

Diabetic RAF Diagnoses

Code ALL diagnoses that apply IF the HCC code or RAF score is DIFFERENT. If the RAF score/HCC code are the same, you do not need to bill multiples in one category. See examples below.

ICD-10	Description	HCC	RAF
E11.9	Type 2 diabetes mellitus without complications	19	0.10 6
Z79.4	Chronic insulin use – additive with any DM code EXCEPT the above	19	0.10 6
E11.8	Type 2 diabetes mellitus with unspecified complications. Specify the complication in your note, or use the more detailed codes below	18	0.30 7
E11.355 9	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, unspec eye (ignore the “stable”, there is no difference if “unstable”)	122	0.53 9
E11.51	Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene	108	0.61 2
E11.621	Type 2 diabetes mellitus with foot ulcer	161	0.85 8
E11.622	Type 2 diabetes mellitus with other skin ulcer	161	0.85 8
E11.52	Type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene	106	2.14 9
<p>Do not forget to bill CKD Stage 3 and up separately WITH diabetes codes!! CKD3 = N183 (HCC 138), CKD4 = N184 (HCC=137), CKD5 = N185 (HCC=136); all RAF's 0.224</p>			

Diabetic complications and their codes:

Please note some of these complications are NOT what we might have traditionally thought and take the opportunities to bill for them.

1. Diabetes with hyperglycemia (E11.65) (ie uncontrolled, using glucose readings or HgbA1c)
2. Diabetes with diabetic dermatitis (E11.620) (ie intertrigonal rashes from hyperglycemia)
3. Diabetes with diabetic cataract (E11.36) (this appears to be any cataract in a diabetic)
4. Diabetes with diabetic neuropathy (E11.40) (subjective report of numbness/tingling in typical stocking/glove distribution OR abnormal monofilament OK; document your evidence; OR carpal tunnel (?))
5. Diabetes with diabetic nephropathy (E11.20) (2 instances of abnormal microalbumin/creatinine ratio)

6. Diabetes with other circulatory complications (E11.59) (poor pedal pulses, peripheral vascular disease, CAD, CVA, h/o venous/arterial ulcer, erectile dysfunction)
7. Diabetes with hypoglycemia without coma (E11.649) (can use glucometer evidence)
8. Diabetes with other diabetic ophthalmic complication (E11.39) – macular edema, non proliferative diabetic retinopathy, cataract, etc... EVERYTHING BUT PROLIFERATIVE DIABETIC RETINOPATHY MUCH HIGHER RAF

Examples:

1. Mr. Jones has controlled diabetes with NO complications (check list above) and takes insulin. You can bill E11.9 and be done. If you bill Z79.4 it will add nothing. Total RAF 0.106
2. Mrs. Jones has uncontrolled diabetes and takes insulin. You would bill E11.8 AND Z79.4 total RAF 0.413
3. Mr. Smith has well controlled diabetes with nephropathy (2 positive Microalbumins, CKD<3), non proliferative retinopathy, and neuropathy. He does not take insulin. You can bill E11.8 OR E11.65 and E11.40 and E11.20, but the total RAF will be 0.307 as all those HCC codes are identical – Medicare only counts ONE diagnosis per HCC code.
4. His husband, Mr. Smith, has uncontrolled diabetes with a foot ulcer and takes insulin. You would bill E11.8, E11.621 and Z79.4 for a total RAF of 1.271
5. Ms. Myers has well controlled diabetes with nephropathy and CKD4, proliferative retinopathy, neuropathy, an active foot ulcer, and takes insulin. Code E11.8, E11.3559, E11.621, N184 and Z79.4 for a total RAF score of 2.034