

Home Health ICD-9/ICD-10 Alert

Reader Question: Keep Diabetic Manifestations in Order

Question: Our new patient has diabetic chronic kidney disease and anemia. These conditions are our focus of care, but she also has hypertension, diabetic neuropathy, and a diabetic ulcer. How should we code for her?

Maryland Subscriber

Answer: When caring for a diabetic patient, you want to capture the case mix points your agency is due if diabetes is the focus of the care. But if you're not careful with your reporting, you could wind up being accused of upcoding. In your patient's case, list the following codes:

- M1020a: 250.40 (Diabetes with renal manifestations; type II or unspecified type, not stated as uncontrolled);
- M1022b: 403.90 (Hypertensive chronic kidney disease; unspecified; with chronic kidney disease stage I through stage IV, or unspecified);
- M1022c: 585.9 (Chronic kidney disease, unspecified);
- M1022d: 285.9 (Anemia, unspecified);
- M1022e: 250.80 (Diabetes with other specified manifestations; type II or unspecified type, not stated as uncontrolled);
- M1022f: 707.14 (Ulcer of heel and midfoot); and

Other pertinent diagnoses: 250.60 (Diabetes with neurological manifestations; type II or unspecified type, not stated as uncontrolled); and 357.2 (Polyneuropathy in diabetes).

Your patient's diabetes and anemia are the focus of care, so you'll need to sequence these diagnoses first. However, anemia is not a manifestation of diabetes, so it cannot be listed second when you're reporting 250.40 for diabetes with renal manifestations in M1020a. Instead, you must code for the specific renal manifestation -- chronic kidney disease in this case.

There's more: If your patient is documented as having diabetic chronic kidney disease and hypertension, then the 403.xx category code must precede the chronic kidney disease code too.

Sequencing rule: If you're reporting a diabetic manifestation diagnosis, the diabetes code with the fourth digit corresponding to the appropriate type of manifestation should immediately precede the manifestation code. In this case, CKD is not a true manifestation so it can be separated from 250.40 when hypertension is also documented.

After you list the codes for diabetes and chronic kidney disease, sequence 285.9 for her anemia diagnosis next.

When a patient has both chronic kidney disease and hypertension, you can assume the two conditions are related. You should report the hypertension with a code from the 403.x (Hypertensive chronic kidney disease) category instead of using one from the 401 (Essential hypertension) category. In your patient's case, list 403.90.

Notes under the fifth digit descriptors for 403.xx advise you to list an additional code to identify the stage of chronic kidney disease, which you have already done by listing 585.9.

Warning: If the diabetic renal disease and the anemia are related to dialysis, the care you are providing related to these diagnoses may not be covered by the Medicare home health benefit. Check with your fiscal intermediary for guidance if this is the case.

Finally, report your patient's remaining diabetic manifestations -- her diabetic ulcer and diabetic polyneuropathy -- linked with the appropriate diabetes codes. Even though you have already listed one diabetes diagnosis code for this patient,

coding guidelines require that you list the etiology and manifestation pairs for each diabetic manifestation.