

Coding and Documentation Tips for Diabetes with conditions

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Diabetes and Associated Conditions, Clarification

“The word “with” should be interpreted to mean “associated with” or “due to” when it appears in a code title, the Alphabetic Index, or an instructional note in the Tabular List. The classification presumes a causal relationship between the two conditions linked by these terms in the Alphabetic Index or Tabular.

The following example from the Alphabetic Index for the main term “Diabetes” and the subterm “with” demonstrates this linkage:

Diabetes, diabetic (mellitus) (sugar) - E11.9

- *With*
 - *amyotrophy - E11.44*
 - *arthropathy NEC - E11.618*
 - *autonomic (poly) neuropathy - E11.43*
 - *cataract - E11.36*
 - *Charcot’s joints - E11.610*
 - *chronic kidney disease - E11.22*

The subterm “with” in the Index should be interpreted as a link between diabetes and any of those conditions indented under the word “with.” The physician documentation does not need to provide a link between the diagnoses of diabetes and chronic kidney disease to accurately assign code E11.22, Type 2 diabetes mellitus with diabetic chronic kidney disease. This link can be assumed since the chronic kidney disease is listed under the subterm “with.” These conditions should be coded as related even in the absence of provider documentation explicitly linking them, unless the documentation clearly states the conditions are unrelated and due to some other underlying cause besides diabetes. For conditions not specifically linked by these relational terms in the classification, provider documentation must link the conditions in order to code them as related.”¹

If an associated condition is documented in the same encounter as Diabetes Mellitus (DM), and the condition falls under “with” in the alphabetic index, the coder can assume the connection between the DM and the associated condition.

If the provider documents that the associated condition is due to something besides DM, then the assumption would not be made, and the diagnosis coded appropriately.

Example:

- Both DM and Chronic kidney disease 3a (CKD 3a) are documented in the same note. The provider does not indicate a relationship between the two and does not indicate the CKD 3a is due to another condition. In this case, the DM and CKD 3a would be coded.
 - **E11.22 – Type 2 diabetes mellitus with diabetic chronic kidney disease**

¹ Coding Clinic, “I10 Diabetes & Associated Conditions, Clarification”. Q2Y2016

- It is also important to pay attention to the use of additional/code also notes in the Tabular. In this case, there is a note stating, “Use additional code to identify stage of chronic kidney disease.”
- **N18.31 – Chronic kidney disease, stage 3a**
 - Based on the code first/code addition notes, this code would be reported as well.

To be able to code both the Diabetes and the associated condition, **both must be documented and supported within the same note.**

Example:

- DMII with CKD3a noted in the A/P. Both the DM and the CKD are addressed in the note as “stable”, “seeing nephrologist”, etc.
 - **E11.22 - Type 2 diabetes mellitus with diabetic chronic kidney disease**
 - **N18.31 - Chronic kidney disease, stage 3a**
- Because both diagnoses were documented as well as addressed within the note, it can be coded.
- The DM w/ code would be reported even in these scenarios:
 - The associated condition is noted in a different spot in the encounter note from the DM.
 - There isn’t documentation stating the associated condition is not due to the DM, the DM w/ code would be reported.

If both the Diabetes and the associated condition are documented in the encounter note, BUT one/both/either are not addressed within the note, the DM w/ code cannot be reported.

Example:

- DMII noted in A/P. Discussion of labs, medications, etc. CKD3a only noted in A/P with no discussion of the diagnosis within the encounter note.
 - **E11.9 – Type 2 diabetes mellitus, uncomplicated**
 - Instead of being able to report E11.22 and N18.31 only E11.9 would be reported since there was no MEAT/support for the CKD.