



# Causal Relationships in ICD-10-CM

## Background

The *ICD-10-CM Official Guidelines for Coding and Reporting* presumes a causal relationship between two conditions when they are linked with the terms “with” or “in.” These terms should be interpreted to mean “associated with” or “due to” when they appear in a code title, the Alphabetic Index or an instructional note in the tabular list.<sup>1</sup> This guideline indicates that certain conditions should be coded as related even in the absence of documentation explicitly linking them. However, if documentation clearly states that the conditions are unrelated, then each condition should be coded separately.

For conditions not linked by these relational terms in the classification, medical record documentation must specifically link the two conditions in order to code them as related. Conditions that have a causal relationship often map to a combination code, in which a single code represents two diagnoses or a diagnosis with an associated manifestation and/or complication.



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## Diabetes mellitus with complication

The combination code for diabetes includes the type of diabetes, the body system that is affected and the specific complication affecting that body system. There is an assumed cause-and-effect relationship between diabetes and certain conditions (such as but not limited to: cataract, dermatitis, gastroparesis, chronic kidney disease, osteomyelitis, retinopathy and [poly]neuropathy) as these specific conditions are listed under the term “with” in the Alphabetic Index.<sup>2</sup>

For example, the documentation does not need to contain a link between the diagnosis of diabetes and neuropathy in order to assign code E11.40 — type 2 diabetes mellitus with diabetic neuropathy. However, if diabetes is not the underlying cause of neuropathy, it should be documented as such and, therefore, not coded as a diabetic complication.

## Hypertension, heart and kidney disease

The classification also presumes a causal relationship between hypertension and certain heart and/or kidney diseases. If a heart condition (such as but not limited to: cardiomegaly, heart failure, myocardial degeneration and myocarditis) is documented with hypertension, a combination code from category I11 — hypertensive heart disease — should be reported. If heart failure is present, documentation needs to detail the type of heart failure in order to assign the most specific code from category I50 — heart failure.

If chronic kidney disease is documented with hypertension, a combination code from I12 — hypertensive chronic kidney disease — should be reported. Documentation needs to identify the stage as 1-5 or end stage renal disease (ESRD) in order to report an additional code from category N18 — chronic kidney disease. If the patient is currently receiving dialysis, it would be appropriate to also code Z99.2 — dependence on renal dialysis.

If hypertension, heart failure and chronic kidney disease are all documented, use a combination code from category I13 — hypertensive heart and chronic kidney disease. These are just a few examples of conditions that have an assumed causal relationship in ICD-10-CM.

[For more details, reference the ICD-10-CM codebook.](#)

### References:

- 1 Schmidt, A. & Patterson, L. (2018). *ICD-10-CM Expert for Physicians*. Optum Insight Inc.
- 2 AHA Coding Clinic, 2016, Q1, Volume 3. Issue 1, page 11, *Diabetes Mellitus with Associated Conditions*

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