

Documentation and Coding: Hyperparathyroidism

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At Healthfirst, we are committed to helping providers accurately document and code their patients' health records. This tip sheet is intended to assist providers and coding staff with the documentation and ICD-10-CM selection on services submitted to Healthfirst—specifically for **Hyperparathyroidism**. It provides information from industry sources about proper coding practices. However, this document does not represent or guarantee that Healthfirst will cover and/or pay for services outlined. Coverage decisions are based on the terms of the applicable evidence of coverage and the provider's participation agreement. This includes the determination of any amounts that Healthfirst or the member owes the provider.

There are three types of Hyperparathyroidism. These include primary, secondary, and tertiary.

ICD-10-CM Codes and Descriptions

E21.0	<ul style="list-style-type: none"> ▪ Primary hyperparathyroidism ▪ Hyperplasia of parathyroid ▪ Osteitis fibrosa cystica generalisata [von Recklinghausen's disease of bone]
E21.1	Secondary hyperparathyroidism, not elsewhere classified
E21.2	<ul style="list-style-type: none"> ▪ Other hyperparathyroidism ▪ Tertiary hyperparathyroidism
E21.3 ^(†)	Hyperparathyroidism, unspecified

^(†)Use only in the event no other code describes the condition.

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Clinical Documentation Requirements

Specify the type	Primary, secondary, or tertiary
Include the status	Stable, improving, worsening, or resolved
Risk factors	Gender, radiation therapy, severe calcium or vitamin D deficiency, lithium use
Complications	Nephrolithiasis, osteitis fibrosa cystica, muscle atrophy, proximal muscle weakness, fractures
Associated conditions	Reduced kidney function, kidney stones, osteoporosis, high blood pressure
Diagnostic testing	Serum calcium, phosphate & PTH levels, bone marrow density, urine tests, kidney ultrasound
Treatment plan	Medical management of hypercalcemia, calcimimetics, hormone replacement therapy, parathyroidectomy, referral to endocrinology or nephrology

Coding Tips

- If the condition is **Other specified disorders of parathyroid gland**, assign **E21.4**.
- If the condition is **Disorder of parathyroid gland, unspecified**, assign **E21.5^(†)**.
- Assign **E89.0 – Postprocedural hypothyroidism**, i.e., surgical/irradiation.
- For **Parathyroid dysfunction caused by chronic renal failure failure, do not assign N25.81 – Secondary hyperparathyroidism of renal origin, with E21.1 – Secondary hyperparathyroidism, non-renal, as these conditions cannot be coded together.**
- When **hyperparathyroidism has resolved**, assign **Z86.39 – Personal history of other endocrine, nutritional, and metabolic disease**.
- Do not use, history of, if the condition is still active. In diagnosis, history of implies the condition has resolved or no longer exists.
- Do not use words that imply uncertainty (e.g., likely, probable, apparently, consistent with, etc.) to describe a current or confirmed diagnosis in the outpatient setting.

^(†)Use only in the event no other code describes the condition.

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Coding Examples

Case 1	A 32-year-old patient visits office for follow-up of abnormal lab results. The provider reviews the results and notates increased calcium and parathyroid hormone levels. The patient is diagnosed with primary hyperparathyroidism. What is the appropriate code assignment?
ICD-10-CM	E21.0 – Primary hyperparathyroidism
Rationale	The reason for visit was for review of abnormal test results. After provider reviewed the results, it was determined that the abnormalities were due to primary hyperparathyroidism, which is a definitive diagnosis classified as E21.0.

Questions?

Contact us at #Risk_Adjustments_and_clinical_Documentation@healthfirst.org.

For additional documentation and coding guidance, please visit the coding section at [HFproviders.org](https://www.healthfirst.org/HFproviders.org).

References:

- www.cms.gov/files/document/fy-2023-icd-10-cm-coding-guidelines-updated-01/11/2023.pdf
- www.codingclinicadvisor.com