

CLINICAL DOCUMENTATION

Secondary Immunodeficiency

Immunodeficiency refers to a weakened or dysfunctional immune system, making individuals more susceptible to infections. This can be caused by genetic defects (primary immunodeficiency) or by external factors like illnesses, medications, or nutritional deficiencies (secondary immunodeficiency). Secondary immunodeficiencies (SID) have a wide spectrum of presentation, depending on the magnitude of the offending external condition and managing SID often involves addressing the underlying cause of the immune compromise, such as treating the infection or modifying medication.

ICD-10 CODES

D84.- Other immunodeficiencies

D84.9 Immunodeficiency, unspecified

*Coding of a secondary immunodeficiency may require multiple codes to represent the SID as well as the cause.

*If the immunodeficiency is inherent to another disease, such as HIV/AIDS, SID would NOT be coded separately.

DOCUMENTATION ACRONYMS

DEEP Diagnosis Elements

Include elements of DEEP in documentation to clinically support secondary immunodeficiency.

Diagnosis: Immunodeficiency

Evidence: Neutropenia noted on labs, recurrent sinus infections, patient undergoing chemo due to ovarian cancer

Evaluation: Secondary immunodeficiency due to chemo

Plan: Urgent followup with oncology, antibiotics for current sinus infection

Final Assessment Details

Include DSP for each addressed condition impacting treatment and patient care.

Diagnosis:**Secondary Immunodeficiency Diagnosis**

- Specific cause
- Secondary conditions

Status:**Active**

- Current symptoms
- Control status

Historical

- Cause is resolved

Plan:

- Pharmacologic
- Control of symptoms
- Referrals
- Lifestyle changes
- Monitoring for infections

BEST PRACTICES & TIPS

- **Specificity is key!** Always indicate the type of SID, the specific cause, and use verbiage to solidify the relationship between the two.
- The use of the term immunosuppressed is **not synonymous** with a secondary immunodeficiency and should be avoided, as this term insinuates that it is the desired outcome of treatment.
- When documenting immunodeficiency and its etiology, be sure to document **all compounding confirmed factors** to get a complete picture of the patients' health status.
- DSP should be applied for all diseases **as well as** for the resulting immunodeficiency. Status should be apparent by using descriptive words to clarify the presence and severity of the illnesses. (Symptomatic, controlled, uncontrolled, etc.)
- Documentation should **always include DEEP elements** as evidence for any SID by incorporating tests, imaging, signs and symptoms documenting any associated treatments with the corresponding final diagnosis
- If a secondary immunodeficiency is **resolved because the cause is removed**, it is important to document this as a personal history. The underlying cause of SID may still be reported as active as long as it is still present.
- Confirmation should be found within the documentation representing the **cause and effect** relationship between any factor that attributed to the presence of a secondary immunodeficiency.



For more resources go to:
HIOSCAR.COM/PROVIDERS/RESOURCES

