Documentation and Coding: Other Significant Endocrine and Metabolic Disorders

A quick reference guide to assist with accurate, complete documentation and coding that reflects the true nature of a patient's current health status at the highest level of specificity. Per ICD-10 official guidelines for reporting and coding, "*The importance of consistent, complete documentation in the medical record cannot be overemphasized. Without such documentation, accurate coding cannot be achieved.*"

Documentation & Coding Tips

Documentation needs to be clear and detailed using the following terms to allow accurate ICD10 code selection

Specificity:

- Include additional diagnoses caused by the disorder

Causative Factors:

- Endocrine disorders occur when a hormone level is too high or too low. This could be due to many reasons including the removal of the gland, tumors, genetic factors, etc.
- Metabolic Disorders: A metabolic disorder occurs when abnormal chemical reactions in your body disrupt the metabolism process. You can develop a metabolic disorder when some organs become diseased or do not function properly.

Treatment: Document all treatment (I.e., medications, surgery, etc.) and current response to treatment

ICD 10	Description	Description
A39.1	Waterhouse-Friderichsen syndrome	Meningococcus infection with adrenal gland failure
C88.0	Waldenstrom macroglobulinemia	Cancer with too much protein in the blood
D84.1	Defects in the complement system	Problem with complement cells in immune system
D89.1	Cryoglobulinemia	Abnormal proteins in the blood
E03.5	Myxedema coma	Coma due to underactive thyroid gland; Postsurgical and post irradiation hypothyroidism resulting from the removal or radiation of thyroid tissue is not included in this category. They are located later in this chapter with code E89.0 Postprocedural hypothyroidism.
E15	Nondiabetic hypoglycemic coma	Hypoglycemia is an abnormally diminished content of glucose in the blood that may occur in a nondiabetic patient because of excessive insulin produced in the body (hyperinsulinemia), inborn error of metabolism, medications and poisons, alcohol, hormone deficiencies, prolonged starvation, alterations of metabolism associated with infection, or organ failure. Prolonged extreme hypoglycemia may lead to stupor and coma.
E20.x	Hypoparathyroidism	Hypoparathyroidism is a disorder in which there is not enough parathyroid hormone (PTH) secreted from one or more of the parathyroid glands.
E21.x	Hyperparathyroidism and other disorders of parathyroid gland	Hyperparathyroidism is an excessive secretion of the parathyroid hormone (PTH) from one or more of the parathyroid glands. Includes Secondary and Tertiary Hyperparathyroidism
E22.x	Hyperfunction of pituitary gland	Excludes Cushing's Syndrome, and Nelson's Syndrome; The most common cause of pituitary hyperfunction is pituitary adenoma.
E23.x	Hypofunction and other disorders of the pituitary gland	Underlying causes of pituitary hypofunction relate to dysfunction of the pituitary itself and/or to the hypothalamus gland. This code includes the listed conditions whether the disorder is in the pituitary or the hypothalamus (Example-Sheehan's Syndrome, Simmonds' Disease)
E24.x	Pituitary-dependent Cushing's disease	Too much cortisol due to pituitary gland problem
E25.x	Adrenogenital disorders	Adrenogenital disorders are a group of conditions caused by a family of autosomal recessive disorders of steroid hormone production in the adrenal glands leading to a deficiency of cortisol, the stress fighting hormone.

E26.xx	Hyperaldosteronism	Hyperaldosteronism is a disease caused by an excess production of the normal adrenal hormone aldosterone
E27.xx	Other disorders of adrenal gland	Other disorders of the adrenal gland may involve the adrenal cortex or the adrenal medulla. (Example-Addison's Disease)
E31.xx	Polyglandular dysfunction	Polyglandular deficiency syndromes (PDS) are characterized by sequential or simultaneous deficiencies in the function of several endocrine glands that have a common cause. (Example-Sipple's Syndrome, Wermer's Syndrome)
E32.x	Diseases of thymus	The thymus gland is comprised of lymphatic and epithelial tissue. It processes white blood cells (WBC), which kill foreign cells and stimulates other immune cells to produce antibodies.
E34.4	Constitutional tall stature	Tall stature is height over two standard deviations above the mean for the person's gender and age. There may be a family history of tallness.
E70.xxx	Disorders of Aromatic amino-acid metabolism	Disorders of aromatic amino-acid metabolism manifest in many ways, causing phenylketonuria, albinism, and other conditions.
E71.xxx	Disorders of Branched-chain amino-acid metabolism and fatty-acid metabolism	Amino acids are classified based on certain characteristics of their molecular structures with branched chain being one type of molecular structure. Fatty acids are carboxylic acids with long hydrocarbon chains. Conditions classified here involve the inability to break down and use branched chain amino acids and fatty acids. (Example-Maple-Syrup Urine Disease)
E72.xx	Other disorders of amino-acid metabolism	Hereditary disorders of amino-acid metabolism can result from defects in breaking down amino acids or getting them into cells. Disorders of amino-acid metabolism in this category include disorders of amino-acid transport, sulfur-bearing amino-acid metabolism, urea cycle metabolism, lysine and hydroxylysine metabolism, ornithine metabolism, and glycine metabolism.
E74.xx	Other disorders of carbohydrate metabolism	Carbohydrate metabolism disorders are a rare hereditary group of metabolic disorders caused by deficiency of the enzymes necessary to process certain carbohydrates into sugars such as glucose, galactose, fructose, and glycogen.
E75.2xx	Other sphingolipidosis	Lipid storage disorders that relate to sphingolipid metabolism. Includes: Fabry (-Anderson) disease, Gaucher disease, Krabbe disease, Niemann-Pick disease types A, B, C, and D, which are classified based on the genetic cause and the signs and symptoms; metachromatic leukodystrophy; multiple sulfatase deficiency (MSD); and other and unspecified sphingolipidosis.
E76.xx	Disorders of Glycosaminoglycan metabolism	Includes: Sanfilippo Syndrome, Morquio Syndromes, Hurler's Syndrome, Scheie's Syndrome
E77.x	Disorders of Glycoprotein metabolism	Includes: Fucosidosis
E79.x	Disorders of Purine and pyrimidine metabolism	Includes: Lesch-Nyhan Syndrome, Hereditary xanthinuria
E80.xx	Disorders of Porphyrin and bilirubin metabolism	Includes: Gilbert Syndrome, Crigler-Najjar Syndrome
E83.110	Hereditary hemochromatosis	Too much iron in the body (hemochromatosis); Hemochromatosis that is documented as gestational or neonatal is coded to P78.84 Gestational alloimmune liver disease.
E85.x	Amyloidosis	Amyloidosis is a condition in which abnormal proteins are deposited in various organs and tissues. The deposits damage the tissues and interfere with the function of the involved organ. Amyloidosis occurs in multiple forms: spontaneous, hereditary, secondary to hemodialysis, and resulting from a cancer of the blood cells called myeloma.
E88.xx	Other and unspecified metabolic disorders	A variety of metabolic disorders are classified here, including disorders of plasma-protein metabolism, tumor lysis syndrome, mitochondrial metabolism disorders, and metabolic syndrome
E89.xx	Postprocedural endocrine and metabolic complications and disorders, not elsewhere classified	Surgery and other procedures such as radiation therapy can impact the ability of the affected endocrine gland to produce hormones in sufficient quantities. Procedures on or near an endocrine gland can compromise function leading to hypofunction or failure of the gland.
H49.81x	Kearns-Sayre syndrome	Strabismus disorders relate to the eyes' inability to coordinate focus in the same direction due to conditions affecting the muscles controlling this function.

		Include laterality and use additional code for other manifestation, such as heart block (I45.9)
N25.1	Nephrogenic diabetes insipidus	Type of diabetes is due to the inability of renal tubules to reabsorb water back into the body. It is not responsive to vasopressin (antidiuretic hormone), and it is characterized by excessive thirst and excessive urine production. It may develop into chronic renal insufficiency.
N25.81	Secondary hyperparathyroidism of renal origin	Parathyroid dysfunction caused by chronic renal failure. Phosphate clearance and vitamin D production are impaired resulting in lowered calcium blood levels and an excessive production of parathyroid hormone.

References:

https://www.cms.gov/files/document/fy-2023-icd-10-cm-coding-guidelines-updated-01/11/2023.pdf

https://www.encoderprofp.com/epro4payers/index.jsp

https://www.merckmanuals.com/professional/endocrine-and-metabolic-disorders/principles-of-endocrinology/overview-of-endocrine-disorders?query=endocrine%20and%20metabolic%20disorder

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