ENDOCRINOLOGY

Payers and Providers Partnering for Success

Shannon Chase, CPC, AHIMA Approved ICD-10-CM/PCS Trainer
Mary Ellen Reardon, CPC, MSHA, AHIMA Approved ICD-10-CM/PCS Trainer
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CHAPTER SPECIFIC CATEGORY CODE BLOCKS

- E00-E07 Disorders of thyroid gland
- E08-E13 Diabetes mellitus
- E15-E16 Other disorders of glucose regulation and pancreatic internal secretion
- E20-E35 Disorders of other endocrine glands
- E36 Intraoperative complications of endocrine system
- E40-E46 Malnutrition
- E50-E64 Other nutritional deficiencies
- E65-E68 Overweight, obesity and other hyperalimentation
- E70-E88 Metabolic disorders
- E89 Postprocedural endocrine and metabolic complications and disorders, not elsewhere classified

CHAPTER NOTES

- **All** neoplasms, whether functionally active or not, are classified in Chapter 2.

- Diabetes and malnutrition now have their own subchapter while these conditions were grouped with diseases of other endocrine glands and nutritional deficiencies respectively.

- Appropriate codes in Chapter 4 (namely, E05.8, E07.0, E16-E131, E34.-) may be used as additional codes to indicate either functional activity by neoplasms and ectopic endocrine tissue or hyperfunction and hypofunction of endocrine glands associated with neoplasms and other conditions classified elsewhere.

- Code titles have been revised in a number of places in Chapter 4

- Excluded in this chapter are transitory endocrine and metabolic disorders specific to the newborn (P70-P74)

- Code descriptors for goiter are now consistent with present terminology.

- A number of new subchapters have been added to the chapter for endocrine, nutritional, and metabolic diseases.

DIABETES MELLITUS

DIABETES MELLITUS E08-E113

- The diabetes mellitus codes are combination codes that include the type, the body system affected and the complication(s) affecting the body system.

- Code as many codes within a specific category as are necessary to describe all of the complications of the disease.

- Assign as many codes from categories E08-E13 as needed to identify all of the associated conditions the patient has.

- The diagnosis should be sequenced based on the reason for a particular encounter.

DIABETES MELLITUS E08-E113

- There are five categories for diabetes codes in ICD-10-CM

  1. **Type of Diabetes-** The age of the patient is not the sole determining factor, though most type 1 diabetics develop the condition before reaching puberty thus leaving this type also known and referred to as juvenile diabetes.

  2. **Type of Diabetes not documented-** If there is no type documented in medical record then default code is E11-, type 2.

  3**. Diabetes mellitus and the use of insulin-** If no documentation in medical record of type but there is documentation of use of insulin then code E11, type 2 as well as the Z79.4 (Long-term(current) use of insulin. If insulin is only temporary to bring type 2 blood sugar under control than do not assign code Z79.4.

  4. **Diabetes mellitus in pregnancy and gestational diabetes-** See chapter 15, Diabetes mellitus in pregnancy, Gestational (pregnancy induced) diabetes

  5. **Complications due to insulin pump malfunction** (see following slides)

DIABETES COMPLICATIONS DUE TO INSULIN PUMP MALFUNCTION

Underdose of insulin due to insulin pump failure

- An underdose of insulin due to the failure of an insulin pump should be assigned a code from the subcategory T85.6, Mechanical complication of other specified internal and external prosthetic devices, implants and grafts, that specifies the type of pump malfunction, as the principal or first-listed code, followed by code T38.3X6-, Underdosing of insulin and oral hypoglycemic [antidiabetic] drugs. You should also code the type of diabetes as well as any complications they had due to the underdosing.

Overdose of insulin due to insulin pump failure

- As with your underdosing, your first-listed or principal code should also be the subcategory code of T85.6, followed by code T38.3X1-, Poisoning by insulin and oral hypoglycemic [antidiabetic] drugs, accidental (unintentional).

- ➤ **Coding Note:** A note appears in the Tabular under category E09 instructing to "Use additional code for adverse effect, if applicable, to identify drug (T36-T65 with fifth or sixth character 5)." **Use the Drugs and Chemical Table to locate this code.** An additional note appears in the Tabular under category E09 instructing to "Use additional code to identify any insulin use (Z79.4)."

SECONDARY DIABETES- E08, E09, E13

- Secondary diabetes **is always** caused by another condition or even(e.g., adverse effect of drug, or poisoning, cystic fibrosis, malignant neoplasm of pancreas, pancreatectomy).

- Codes under categories E08, Diabetes mellitus due to underlying condition, E09, Drug or chemical induced diabetes mellitus, and E13, Other specified diabetes mellitus, **identify complications/manifestations associated with secondary diabetes mellitus.**

- The sequencing of the secondary diabetes codes in relationship to codes for the cause of the diabetes is based on the Tabular List instructions for categories E08, E09 and E13.

SECONDARY DIABETES AND THE USE OF INSULIN

- For patients who routinely use insulin, code Z79.4, Long-term (current) use of insulin, should also be assigned.

- Code Z79.4 should not be assigned if insulin is given temporarily to bring a patients blood sugar under control during an encounter

ASSIGNING AND SEQUENCING SECONDARY DIABETES CODES AND ITS CAUSES

- The sequencing of the secondary diabetes codes in relationship to codes for the cause of the diabetes is based on the Tabular List instructions for categories E08, E09, and E13.

  ❖ **Secondary diabetes mellitus due to pancreatectomy**- For postpancreatectomy diabetes mellitus (lack of insulin due to the surgical removal of all or part of the pancreas), assign code E89.1, Postprocedural hypoinsulinemia.Assign a code from category E13 and a code from subcategory Z90.41-, Acquired absence of pancreas,as additional codes.

  ❖ **Secondary diabetes due to drugs**- Secondary diabetes may be caused by an adverse effect of correctly administered medications, poisoning or sequela of poisoning.

  See section I.C.19.e for coding of adverse effects and poisoning, and section I.C.20 for external cause code reporting

DEFINITION OF TERMS

- Insulin dependent and Non-insulin dependant are no longer part of the code set

- Uncontrolled and not stated as uncontrolled are no longer part of the descriptors in ICD-10-CM. Instead, the subcategories will include "with complications" and "without complications."

- Diabetes mellitus tabular inclusions notes are introduced by the term "Includes" and appear at the beginning of a category.

BMI AND OBESITY

BMI AND OBESITY

- Body Mass Index or BMI is a simple index of weight-for-height that is commonly used to classify underweight, overweight and obesity in adults.
  - Many physicians include this information in the patient's visit note.
- BMI adult codes are for use for persons twenty-one years of age or older.

- BMI pediatric codes are for persons two through twenty years of age.
  - These pediatric percentiles are based on the growth charts published by the Centers for Disease Control and Prevention (CDC).

- The provider must provide documentation of a clinical condition to code BMI as a secondary diagnosis.

- The BMI may be assigned based on medical record documentation from clinicians, including nurses and dieticians who are not the patient's provider

BODY MASS INDEX

- If the BMI is noted in the chart documentation, use the BMI to determine if any codes from category V85.4; Body Mass Index 40 and over, Adult; are appropriate.

- This category includes:
- V85.41; Body Mass Index 40.0-44.9, Adult
- V85.42; Body Mass Index 45.0-49.9, Adult
- V85.43; Body Mass Index 50.0-59.9, Adult
- V85.44; Body Mass Index 60.0-69.9, Adult
- V85.45; Body Mass Index 70.0 and over, Adult

- There are V Codes for BMI values under 40, but they do not fall into the definition of morbid obesity.
- In ICD-9 if the body mass index is known, it is reported with an additional code from category V85 and in ICD-10 from category Z68
- The BMI may be assigned based on medical record documentation from clinicians, including nurses and dieticians who are not the patient's provider.

OVERWEIGHT AND OBESITY

- Overweight and obesity are defined as abnormal or excessive fat accumulation that may impair health.

- The World Health Organization (WHO) definition is:
  - BMI greater than or equal to 25 is overweight
  - BMI greater than or equal to 30 is obesity

- In ICD-9, overweight and obesity codes are listed in category 278- and in ICD-10 codes are listed in category E66.

- Obesity means having too much body fat.

- Overweight means weighing too much.

MORBID OBESITY

- Morbid Obesity is defined as a BMI > 40.0.

- If the physician uses the verbiage "morbid obesity" in the chart note, AND there is no reference to the BMI value, then it is appropriate to code the morbid obesity using code 278.01.

- If the physician uses the verbiage "morbid obesity" in the chart note AND there IS mention of the BMI value, both codes can be used IF the BMI value is > 40.

- If the BMI is less than 40, then the morbid obesity code should not be used, only the correlating BMI V code would be appropriate.

- In order for morbid obesity to qualify as a secondary diagnosis, the BMI must have some bearing on the care provided.

- In ICD-9 morbid obesity is listed under category 278.01 and in ICD-10 listed under category E66.8

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 and obesity are divided into several specific code categories based on degree or severity. Clinical documentation should include:
  - Physical exam signs
  - Degree or severity
  - Weight loss or gain
  - Treatment plan
  - BMI Underlying medical condition
  - Laboratory values

- Providers must assess these six characteristics in the context of an acute illness or injury, a chronic illness, or a social or environmental circumstances to determine if malnutrition is present and whether it's severe or non-severe (moderate).

TRAINING SOURCES

American Health Information Management Association

www.ahima.org

American Academy of Professional Coders

www.aapc.com

CONTACTS

If you have any questions or concerns about the information presented here, please contact Shannon Bujak-Chase or Mary Ellen Reardon and we will be glad to assist you.

Schenectady – East

Shannon Chase

SChase@mvphealthcare.com

518-386-7502

Rochester - Western and Central NY

Mary Ellen Reardon

MReardon@mvphealthcare.com

585-279-8583

Thank You