

Providers No Longer Need to Link Documentation to Diabetes Mellitus for Certain Related Conditions for Coding; It's Implied

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MRA (Medicare Risk Adjustment) coders rely on providers to report all relevant, present diagnoses in their patients. Failure to do so will skew the patient profile and negatively affect care.

The best tools at an MRA coder's disposal are:

- ⇒ Being aware of current ICD-10 guidelines;
- ⇒ Taking time to read reports in the chart; and
- ⇒ Always querying the provider when documentation is unclear.

In the past, MRA coders could not assume a cause-and-effect relationship between conditions when these relationships were not clearly documented in the medical records. MRA coders had to ask the provider whether two conditions (such as diabetes mellitus (DM) and polyneuropathy or DM and peripheral vascular disease (PVD)) were linked.

Now, thanks to ICD-10-CM Guideline I.A.15, there is less ambiguity. According to the guideline, **“The word ‘with’ or ‘in’ should be interpreted as ‘associated with’ or ‘due to’ when it appears in a code title, the Alphabetic Index (either under a main term or sub-term), or an instrumental note in the Tabular List.”**

The guideline further states, **“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 or when another guideline exists that specially requires a documented linkage between two conditions.”**

That means **MRA coders no longer have to ask providers to link DM to:**

- ⇒ **Foot ulcer (E11.621 Type 2 diabetes mellitus with foot ulcer)**
- ⇒ **Polyneuropathy (E11.42 Type 2 diabetes mellitus with diabetic polyneuropathy)**
- ⇒ **PVD/Atherosclerosis of lower extremity (E11.51 Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene)**

When these conditions are documented, you can automatically link them to DM.