

## Home Health ICD-9/ICD-10 Alert

### Reader Questions: Get the Documentation on Diabetic Assumptions

Question: I have read in your publication that "coding guidelines allow you to assume that osteomyelitis is a symptom of the diabetes." I discussed this information with our hospital coder and she stated you can not assume osteomyelitis is a manifestation of diabetes unless there is documentation from the physician to make the connection. Do you have guidance to support this correlation so I can verify the correct way to code?

-- Wisconsin Subscriber

Answer: Look no further than your trusty ICD- 9 manual for the documentation you seek.

When you look up the keyword "diabetes" in the alphabetic index, you'll see that the sub-term "with" pops up right away. In the ICD-9 vernacular, conditions listed under "with" are assumed to be linked to the corresponding keyword entry. In the case of diabetes, you'll find both that osteomyelitis and gangrene fall into this elite group.

Ulcers, edema, retinopathy, and the many other common conditions that can be manifestations of diabetes do not fall under the sub-term "with" for the keyword "diabetes," so the physician must document the link before you can assume a cause-and-effect relationship.

The confirmation of the assumed relationship between diabetes and osteomyelitis is also stated in the Coding Clinic for ICD-9-CM, a publication of the American Hospital Association (First quarter 2004, pages 14 and 15).

Bottom line: When a patient has both osteomyelitis and diabetes, and no other cause for the osteomyelitis is documented, you can assume the diabetes caused the osteomyelitis, and code for it accordingly.