

CHAPTER 4
Endocrine, Nutritional & Metabolic
Diseases
Codes: E00 – E89

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Diabetes Type

- ❖ The type of diabetes is the essential element in the selection of the codes in categories E08-E13, rather than whether the patient is on insulin.
- ❖ E08 Diabetes mellitus due to underlying condition
- ❖ E09 Drug or chemical induced diabetes mellitus
- ❖ E10 Type 1 diabetes mellitus
- ❖ E11 Type 2 diabetes mellitus
- ❖ E13 Other specified diabetes mellitus

Diabetes Type Not Specified?

- ❖ If the medical record documentation is not clear with regard to the type of diabetes, the default is category E11, Type 2 diabetes mellitus.
- ❖ When the type of diabetes is not documented but the record does indicate that the patient uses insulin, the default is still type 2. The fact that a patient is receiving insulin does not indicate that the diabetes is type 1.
- ❖ However a diagnosis of DKA (Diabetic Ketoacidosis) should be classified as type 1 diabetes mellitus.

Diabetes Codes

- ❖ The diabetes mellitus codes are combination codes that include the type of diabetes mellitus, the body system affected, and the complications affecting that body system.
- ❖ The fourth character identifies the presence of any associated complication and the fifth-character and sixth-character subclassification provides further specificity regarding the complication.
- ❖ Use as many codes within a particular category as necessary to describe all of the complications of the disease.

Fourth Character

Fourth Character
.0 hyperosmolarity
.1 ketoacidosis
.2 kidney complications
.3 ophthalmic complications
.4 neurological complications
.5 circulatory complications
.6 other specified complications
.8 unspecified complications
.9 without complications

Diabetes with Renal Manifestation

ICD-9	ICD-10
250.40 Diabetes mellitus with renal manifestations, type II or unspecified type, not stated as uncontrolled	E11.22 Type 2 diabetes mellitus with diabetic chronic kidney disease
585.1 Chronic kidney disease, stage I	N18.1 Chronic kidney disease, stage 1

ICD-9	ICD-10
250.40 Diabetes mellitus with renal manifestations, type II or unspecified type, not stated as uncontrolled	E11.21 Type 2 Diabetes mellitus with diabetic nephropathy
583.81 Nephritis and nephropathy in diseases classified elsewhere (manifestation)	

Diabetes with Neurological Manifestation

ICD-9	ICD-10
250.60 Diabetes mellitus with neurologic manifestations, type II or unspecified type, not stated as uncontrolled	E11.42 Type 2 diabetes mellitus with diabetic polyneuropathy
357.2 Polyneuropathy in diabetes (manifestation)	

ICD-9	ICD-10
250.60 Diabetes mellitus with neurologic manifestations, type II or unspecified type, not stated as uncontrolled	E11.41 Type 2 diabetes mellitus with diabetic mononeuropathy
355.2 Lesion of femoral nerve	G57.21 Lesion of femoral nerve, right lower limb

Diabetes & Ulcers

- ❖ Ulcers of the lower extremities, particularly the feet, are common complications of diabetes.
- ❖ The code for the diabetic foot ulcer complication (E08-E13 with .621) is assigned first, with an additional code of L97.4-, L97.5- indicating the specific site of the ulcer.
- ❖ It is important to recognize that not all ulcers in diabetic patients are diabetic ulcers; if there is a question as to the relationship, the physician should be consulted.

Borderline Diabetes

- ❖ Care should be taken when coding a diagnosis documented as "borderline diabetes." If the provider has confirmed a diagnosis of diabetes mellitus, the appropriate code from categories E08-E13, Diabetes mellitus, should be assigned.
- ❖ A diagnosis of "borderline diabetes" without further provider confirmation of the disease should be assigned a code from subcategory R73.0-, Abnormal glucose.

Long-term use of Insulin with Type 1 and Type 2 Diabetes

- ❖ Code **Z79.4, Long-term (current) use of insulin**, is not required for type 1 diabetics because these patients require insulin. However, this code may be assigned, if desired, to provide additional information.
- ❖ When a type 2 diabetic patient routinely uses insulin, assign code **Z79.4 Long-term (current) use of insulin**.
- ❖ Code **Z79.4** should not be used if insulin is given temporarily to bring the patient's blood sugar under control during the encounter.

Malfunction of Insulin Pump

- ❖ Failure or malfunction of the pump may result in underdosing or overdosing of insulin.
- ❖ Both of these situations are considered mechanical complications and are assigned a code from subcategory T85.6, Mechanical complication of other specified internal and external prosthetic devices, implants and grafts, as the principal diagnosis or first-listed code.
- ❖ The appropriate T85.6- code is selected depending on the type of malfunction, as follows:
 - T85.614 Breakdown (mechanical) of insulin pump
 - T85.624 Displacement of insulin pump
 - T85.633 Leakage of insulin pump
- ❖ In addition, codes are assigned to specify underdose (T38.3x6-) or overdose (T38.3x1-), as well as the code for the type of diabetes mellitus and any associated complications (neuropathy, renal failure).

There's more?



Malnutrition

- ❖ The diagnosis of Malnutrition may be documented by a clinician (dietitian) but can only be coded if the provider (physician) documents the diagnosis as well.

Malnutrition Code Comparison

ICD-9	ICD-10
263.1 Malnutrition of mild degree (first degree) (mild protein)	E44.1 Mild protein-calorie malnutrition (first degree)
263.0 Malnutrition of moderate degree (second degree) (moderate protein)	E44.0 Moderate protein-calorie malnutrition (second degree)
262 Severe protein-calorie malnutrition (third degree)	E43 Unspecified severe protein-calorie malnutrition (third degree)
261 Nutritional marasmus (severe protein)	E43 Unspecified severe protein-calorie malnutrition (severe protein)
263.9 Unspecified protein-calorie malnutrition	E46 Unspecified protein-calorie malnutrition
261 Nutritional marasmus	E41 Nutritional marasmus
260 Kwashiorkor	E40 Kwashiorkor E42 Marasmic Kwashiorkor

BMI

- ❖ BMI code assignment may be based on medical record documentation from clinicians who are not the patient's provider (physician), since the BMI is typically documented by other clinicians (dietitian). However, the associated diagnosis (such as overweight, underweight and obesity) **must be documented** by the patient's provider (physician).
- ❖ BMI codes should only be used as a secondary diagnosis, and only in conjunction with a documented diagnosis.

BMI Code Comparison

ICD-9	ICD-10
278.01 Morbid Obesity	E66.01 Morbid (severe) obesity due to excess calories
V85.41 Body Mass Index 40.0-44.9, adult	Z68.41 Body mass index (BMI) 40.0-44.9, adult

ICD-9	ICD-10
278.02 Overweight	E66.3 Overweight
V85.41 Body mass index 40.0-44.9, adult	Z68.41 Body mass index (BMI) 40.0-44.9, adult

Common Endocrine Diagnoses

ICD-9	ICD-10
244.9 Unspecified acquired hypothyroidism	E03.9 Hypothyroidism, unspecified
241.1 Nontoxic multinodular goiter	E042 Nontoxic multinodular goiter
241.0 Nontoxic uninodular goiter	E04.1 Nontoxic single thyroid nodule
245.2 Chronic lymphocytic thyroiditis	E06.3 Autoimmune thyroiditis
242.90 Thyrotoxicosis without goiter or other cause, without thyrotoxic crisis/storm	E05.90 Thyrotoxicosis, unspecified without thyrotoxic crisis or storm
257.2 Testicular hypofunction	E29.1 Testicular hypofunction

Phew, one chapter down!



Coding FUN!

1. Hypercholesterolemia and endogenous hyperglyceridemia.
2. Hypokalemia
3. Uninodular toxic nodular goiter with thyrotoxicosis
4. Toxic diffuse goiter with thyrotoxic crisis
5. Morbidly obese patient with a BMI of 39
6. Flushing and sleeplessness due to premature menopause

Answers

1. E78.2
2. E87.6
3. E05.10
4. E05.01
5. E66.01 and Z68.39
6. E28.310