

Coding and Documentation Tips:

Diabetes with other specified 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.

A common issue is with the code **E11.69 – Type 2 diabetes mellitus with other specified complications.**

As stated above, to code diabetes with an associated condition, it either needs to fall under the “with” list or **the condition needs to be tied to the diabetes in documentation**, by the provider.

Where E11.69 causes issues is if the provider documents “Type 2 diabetes mellitus with other specified complication” but does not indicate what the “specified complication” is. Coders cannot just assume as

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

to what the provider means. They can only assume the connection between Diabetes and certain conditions because of the “with” guidelines.

Example (unacceptable documentation):

- **E11.69 – Type 2 diabetes mellitus with other specified complication** – Noted in A/P with no discussion of what the “specified complication” is.
 - In this case, E11.9 Type 2 diabetes mellitus, uncomplicated would be reported/coded.
 - This leads to incomplete documentation and patient care and less reimbursement.

Example (acceptable documentation):

- **Hypertension due to type 2 diabetes mellitus** - Labs ordered, medications reconciled, referred to specialist.
 - In this case, **E11.69 Type 2 diabetes mellitus with other specified complication** would be reported/coded since the provider documented what the other “specified condition” was.