

Home Health ICD-9/ICD-10 Alert

Reader Question: Don't Assume with Seemingly Related Conditions

Question: Can I assume an association for coding purposes when two conditions are listed together in the diagnostic statement?

Missouri Subscriber

Answer: There are certain situations when ICD-9 assumes an association between two diagnoses when a patient has them both. For example, when a patient has a diagnosis of "hypertension with chronic kidney involvement" you can assume a link and code for it as 403.x (Hypertensive chronic kidney disease).

And when ICD-9 assumes a link, it isn't necessary for the conditions to be listed together in the documentation as they are in the above example. If the patient's diagnoses simply included hypertension and chronic kidney disease (CKD), you would use the 403 code along with the 585 code for CKD.

When ICD-9 doesn't assume a link, you'll need to have physician documentation or verification showing the connection. For example, you can't assume a link when your patient has hypertension and heart disease. The physician would need to indicate "hypertensive heart disease" or "heart disease due to hypertension."

If the physician provides a list of diagnoses and the third diagnosis is diabetes and the fourth diagnosis is neuropathy, you cannot assume that the condition is diabetic neuropathy. However if the physician places code 250.60 (Diabetes with neurological manifestations; type II or unspecified type, not stated as uncontrolled) next to the diabetes, the physician is saying that the patient has neurological manifestations of the diabetes.

You should remember the official convention of "and" and "with" as well. In ICD-9, "and" does not indicate a connection between the two diagnoses. "With" means the two conditions are associated. "With" can mean one caused another or that the two conditions are associated in some other way.

For example: If the physician documents depression and anxiety, you would code for the two conditions separately. If the physician documents depression with anxiety, then you would code for the condition as dysthymic disorder (300.4.)

Tip: If the provider does document a relationship between two diagnoses, you should code for them to indicate the connection

Be sure to review the medical record thoroughly to determine whether there is a relationship between conditions. "The fact that a patient has two conditions that commonly occur together does not necessarily mean they are related," the **American Hospital Association** cautioned in AHA Coding Clinic for ICD-9, Third Quarter 2012.

Do this: If you suspect a relationship between two conditions but cannot find supporting documentation, query the physician for the details. If the physician does not respond, then you should code the conditions separately.