

Adrenal, Pituitary, and Parathyroid Disorders

Adrenal disorders can be caused by problems with the adrenal glands themselves, or by problems in other glands, such as the pituitary. Some medications can also cause adrenal gland problems. With pituitary disorders, there is often an imbalance in hormones. Injuries can cause pituitary disorders, but the most common cause is a pituitary tumor. Parathyroid disorders are conditions that affect the parathyroid glands, which produce parathyroid hormone (PTH) to maintain calcium and phosphorus levels in the body. Adrenal gland disorders may include Addison’s disease, Cushing’s syndrome, Hyperaldosteronism, CAH, tumors, or adrenal gland suppression. Pituitary gland disorders may include acromegaly, Cushing's syndrome, diabetes insipidus, empty sella syndrome, hypopituitarism and pituitary tumors. The two main types of parathyroid disorders are hyperparathyroidism and hypoparathyroidism.

ICD-10 CODES

E20.- Hypoparathyroidism

E21.- Hyperparathyroidism and other disorders of the parathyroid gland

E22.- Hyperfunction of pituitary gland

E23.- Hypofunction and other disorders of the pituitary gland

E24.- Cushing's syndrome

E25.- Adrenogenital disorders

E26.- Hyperaldosteronism

E27.- Other disorders of adrenal gland

E89.2 Postprocedural hypoparathyroidism

E89.3 Postprocedural hypopituitarism

E89.6 Postprocedural adrenocortical hypofunction

D35.0- Benign neoplasm of adrenal gland

D35.2 Benign neoplasm of pituitary gland

DOCUMENTATION ELEMENTS

MEAT

Include elements of MEAT in documentation to clinically support any adrenal, pituitary, or parathyroid disorders.

Monitor: Labs (ACTH, FSH, IGF-1, LH, Renin, Cortisol, calcium levels, etc.) Imaging (MRI, X-ray)

Evaluation: Complete ROS, physical exam (edema, bone and joint pain, galactorrhea, etc.), BP monitoring, lab review, gene mutations, medical history

Assessment: Final diagnosis, specificity, etiology (steroid induced, genetic, etc.), complications

Treatment: Medications (cabergoline, DVAVP, etc.), reduce medicinal causes, treat symptoms or secondary conditions, surgery, radiation.

Final Assessment Details

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

Diagnosis

Endocrine diagnosis

- Adrenal disorder specificity
- Pituitary disorder specificity
- Parathyroid disorder specificity

Causation

- Secondary to medication
- Tumor involvement
- Dysfunction

Status

Active (no curative surgical or radiological history)

- Current symptoms
- Secondary conditions

Historical (curative measure performed)

Plan

- Medical management
- Management of symptoms
- Surgical
- Radiological
- Referral
- Control of secondary conditions

BEST PRACTICES & TIPS

- **Avoid** using terms such as “probable”, “suspected”, “likely”, “questionable”, “possible” with a confirmed and symptomatic endocrine disorder.
- Always indicate the etiology, type or hormone specificity **with** associated complications (diabetes insipidus, osteoporosis, hypertension, etc.)
- Documentation should **always include** evidence of the adrenal or pituitary disorder by incorporating labs & imaging results, signs, and symptoms.
- **Distinctly** document the associated medication or treatment to the final diagnosis.
- A personal history should be documented for conditions that have been **resolved** or are no longer active and asymptomatic without treatment.



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