

# Adrenal disorders

## Documentation and coding: Individual & Family Plans

October 2024

**For coding education questions,** email [CignaHealthcareHCPEducation@CignaHealthcare.com](mailto:CignaHealthcareHCPEducation@CignaHealthcare.com).

It's important to accurately document and code diagnoses when submitting claims for your patients with Cigna Healthcare-administered coverage. This helps ensure your diagnosis and coding practices comply with all applicable legal requirements,\* while enabling us to provide our customers with the benefits and resources they need. For additional information and resources, visit the Cigna Healthcare Individual & Family Plans page at [CignaforHCP.com/IFP](https://CignaforHCP.com/IFP).

*The information that follows is designed to provide guidance for the documentation and coding of claims for your patients with adrenal disorders. It is not meant to replace your judgment when caring for your patients.*

### Definitions

The endocrine system comprises of adrenal and pituitary glands, and other glands that are responsible for creating and regulating the amount of hormones released into the bloodstream. Adrenal disorders occur when too much or too little hormone is released into the blood. This can be due to genetics, abnormal growths, drug/alcohol use, as well as other underlying factors.

#### Documentation and coding guidance

- Terms such as nodule, mass, and adenoma all describe an abnormal growth. Best practice is to use consistent terminology throughout the entire SOAP\*\* note.
- Certain main terms such as "mass" and "nodule" do not index in the International Classification of Diseases, 10th Revision (ICD-10-CM). In these situations, begin indexing with the descriptive term. For example, when indexing adrenal mass and adrenal nodule, begin with the term "adrenal (gland)."
- Report incidental findings from diagnostic tests in an active section of a SOAP note such as history of present illness, physical exam, and assessment and/or plan.
- Specify behavior of abnormal growth (if known) as benign, malignant, or unknown.
- Assess and record any functional activity or adverse effects due to abnormal growth(s), drugs, alcohol, etc.
- Document conditions to the highest level of specificity, (e.g., "Addison's" alone can be referring to Addison's disease or Addison's anemia.
- Use linking terms such as "due to" or "complicated by" for related conditions (e.g., Addison's disease due to adrenal nodule).
- Document a treatment plan such as monitoring, medication to manage symptoms, radiation, surgery, and/or referral to specialist.

### Abnormal benign growths of adrenal glands

ICD-10 code	Description	Additional character(s)	Documentation and coding tips
D35.-	Benign neoplasm of endocrine gland	(-) Add 4th and 5th characters: 00 – unspecified adrenal gland 01 – right adrenal gland 02 – left adrenal gland	Use additional code to identify any functional activity.
D44.-	Neoplasm of uncertain behavior of the endocrine glands	(-) Add 4th and 5th characters: 10 – adrenal gland, unspecified 11 – right adrenal gland 12 – left adrenal gland	

## Adrenal disorders

ICD-10 code	Description	Additional character(s)	Documentation and coding tips
<b>E24.-</b>	Cushing's syndrome	(-) Add 4th character: 0 – pituitary-dependent Cushing's disease/overproduction of pituitary adrenocorticotrophic hormone (ACTH) 1 – Nelson's syndrome 2 – drug-induced Cushing's syndrome 3 – ectopic ACTH syndrome 4 – alcohol-induced pseudo-Cushing's syndrome 8 – other Cushing's syndrome 9 – Cushing's syndrome, unspecified	
<b>E25.-</b>	Adrenogenital Disorders	(-) Add 4th character: 0 – congenital associated with enzyme deficiency/congenital adrenal hyperplasia/21-hydroxylase deficiency 8 – other adrenogenital disorders / idiopathic adrenogenital disorder 9 – adrenogenital disorder, unspecified	
<b>E26.-</b>	Hyperaldosteronism (primary)	(-) Add 4th and 5th character(s): 01 – Conn's syndrome 02 – glucocorticoid-remediable aldosteronism/familial aldosteronism type I 09 – other primary/due to adrenal hyperplasia (bilateral) 1 – secondary 81 – Bartter's syndrome 89 – other hyperaldosteronism 9 – unspecified/aldosteronism	Use additional code (D35.0-) to identify adrenal adenoma.
<b>E27.-</b>	Other disorders of adrenal gland	(-) Add 4th and 5th character(s): 0 – other adrenocortical overactivity 1 – Addison's disease/primary adrenocortical insufficiency/ autoimmune adrenalitis 2 – Addisonian crisis/adrenal crisis 3 – drug-induced adrenocortical insufficiency 40 – hypoadosteronism/adrenocortical insufficiency, unspecified 49 – other adrenocortical insufficiency/adrenal hemorrhage/adrenal infarction 5 – adrenomedullary hyperfunction/ hyperplasia 8 – other specified disorders of adrenal gland 9 – disorder of adrenal gland, unspecified	Use code E27.8 for adrenal mass NOS or adrenal nodule NOS.

## Adverse effects

ICD-10 code	Description	Additional character(s)
<b>T38.0X5-</b>	Adverse effect of glucocorticoids and synthetic analogues	A – initial encounter D – subsequent encounter S – sequela
<b>T38.1X5-</b>	Adverse effect of thyroid hormones and substitutes	A – initial encounter D – subsequent encounter S – sequela
<b>T38.2X5-</b>	Adverse effect of antithyroid drugs	A – initial encounter D – subsequent encounter S – sequela
<b>T38.3X5-</b>	Adverse effect of insulin and oral antidiabetic drugs	A – initial encounter D – subsequent encounter S – sequela

\* Diagnosis inaccuracies that are not addressed can result in administrative sanctions and potential financial penalties.

\*\* Subjective, objective, assessment, and plan (SOAP).