Diabetes with Nephropathy

Overview:
Diabetes mellitus with nephropathy (E10.21 or E11.21) may be recommended when:
- The albumin to creatinine ratio is ≥ 30 mg/g on at least two urine specimens separated by at least 3 months
- Albuminuria cannot be explained by other causes, such as fever, infection, vigorous exercise within previous 24 hours, dehydration, hematuria, menstruation

Pearl: diabetes mellitus with nephropathy may be considered an active condition if the patient is being treated with an ACE-I or ARB even if the albuminuria improves or resolves

Documentation Examples:
<table>
<thead>
<tr>
<th>Assessment/Plan: Type 2 diabetes with nephropathy – albuminuria noted in 3/2022 and 8/2022. Continue metformin and start empagliflozin 10mg daily and losartan 50mg daily.</th>
<th>Albuminuria is demonstrated on 2 urine samples separated by at least 3 months. Active management demonstrated with SGLT2 inhibitor and angiotensin receptor blocker.</th>
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Active Management (“MEAT”):

Monitor
- Symptoms
- Disease progression/regression
- Ordering tests

Evaluate
- Test results
- Medication effectiveness
- Response to treatment
- Exam finding

Assess/Address
- Review records
- Counseling
- Documenting status

Treat
- Prescribe/continue medication/stopping
- Surgical/other interventions
- Referral to a specialist

Common Pitfalls:
- Nonspecific diagnosis
- Documentation and reported ICD-10 codes do not match (such as DM without complication and DM with nephropathy coded in same visit note)
- Not enough information to indicate active assessment/management
- Not linking data/medications to the relevant condition in the assessment/plan.
- Not addressing both conditions when a single ICD-10 code represents a condition and its complication/manifestation (such as DM with CKD)
- Inappropriately coding acute conditions as chronic

Resources: Diabetic Nephropathy - Genitourinary Disorders - Merck Manuals Professional Edition