical induced. *Include specified drug/chemical.* • Latent Autoimmune (LADA). • Other specified type: ○ *(Ex: Genetic defect or pancreatic diabetes post-pancreatectomy)*	• Long term insulin *(not for temporary use)* and/or oral hypoglycemic medications. • Insulin pump. • Intentional underdosing of (medication name) due to financial hardship. • Referrals made.
Do document: Specific complications or causal conditions	*Do document:* Status
• Type 2 diabetes mellitus with circulatory complication. • Diabetic hyperlipidemia. • Amputation of right great toe, due to type 1 diabetes mellitus. • Acute diabetic ketoacidosis.	• Hyperglycemia or hypoglycemia if documenting 'uncontrolled diabetes.' • Well controlled with oral medications, diet and exercise. • Poorly controlled, A1C high: 8.4, increasing dose for oral medications.
Do document: Other conditions/etiology unrelated to DM	*Do document:* Underlying disease
• *Ex: Foot ulcer related to trauma.*	• *Ex: Diabetes, heart disease, obesity, cancer, hypertension, lung disease and kidney disease.*

Common opportunities:

- Diagnosis lacking MEAT criteria or treatment plan.
- Use of outdated terminology such as: IDDM, NIDDM, juvenile, etc.

The conditions below are assumed to have a causal relationship with diabetes.

This is not an all- inclusive list.

- Cataract
- Chronic kidney disease
- Dermatitis
- Foot ulcer
- Nephropathy
- Neuropathy
- Periodontal disease
- Retinopathy

The conditions below are not presumed relationship and must be documented by the provider.

This is not an all- inclusive list.

- Arthropathy
- Circulatory complications

- Glaucoma
- Kidney complications
- Microalbuminuria
- Neurological complications
- Ophthalmic complications
- Oral complications

*The CMS-HCC Model also incorporates additional relative factors for disease interactions. Certain combinations of diseases have been determined to increase the cost of care. For example, a patient with heart failure and diabetes has higher expected costs than a patient that has only heart failure or a patient who only has diabetes. Disease interactions result in higher risk scores when the disease pairs are present. The model includes disease-disease interactions as well as disability-disease interactions.

References:

1. AAPC. *ICD-10-CM 2022 Expert for Providers & facilities (Spiral) AAPC*, pp. G4-G6, G13-G14, 136-138, 530-539.
2. Prescott, L., Manz, J., Reiter, A. (2023). *2023 ACDIS Outpatient Pocket Guide The essential CDI Resource for Outpatient Professionals* (pp. 145-161).: HCPro, a Simplify Compliance Bran