

PROVIDER UPDATE

MERCYONESM
Health Plan

SPRING 2026



Coding Tips for Diabetes with Complications

Individuals with diabetes mellitus (DM) are typically prescribed insulin or drugs that assist in lowering glucose levels. However, diabetes has a long list of associated chronic complications.

These conditions can be linked even if the documentation does not specifically link them, and unless the documentation clearly states they are not causal, they will be linked under ICD-10-CM coding guidelines. **It is still expected that both diabetes and its complications are supported as separate entities.**

E11.1- Type 2 diabetes with ketoacidosis

E11.2- Type 2 diabetes with kidney complications

E11.3- Type 2 diabetes with ophthalmic complications

E11.4- Type 2 diabetes with neurological complications

E11.5- Type 2 diabetes with circulatory complications

E11.6- Type 2 diabetes with other specified complications

Important coding information

The one exception to the above statement involves conditions under the not elsewhere classified (NEC) category. Examples include E11.59 (Type 2 diabetes with other circulatory complications) and E11.69 (Type 2 diabetes with other specified complications). The provider must explicitly state what the “other” complication is and the linked relationship with diabetes.

Sufficient documentation

Example 1

HPI: Patient present with Type 2 DM and Hyperlipidemia due to diabetes complications. Patient will continue Metformin for DM and work on diet control along with continuing their statin.

Code: E11.69 (Type 2 diabetes with other specified complications)

Example 2

HPI: Patient present with Type 2 DM and Neuropathy. Patient will continue Metformin for DM and work on diet control. Sensation has decreased and patient will start Gabapentin.

Code: E11.40 (Type 2 diabetes with diabetic neuropathy, unspecified)

Insufficient documentation for linkage

HPI: Patient present with Type 2 DM, recent a1c of 7.5, continue Metformin

Problem List: Neuropathy

Code: only E11.9 (Type 2 diabetes, uncomplicated) since there is no support for the Neuropathy

We're Here To Serve You.

MercyOne Health Plan is a Medicare Advantage plan, fully owned by Trinity Health. It's designed to provide our members with a more seamless health care experience, while also making it easier for health care teams to coordinate and deliver the best possible care. [LEARN MORE](#)

Provider Service Center 800-991-9907 (TTY: 711)



Screening Older Adults for Depression: A Key to Holistic Care

Depression is often undiagnosed among older adults. Routine screening allows providers to identify concerns early, support emotional well-being and improve overall health outcomes.

Why it matters

Depression in older adults is associated with increased risk of chronic disease complications, reduced adherence to medical treatment and higher rates of hospitalization. It can also contribute to social isolation, cognitive decline and diminished quality of life. Left unaddressed, depression may increase risks for functional decline.

Bringing up the topic with care

Normalizing mental health screening as part of routine care helps reduce stigma and encourages honest conversation. A gentle, nonjudgmental approach is key.

Providers can incorporate questions into regular visits:

- “Many people experience changes in mood or energy as they age. How have you been feeling emotionally?”
- “Have you noticed less interest or enjoyment in activities you usually enjoy?”
- “How have your sleep and energy levels been lately?”

Creating a supportive conversation

When depression is suspected, framing the discussion with empathy can make a meaningful difference:

- “What you’re describing is something many people experience and there are ways we can help.”
- “Your mental health is just as important as your physical health.”

This approach reinforces that emotional well-being is a routine, treatable aspect of overall care.

Practical steps for providers

- Screen regularly. Incorporate depression screening into annual wellness visits and when there are changes in health status or life circumstances.
- Assess contributing factors. Explore recent losses, chronic illness, medication effects, pain, isolation or caregiving stress.
- Evaluate safety. When indicated, assess for thoughts of self-harm and ensure appropriate support and follow-up.
- Offer treatment options. Discuss counseling, medication, lifestyle interventions or referrals to behavioral health specialists based on patient needs and preferences.

A compassionate approach

Older adults may have lived through experiences that shape how they view mental health. Meeting patients where they are, listening without judgment and acknowledging their resilience can foster trust and openness. By making depression screening a routine part of care, providers support seniors in maintaining both emotional and physical well-being.

Important Rendering NPI Requirement

The Rendering NPI will be required on claims for the following Provider Types, effective with claim receipt date of **July 1, 2026**.

If the Rendering NPI is not submitted with the claim, the claim will be denied.

Code Name	Code
Chronic Disease Hospital	281P00000X
Chronic Disease Hospital, Children	281PC2000X
General Acute Care Hospital	282N00000X
General Acute Care Hospital, Children	282NC2000X
General Acute Care Hospital, Critical Access	282NC0060X
General Acute Care Hospital, Rural	282NR1301X
General Acute Care Hospital, Women	282NW0100X
Long Term Care Hospital	282E00000X
Pathology, Anatomic Pathology	207ZP0101X
Pathology, Anatomic Pathology & Clinical Pathology	207ZP0102X
Pathology, Blood Banking & Transfusion Medicine	207ZB0001X
Pathology, Chemical Pathology	207ZP0104X
Pathology, Clinical Pathology/Laboratory Medicine	207ZP0105X
Pathology, Cytopathology	207ZC0500X
Pathology, Dermatopathology	207ZD0900X
Pathology, Forensic Pathology	207ZF0201X
Pathology, Hematology	207ZH0000X
Pathology, Immunopathology	207ZI0100X
Pathology, Medical Microbiology	207ZM0300X
Pathology, Molecular Genetic Pathology	207ZP0007X
Pathology, Neuropathology	207ZN0500X
Pathology, Pediatric Pathology	207ZP0213X
Psychiatric Hospital	283Q00000X
Radiology, Diagnostic Radiology	2085R0202X
Radiology, Diagnostic Ultrasound	2085U0001X
Radiology, Pediatric Radiology	2085P0229X
Rehabilitation Hospital	283X00000X
Rehabilitation Hospital, Children	283XC2000X
Skilled Nursing Facility	314000000X
Special Hospital	284300000X
Technician, Pathology, Clinical Laboratory Director, Non-physician	247ZC0005X

Reminder:

The facility must bill the appropriate revenue code that reflects the type of clinic services rendered for the correct copay to be administered by MercyOne Health Plan.

0510: General (specialist clinic visit)

0517: Family Practice (PCP clinic visit). A member may not be billed for non-covered and/or "not medically necessary" services unless an Integrated Denial Notice (IDN) is obtained prior to the service being rendered. Please refer to Provider Policies and Protocols in this manual.

MercyOne Health Plan follows Medicare Claims Processing and Coding guidelines. Physicians and other healthcare professionals are encouraged to remain current with CMS policies, coding, and/or billing requirements. Please refer to the guidelines published annually by CMS. Please refer to your provider agreement for any exceptions that may apply.

Health Outcomes Survey (HOS): Driving Better Patient-Centered Care

As part of our ongoing commitment to improving quality and outcomes for our Medicare Advantage (MA) members, we want to highlight the importance of the Health Outcomes Survey (HOS) — a key component of the CMS Star Ratings program that directly reflects our members' health status and quality of life.

What is the HOS?

The Health Outcomes Survey (HOS) is a validated patient-reported survey administered by CMS to a random sample of Medicare Advantage beneficiaries. It assesses members' physical and mental health over time, with a follow-up survey conducted two years after the baseline.

Unlike many clinical quality measures, HOS focuses on functional health outcomes, such as:

- Ability to perform activities of daily living (ADLs)
- Fall risk and balance
- Physical activity levels
- Management of chronic conditions
- Mental health status

These results are translated into HOS Star Ratings measures, which evaluate whether members' health is maintained or improved over time.

Why HOS matters

HOS plays a critical role in:

- CMS Star Ratings performance, impacting plan quality scores and reimbursement
- Member satisfaction and retention, as it reflects real-life health experiences
- Regulatory and quality oversight, emphasizing outcomes rather than process

Most importantly, HOS provides insight into how well we are supporting members in maintaining independence, mobility and overall well-being.

The role of providers

Providers are essential partners in improving HOS outcomes. Many of the survey domains reflect areas that are directly influenced by routine clinical care.

High-impact areas for providers

Focus on the following during patient encounters:

1. Fall risk management

- Screen annually for fall risk
- Address gait, balance and home safety
- Review medications that may increase fall risk
- Refer to physical therapy when appropriate

2. Functional status and mobility

- Assess changes in ability to perform daily activities
- Encourage safe physical activity tailored to patient ability
- Provide early interventions for functional decline

3. Chronic condition management

- Optimize management of conditions such as diabetes, COPD and cardiovascular disease
- Reinforce adherence to treatment plans
- Coordinate care across specialties

4. Mental health and emotional well-being

- Screen for depression and anxiety
- Address social isolation and loneliness
- Connect patients with behavioral health resources

5. Patient engagement and education

- Encourage patients to actively participate in their care
- Promote preventive services and lifestyle modifications
- Reinforce self-management strategies

Best practices for improving HOS outcomes

To support improved patient-reported outcomes, consider incorporating these best practices:

- Document functional status and interventions clearly
- Incorporate standardized screenings (e.g., fall risk, depression)
- Address social determinants of health (SDOH) impacting patient well-being
- Leverage interdisciplinary care teams, including care managers and therapists
- Follow up proactively with high-risk patients

Partnering for success

Improving HOS outcomes requires a holistic, patient-centered approach that extends beyond traditional clinical measures. By focusing on functional health, prevention and proactive care management, we can make meaningful improvements in our members' quality of life.

We appreciate your continued partnership in delivering high-quality care and helping our members live healthier, more independent lives.

Questions or support:

If you would like additional resources, training or data on HOS performance, please contact our Quality team (StarsAndHEDIS@mchs.com)



Addressing Urinary Incontinence to Help Prevent Falls in Older Adults

Urinary incontinence is a common, often underreported concern among older adults — and one that can quietly increase fall risk. For many patients, the urgency to reach a bathroom or anxiety about leakage can lead to hurried, unsafe movements, particularly at night. As providers, creating space for these conversations can improve both dignity and safety.

Bringing up the topic with care

Because of stigma, patients rarely volunteer concerns about bladder control. A gentle, routine approach helps normalize the discussion.

Consider integrating questions into standard assessments:

- “Many people notice changes in bladder control as they age. Have you experienced any leakage or urgency?”
- “Do you ever feel rushed to get to the bathroom, especially at night?”
- “Have there been times you’ve worried about getting to the bathroom in time or had a near fall?”

Linking incontinence to fall prevention

Help patients understand the connection without alarming them:

- “When people feel a strong urge, they sometimes move quickly or in the dark, which can increase the chance of falling. We can work on both issues together.”

This framing positions treatment as a way to improve overall safety and independence, not just bladder symptoms.

Practical steps for providers

- **Assess patterns.** Ask about timing, triggers, fluid intake and nighttime symptoms. Review medications that may contribute to urgency or dizziness.
- **Screen for falls.** Pair urinary questions with a brief fall risk assessment, including history of falls, gait stability and home safety.
- **Recommend simple strategies.** Encourage regular toileting schedules, safe nighttime pathways with good lighting and use of assistive devices.
- **Address modifiable factors.** Discuss pelvic floor exercises, medication adjustments and referrals to pelvic health specialists when indicated.

A compassionate approach

Above all, approach the subject with empathy. Urinary incontinence can feel deeply personal and affect quality of life. When providers raise the issue openly and respectfully, patients are more likely to share concerns and adopt safer habits.

Do You Have Access to our Provider Portal?

Through the Provider Portal, you can:

- Verify eligibility of members
- Verify member claims history
- View member payment status, and more!



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