

Home Health ICD-9/ICD-10 Alert

READER QUESTIONS: Many Factors Determine Diabetes Reimbursement

Question: Recently we admitted our first insulin-dependent diabetic and were surprised to receive only \$2000 per episode from Medicare. This patient has twice daily insulin injections (he is almost blind) and needs an aide. He also has diabetic polyneuropathy, diabetic retinopathy, chronic obstructive bronchitis, and atherosclerosis. We reported the following ICD-9 codes:

- M0230a: 250.60 (Diabetes with neurological manifestations; type II or unspecified type, not stated as uncontrolled);
- M0230a: 357.2 (Polyneuropathy in diabetes);
- M0240b: 250.50 (Diabetes with ophthalmic manifestations; type II or unspecified type, not stated as uncontrolled);
- M0240c: 362.05 (Moderate nonproliferative diabetic retinopathy);
- M0240d: 491.20 (Obstructive chronic bronchitis; without exacerbation); and
- M0240e: 440.9 (Generalized and unspecified atherosclerosis).

Did we list them incorrectly, or is the reimbursement correct? We get more money for monitoring blood pressure.

Maryland Subscriber

Answer: Reimbursement for this type of patient depends on a number of factors, including whether it's an early or late episode and the number of therapy visits. In addition, Medicare has an outlier equation in place for patients who require a large number of visits. Generally a patient with twice daily visits may not meet the outlier threshold anymore because it has been raised.