

CHAPTER 4: ENDOCRINE, NUTRITIONAL AND METABOLIC DISEASES (E00-E89)

Note:

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

Appropriate codes in this chapter (i.e. E05.8, E07.0, E16-E31, 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.

EXCLUDES 1 transitory endocrine and metabolic disorders specific to newborn (P70-P74)

This chapter contains the following 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 hyperalimination
E70-E88	Metabolic disorders
E89	Postprocedural endocrine and metabolic complications and disorders, not elsewhere classified

Disorders of thyroid gland (E00-E07)

4 E00 Congenital iodine-deficiency syndrome

Use additional code (F70-F79) to identify associated intellectual disabilities.

EXCLUDES 1 subclinical iodine-deficiency hypothyroidism (E02)

CODING TIPS ✓ E00 is used only for conditions present from birth (congenital).

DEFINITION Congenital iodine-deficiency syndrome is a congenital disorder often referred to as “cretinism.” Congenital iodine-deficiency syndrome results from a thyroid hormone deficiency during fetal development and marked in childhood by dwarfed stature, mental retardation, dystrophy of the bones, and a low basal metabolism.

E00.0 Congenital iodine-deficiency syndrome, neurological type

Endemic cretinism, neurological type

DEFINITION Underactive thyroid gland present at birth with inadequate hormone production and slowed metabolic processes. Untreated, it can cause brain damage, mental retardation, and developmental delays.

E00.1 Congenital iodine-deficiency syndrome, myxedematous type

Endemic hypothyroid cretinism
Endemic cretinism, myxedematous type

E00.2 Congenital iodine-deficiency syndrome, mixed type

Endemic cretinism, mixed type

E00.9 Congenital iodine-deficiency syndrome, unspecified

Congenital iodine-deficiency hypothyroidism NOS
Endemic cretinism NOS

4 E01 Iodine-deficiency related thyroid disorders and allied conditions

EXCLUDES 1 congenital iodine-deficiency syndrome (E00.-)
subclinical iodine-deficiency hypothyroidism (E02)

E01.0 Iodine-deficiency related diffuse (endemic) goiter

E01.1 Iodine-deficiency related multinodular (endemic) goiter

Iodine-deficiency related nodular goiter

E01.2 Iodine-deficiency related (endemic) goiter, unspecified

Endemic goiter NOS

E01.8 Other iodine-deficiency related thyroid disorders and allied conditions

Acquired iodine-deficiency hypothyroidism NOS

E02 Subclinical iodine-deficiency hypothyroidism

DEFINITION Early stage of hypothyroidism marked by increased TSH levels and normal free thyroxin T4 levels; occurs when the body requires additional TSH in order to produce enough thyroxin, and developing into overt hypothyroidism in a few years.

4 E03 Other hypothyroidism

EXCLUDES 1 iodine-deficiency related hypothyroidism (E00-E02)
postprocedural hypothyroidism (E89.0)

E03.0 Congenital hypothyroidism with diffuse goiter

Congenital parenchymatous goiter (nontoxic)
Congenital goiter (nontoxic) NOS

EXCLUDES 1 transitory congenital goiter with normal function (P72.0)

DEFINITION Abnormal hormone production or blocked TSH receptors in the fetus causing underactive thyroid with diffuse enlargement at birth, tracheal compression, difficulty breathing, and dysphagia.

E03.1 Congenital hypothyroidism without goiter

Aplasia of thyroid (with myxedema)
Congenital atrophy of thyroid
Congenital hypothyroidism NOS

E03.2 Hypothyroidism due to medicaments and other exogenous substances

Code first:

poisoning due to drug or toxin, if applicable (T36-T65 with fifth or sixth character 1-4)

Use additional code for adverse effect, if applicable, to identify drug (T36-T50 with fifth or sixth character 5)

E03.3 Postinfectious hypothyroidism

DEFINITION Damage to normal thyroid function from a previous infection, resulting in tiredness, weight gain, constipation, cold intolerance, dry skin, slowed mental function, and depression.

E03.4 Atrophy of thyroid (acquired)

EXCLUDES 1 congenital atrophy of thyroid (E03.1)

DEFINITION Abnormally small thyroid due to tissue degeneration and wasting; the gland becomes nonviable or severely reduced in function.

HCC E03.5 Myxedema coma

DEFINITION Fully symptomatic hypothyroid disease manifesting with coma in a seriously decompensated state, mostly in the elderly, accompanied by hypothermia, hypoventilation with hypoxia, hypercapnia, hyponatremia, and bradycardia.

E03.8 Other specified hypothyroidism

AHA: 1Q 2021, 7

E03.9 Hypothyroidism, unspecified

Myxedema NOS

DEFINITION Failure of the thyroid gland to produce enough hormone to maintain the body's metabolism, causing fatigue, weight gain, muscle aches and cramps, cold intolerance, memory loss, and depression.

4 E04 Other nontoxic goiter

EXCLUDES 1 congenital goiter (NOS) (diffuse) (parenchymatous) (E03.0)
iodine-deficiency related goiter (E00-E02)

E04.0 Nontoxic diffuse goiter

Diffuse (colloid) nontoxic goiter
Simple nontoxic goiter

DEFINITION Generalized, simple, painless thyroid enlargement without impairment of glandular function due to an overload of thyroid-stimulating hormone (TSH) from the pituitary gland.

E04.1 Nontoxic single thyroid nodule

Colloid nodule (cystic) (thyroid)
Nontoxic uninodular goiter
Thyroid (cystic) nodule NOS

DEFINITION A simple, painless, cyst-like node or singular goiter on the thyroid that is not impairing the normal glandular function.

E04.2 Nontoxic multinodular goiter

Cystic goiter NOS
Multinodular (cystic) goiter NOS

DEFINITION Multiple hard knobs, or cysts, in the thyroid detected by palpation but not impairing function or causing disease.

E04.8 Other specified nontoxic goiter**E04.9 Nontoxic goiter, unspecified**

Goiter NOS
Nodular goiter (nontoxic) NOS

4 E05 Thyrotoxicosis [hyperthyroidism]

EXCLUDES 1 chronic thyroiditis with transient thyrotoxicosis (E06.2)
neonatal thyrotoxicosis (P72.1)

CODING TIPS✓ Thyrotoxicosis is another term for hyperthyroidism, and these terms may frequently be used interchangeably in clinical records. Unspecified hyperthyroidism should be coded to E05.9-.

CODING TIPS✓ Codes from category E05 are combination codes that indicate the presence or absence of thyrotoxic crisis or storm. A thyrotoxic crisis (also called “thyroid storm”) is a condition that may occur among individuals with hyperthyroidism and is marked by tachycardia, fever, and hypertension, which may or may not result in congestive heart failure and/or shock. Thyrotoxic crisis should only be coded when specified by the provider and cannot be assumed based upon other symptoms alone.

5 E05.0 Thyrotoxicosis with diffuse goiter

Exophthalmic or toxic goiter NOS
Graves' disease
Toxic diffuse goiter

DEFINITION Thyrotropin receptor antibody production that mimics the pituitary's normal regulatory hormone, overriding it and increasing thyroid hormone production, marked by enlarged thyroid and bulging eyes.

E05.00 Thyrotoxicosis with diffuse goiter without thyrotoxic crisis or storm

DEFINITION Hyperthyroid conditions with excessive hormone production and speeding up of body functions; increased heart rate and blood pressure, excessive sweating, hand tremors, nervousness and anxiety, insomnia, and weight loss with increased appetite.

E05.01 Thyrotoxicosis with diffuse goiter with thyrotoxic crisis or storm

DEFINITION Severe, sudden worsening of hyperthyroid conditions from injury, stress, or gland removal that can lead to coma and death, manifesting with tachycardia, arrhythmia, vomiting, high fever, diarrhea, and dehydration.

5 E05.1 Thyrotoxicosis with toxic single thyroid nodule

Thyrotoxicosis with toxic uninodular goiter

E05.10 Thyrotoxicosis with toxic single thyroid nodule without thyrotoxic crisis or storm**E05.11 Thyrotoxicosis with toxic single thyroid nodule with thyrotoxic crisis or storm****5 E05.2 Thyrotoxicosis with toxic multinodular goiter**

Toxic nodular goiter NOS

E05.20 Thyrotoxicosis with toxic multinodular goiter without thyrotoxic crisis or storm**E05.21 Thyrotoxicosis with toxic multinodular goiter with thyrotoxic crisis or storm****5 E05.3 Thyrotoxicosis from ectopic thyroid tissue****E05.30 Thyrotoxicosis from ectopic thyroid tissue without thyrotoxic crisis or storm****E05.31 Thyrotoxicosis from ectopic thyroid tissue with thyrotoxic crisis or storm****5 E05.4 Thyrotoxicosis factitia**

DEFINITION Thyrotoxicosis factitia is a condition of higher than normal thyroid hormones (T3 and T4) resulting from excess ingestion of thyroid hormone (medication). The condition may be iatrogenic (adverse effect resulting from taking prescription correctly) or due to intentional ingestion of excess medication (poisoning). The cause of the condition should be identified and the coder should follow guidelines for coding of adverse effects and poisoning when assigning a code from E05.4-.

E05.40 Thyrotoxicosis factitia without thyrotoxic crisis or storm**E05.41 Thyrotoxicosis factitia with thyrotoxic crisis or storm****5 E05.8 Other thyrotoxicosis**

Overproduction of thyroid-stimulating hormone

E05.80 Other thyrotoxicosis without thyrotoxic crisis or storm**E05.81 Other thyrotoxicosis with thyrotoxic crisis or storm****5 E05.9 Thyrotoxicosis, unspecified**

Hyperthyroidism NOS

E05.90 Thyrotoxicosis, unspecified without thyrotoxic crisis or storm**E05.91 Thyrotoxicosis, unspecified with thyrotoxic crisis or storm****4 E06 Thyroiditis**

EXCLUDES 1 postpartum thyroiditis (O90.5)

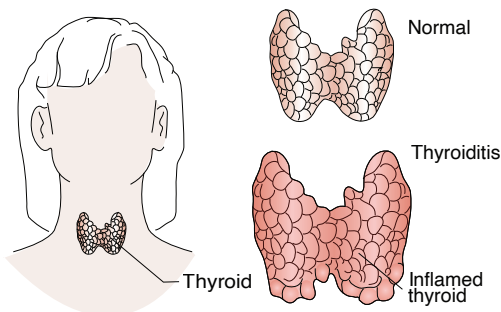
DEFINITION Thyroiditis is a condition marked by inflammation of the thyroid (may or may not be infectious in nature), and should not be confused with hyperthyroidism. Various forms of thyroiditis may result in either hyper- or hypothyroidism.

E06.0 Acute thyroiditis

Abscess of thyroid
Pyogenic thyroiditis
Suppurative thyroiditis

Use additional code (B95-B97) to identify infectious agent.

DEFINITION Painful infection of the thyroid gland, often with abscess and pus formation.

Acute thyroiditis**E06.1 Subacute thyroiditis**

de Quervain thyroiditis
Giant-cell thyroiditis
Granulomatous thyroiditis
Nonsuppurative thyroiditis
Viral thyroiditis

- EXCLUDES 1** autoimmune thyroiditis (E06.3)
- DEFINITION** Thyroid inflammation often resulting from another disease, such as mumps or flu, presenting with fever, radiating neck pain, and hyperthyroidism symptoms that can last months.
- E06.2 Chronic thyroiditis with transient thyrotoxicosis**
- EXCLUDES 1** autoimmune thyroiditis (E06.3)
- E06.3 Autoimmune thyroiditis**
 - Hashimoto’s thyroiditis
 - Hashitoxicosis (transient)
 - Lymphadenoid goiter
 - Lymphocytic thyroiditis
 - Struma lymphomatosa
 - DEFINITION** Autoimmune inflammation of the thyroid with lymphocyte infiltration that presents with painless thyroid enlargement and hypothyroid symptoms.
 - AHA:** 1Q 2024, 13
- E06.4 Drug-induced thyroiditis**
 - Use additional code for adverse effect, if applicable, to identify drug (T36-T50 with fifth or sixth character 5)**
 - CODING TIPS** ✓ Drug-induced thyroiditis should only be coded when clinical record documentation clearly indicates thyroiditis, resulting from the administration of a specific drug or chemical. The causative drug or chemical should be identified and the coder should follow guidelines for coding of adverse effects and poisoning when assigning E06.4. If the provider documentation states “hypothyroidism, due to drugs or toxins,” see E03.2.
 - DEFINITION** Iatrogenic inflammation of the thyroid due to taking certain medications, such as lithium, or an overdose of iodine.
- E06.5 Other chronic thyroiditis**
 - Chronic fibrous thyroiditis
 - Chronic thyroiditis NOS
 - Ligneous thyroiditis
 - Riedel thyroiditis
- E06.9 Thyroiditis, unspecified**
- DEFINITION** Inflammation of the thyroid with noticeable swelling, often on one side, possibly inducing symptoms of hyper- or hypothyroidism, from unspecified causation or acuity.
- 4 E07 Other disorders of thyroid**
 - E07.0 Hypersecretion of calcitonin**
 - C-cell hyperplasia of thyroid
 - Hypersecretion of thyrocalcitonin
 - E07.1 Dyshormogenetic goiter**
 - Dyshormonogenetic goiter
 - Familial dyshormogenetic goiter
 - Familial dyshormonogenetic goiter
 - Pendred’s syndrome
 - EXCLUDES 1** transitory congenital goiter with normal function (P72.0)
- 5 E07.8 Other specified disorders of thyroid**
 - E07.81 Sick-euthyroid syndrome**
 - Euthyroid sick-syndrome
 - DEFINITION** Condition in which thyroid hormone levels are off due to a non-thyroid related problem.
 - E07.89 Other specified disorders of thyroid**
 - Abnormality of thyroid-binding globulin
 - Hemorrhage of thyroid
 - Infarction of thyroid
- E07.9 Disorder of thyroid, unspecified**

Diabetes mellitus (E08-E13)

GUIDELINES Section I.C.4.a.1)-3)

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. As many codes within a particular category as are necessary to describe all of the complications of the disease may be used. They should be sequenced based on the reason for a particular encounter. Assign as many codes from categories E08 – E13 as needed to identify all of the associated conditions that the patient has.

The age of a patient is not the sole determining factor, though most type 1 diabetics develop the condition before reaching puberty. For this reason type 1 diabetes mellitus is also referred to as juvenile diabetes.

If the type of diabetes mellitus is not documented in the medical record the default is E11.-, Type 2 diabetes mellitus.

If the documentation in a medical record does not indicate the type of diabetes but does indicate that the patient uses insulin, code E11, Type 2 diabetes mellitus, should be assigned. Additional code(s) should be assigned from category Z79 to identify the long-term (current) use of insulin, oral hypoglycemic drugs, or injectable non-insulin antidiabetic, as follows: If the patient is treated with both oral hypoglycemic drugs and insulin, both code Z79.4, Long term (current) use of insulin, and code Z79.84, Long term (current) use of oral hypoglycemic drugs, should be assigned.

If the patient is treated with both insulin and an injectable non-insulin antidiabetic drug, assign codes Z79.4, Long-term (current) use of insulin, and Z79.85, Long-term (current) use of injectable non-insulin antidiabetic drugs. If the patient is treated with both oral hypoglycemic drugs and an injectable non-insulin antidiabetic drug, assign codes Z79.84, Long-term (current) use of oral hypoglycemic drugs, and Z79.85, Long-term (current) use of injectable non-insulin antidiabetic drugs. Code Z79.4 should not be assigned if insulin is given temporarily to bring a type 2 patient’s blood sugar under control during an encounter.

GUIDELINES Section I.C.4.a.6)

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

CODING TIPS ✓ Codes E08-E13 include many combination codes that generally do not require a second code to describe the manifestation unless specified by the “use additional code” convention. For example, when coding diabetes with an ulcer, diabetic chronic kidney disease, or other specified manifestations, a second code is required.

CODING TIPS ✓ Reference the alphabetical index to review conditions that the classification assumes are related to diabetes. All specified manifestations/complications listed under the word ‘with’ in the index are presumed related unless the physician or NPP specified a different cause in documentation, or states they’re unrelated. The ‘with’ convention does not apply to “not elsewhere classified (NEC)” index entries that cover broad categories of conditions. Coding professionals should not assume a causal relationship when the diabetic complication is “NEC.”

CODING TIPS ✓ When hyperglycemia, poorly controlled, inadequately controlled, or out of control, is documented, diabetes with hyperglycemia is the default per the Alphabetic Index. However, the clinical record should support hyperglycemia vs hypoglycemia.

4 E08 Diabetes mellitus due to underlying condition

- Code first the underlying condition, such as:
 - congenital rubella (P35.0)
 - Cushing’s syndrome (E24.-)
 - cystic fibrosis (E84.-)
 - malignant neoplasm (C00-C96)
 - malnutrition (E40-E46)
 - pancreatitis and other diseases of the pancreas (K85-K86.-)
- Use additional code to identify control using:
 - injectable non-insulin antidiabetic drugs (Z79.85)
 - insulin (Z79.4)
 - oral antidiabetic drugs (Z79.84)
 - oral hypoglycemic drugs (Z79.84)

EXCLUDES 1 drug or chemical induced diabetes mellitus (E09.-)
 gestational diabetes (O24.4-)
 neonatal diabetes mellitus (P70.2)
 postpancreatectomy diabetes mellitus (E13.-)
 postprocedural diabetes mellitus (E13.-)
 secondary diabetes mellitus NEC (E13.-)
 type 1 diabetes mellitus (E10.-)
 type 2 diabetes mellitus (E11.-)

GUIDELINES Section 1.C.4.a.3

Additional code(s) should be assigned from category Z79 to identify the long-term (current) use of insulin, oral hypoglycemic drugs, or injectable non-insulin antidiabetic, as follows: If the patient is treated with both oral hypoglycemic drugs and insulin, both code Z79.4, Long term (current) use of insulin, and code Z79.84, Long term (current) use of oral hypoglycemic drugs, should be assigned. ... Code Z79.4 should not be assigned if insulin is given temporarily to bring a type 2 patient's blood sugar under control during an encounter.

GUIDELINES Section I.C.4.a.6)

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

CODING TIPS✓ If the patient uses an insulin pump, use Z96.41 as an additional code. If there is a complication involving the insulin pump, use a code from T85.6- or T85.7- instead of the Z code.

CODING TIPS✓ When coding diabetes mellitus due to an underlying condition, the underlying condition and relationship to diabetes should be specified by the provider. This category does not include unspecified secondary diabetes, postprocedural/postpancreatectomy diabetes, or diabetes due to the effects of drugs or chemicals.

5 E08.0 Diabetes mellitus due to underlying condition with hyperosmolarity

HCC E08.00 *Diabetes mellitus due to underlying condition with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)*

HCC E08.01 *Diabetes mellitus due to underlying condition with hyperosmolarity with coma*

5 E08.1 Diabetes mellitus due to underlying condition with ketoacidosis

HCC E08.10 *Diabetes mellitus due to underlying condition with ketoacidosis without coma*

HCC E08.11 *Diabetes mellitus due to underlying condition with ketoacidosis with coma*

5 E08.2 Diabetes mellitus due to underlying condition with kidney complications

CODING TIPS✓ Diabetic triopathy refers to the three most common types of manifestations of diabetes--nephropathy, retinopathy and neuropathy.

HCC E08.21 *Diabetes mellitus due to underlying condition with diabetic nephropathy*

Diabetes mellitus due to underlying condition with intercapillary glomerulosclerosis
 Diabetes mellitus due to underlying condition with intracapillary glomerulonephrosis
 Diabetes mellitus due to underlying condition with Kimmelstiel-Wilson disease

HCC E08.22 *Diabetes mellitus due to underlying condition with diabetic chronic kidney disease*

Use additional code to identify stage of chronic kidney disease (N18.1-N18.6)

CODING TIPS✓ When diabetes, CKD and hypertension are documented, sequence the appropriate category of diabetes with CKD (E--.22) and the appropriate hypertension code (I12 or I13) prior to N18. The hypertension or the diabetes may be sequenced first depending on the focus of care. Use N18.1-N18.6 or N18.9 to indicate the CKD. These conditions are all considered related unless the physician or NPP indicates they are not related.

CODING TIPS✓ When diabetic nephropathy and CKD are documented, code diabetic CKD, not nephropathy, because CKD is more specific.

HCC E08.29 *Diabetes mellitus due to underlying condition with other diabetic kidney complication*

Renal tubular degeneration in diabetes mellitus due to underlying condition

5 E08.3 Diabetes mellitus due to underlying condition with ophthalmic complications

CODING TIPS✓ When coding diabetes with ophthalmic manifestations, review the clinical record and plan of care to ensure that the functional impact of visual impairments is reported.

CODING TIPS✓ Diabetic triopathy refers to the three most common types of manifestations of diabetes--nephropathy, retinopathy and neuropathy. *AHA: 4Q 2016, 11*

6 E08.31 Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy

HCC E08.311 *Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy with macular edema*

HCC E08.319 *Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy without macular edema*

6 E08.32 Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy
 Diabetes mellitus due to underlying condition with nonproliferative diabetic retinopathy NOS

One of the following 7th characters is to be assigned to codes in subcategory E08.32 to designate laterality of the disease:

1 right eye
 2 left eye
 3 bilateral
 9 unspecified eye

HCC 7 E08.321- *Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema*

HCC 7 E08.329- *Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema*

6 E08.33 Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy

One of the following 7th characters is to be assigned to codes in subcategory E08.33 to designate laterality of the disease:

1 right eye
 2 left eye
 3 bilateral
 9 unspecified eye

HCC 7 E08.331- *Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema*

HCC 7 E08.339- *Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema*