

## Combination Codes

A combination code is a single code used to classify:

- Two diagnoses
  - A diagnosis with an associated secondary process (manifestation)
  - A diagnosis with an associated complication
1. Most **diabetic complication** codes capture conditions that are **presumed to be associated** with diabetes- if both conditions are present, it is best practice to link them and use a combination code. If diabetes contributed in any way to a complication, a combination code should be used to best capture patient's health burden. Some common diabetes combination codes include (but are not limited to):
    - Diabetes with CKD (also code CKD stage and dialysis status if applicable)
    - Diabetes with foot ulcer (also code ulcer location and severity)
    - Diabetes with polyneuropathy
    - Diabetes with PVD
  2. **Arteriosclerosis of the extremities** often presents with complications that also have combination codes, such as:
    - Intermittent claudication
    - Ulceration (code to location)
    - Rest pain
    - Gangrene
  3. **Drug or substance dependence** will often have combination codes to indicate complications. If the substance has contributed in any way to the complication, use a combination code such as associated:
    - Dependence
    - Mood or anxiety disorder
    - Psychosis
  4. **Hypertension** is assumed to be linked to both CKD and congestive heart failure. When patient has one or both, utilize appropriate combination code.
  5. **Coronary Artery Disease (CAD)** is presumed to be connected to angina when both are present. Indicate the following and select appropriate code:
    - Artery affected (native, bypass graft, transplanted heart)
    - Type of angina (unstable, with spasm)

**Does your documentation have MEAT? (Monitor, Evaluate, Assess, Treat)**

***All HCC diagnoses must be documented and coded at least once per year.***