

- 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 than 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.
- 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**  
Familial dyshormogenetic 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:

- 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 1.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**

**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* **HCC**

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

**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* **HCC**

**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.

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

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

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

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.

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

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**

**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* **HCC**

**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

**7 5 E08.321-** *Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema* **HCC**

**7 5 E08.329-** *Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema* **HCC**