

# 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

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|---|---|
| <b>E20.-</b> Hypoparathyroidism   | <b>E26.-</b> Hyperaldosteronism                         |
| <b>E21.-</b> Hyperparathyroidism and other disorders of the parathyroid gland | <b>E27.-</b> Other disorders of adrenal gland           |
| <b>E22.-</b> Hyperfunction of pituitary gland                                 | <b>E89.2</b> Postprocedural hypoparathyroidism          |
| <b>E23.-</b> Hypofunction and other disorders of the pituitary gland          | <b>E89.3</b> Postprocedural hypopituitarism             |
| <b>E24.-</b> Cushing's syndrome   | <b>E89.6</b> Postprocedural adrenocortical hypofunction |
| <b>E25.-</b> Adrenogenital disorders  | <b>D35.0-</b> Benign neoplasm of adrenal gland          |
|   | <b>D35.2</b> Benign neoplasm of pituitary gland         |

## DOCUMENTATION ACRONYMS

### DEEP Diagnosis Elements

Include elements of DEEP in documentation to clinically support adrenal, pituitary and parathyroid disorders.

**Diagnosis:** S/p neck dissection for thyroid malignancy

**Evidence:** Labs show hypocalcemia postoperatively, patient showing symptoms of low PTH

**Evaluation:** Hypoparathyroidism

**Plan:** Start calcium and Vit D supplementation, and recheck labs in 4 weeks

### 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 DEEP elements** to show clinical 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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