

## **OASIS Alert**

## READER QUESTIONS: SOME DISEASE CODES ALSO CAN BE MANIFESTATION CODES

**Question:** I know manifestation codes can't be used in M0230 as the primary diagnosis. And I think manifestations are codes the ICD-9 book says to "code first the underlying diagnosis." But the chronic kidney disease codes do not say to code the underlying disease first. So what do we do when the physician documents that the patient's CKD is a manifestation of diabetes and the nurse says the CKD is the primary focus of the episode? Do we code CKD or diabetes in M0230?

**Answer:** If CKD is documented as a manifestation of diabetes and is the primary focus of care, code just as you would another manifestation of diabetes, says coding expert **Lisa Selman-Holman** with Denton, TX-based **Selman-Holman & Associates**. That means 250.4x (Diabetes mellitus with renal manifestations) in M0230 followed by 585.x (Chronic kidney disease) in M0240.

CKD is not a true manifestation code--so it's not in italics, Selman-Holman explains. Several other diabetic manifestations are identified with codes that are not strictly manifestation codes, such as osteomyelitis, gangrene or diabetic ulcers. In addition to being used alone, all of these--as well as CKD--may be coded as manifestations of diabetes, she explains.

**Try this:** Look at 250.4 for instructions to code manifestations of chronic kidney disease (585.1-585.9). There are no references in the alphabetic index, Selman-Holman says.