ICD-9-CM Coding Guidelines

The below listed nutritional and miscellaneous metabolic disorders guidelines are not inclusive. The coder should refer to the applicable Coding Clinic guidelines for additional information. The Centers for Medicare & Medicaid Services considers Coding Clinic, published by the American Hospital Association, to be the official source for coding guidelines. Hospitals should follow the Coding Clinic guidelines to assure accuracy in ICD-9-CM coding and DRG assignment.

Definition of Principal Diagnosis

The principal diagnosis is that condition established after study to be chiefly responsible for occasioning the admission of the patient to the hospital for care.

Two or more diagnoses may equally meet the definition for principal diagnosis as determined by the circumstances of admission, diagnostic work-up and/or therapy provided. Be aware that there is a difference between admitting a patient to treat two conditions and two conditions being present at the time of admission. The principal diagnosis is always the reason for admission.

Documentation to Support Nutritional and Miscellaneous Metabolic Disorders

A coder should not assign a diagnosis based on laboratory findings and other information in the medical record without seeking clarification from the physician. A common occurring example of this is a secondary diagnosis of dehydration, which is not supported by the laboratory and clinical findings.

Coding Guidelines

Abnormal findings

Abnormal findings (laboratory, X-ray, pathologic, and other diagnostic results) are not assigned a code unless the physician indicates their clinical significance. (See Coding Clinic, second quarter 2002, page 17 and 67, and Coding Clinic, second quarter 1990, pages 15 and 16.)

Acute renal failure/dehydration

A patient is admitted with acute renal failure due to severe dehydration. Treatment involves IV fluids and a renal ultrasound that reveals an atrophic right kidney. The principal diagnosis is acute renal failure, 584.9. Dehydration, 276.5, is sequenced as a secondary diagnosis. (See Coding Clinic, first quarter 2003, page 22 and Coding Clinic, third quarter 2002, page 21.)

A patient is admitted with acute renal failure due to dehydration. Treatment only includes IV fluid administration, and BUN and creatinine return to normal. No renal workup or renal disease is noted, although the renal function is followed based on close monitoring of fluid intake and output. The principal diagnosis is acute renal failure, 584.9. Dehydration, 276.5, is sequenced as a secondary diagnosis. (See Coding Clinic, first quarter 2003, page 22 and Coding Clinic, third quarter 2002, pages 21 and 22.)

Anorexia nervosa/malnutrition

Anorexia nervosa implies malnutrition. Therefore, malnutrition is not coded with a diagnosis of anorexia nervosa. (See Coding Clinic, fourth quarter 1989, page 11.)
**Codes 251.0, hypoglycemic coma and 251.1, other specified hypoglycemia**

Both codes 251.0 and 251.1 exclude hypoglycemia in diabetes mellitus. (See ICD-9-CM, tabular list.)

**Conditions associated with malignancy**

If only the condition associated with a malignancy is treated, the condition is sequenced as the principal diagnosis rather than the malignancy. (See Coding Clinic, second quarter 2002, pages 40 and 41, Coding Clinic, first quarter 1991, page 16; Coding Clinic, second quarter 1990, page 10; Coding Clinic, second quarter 1988, page 11; and Coding Clinic, May-June 1985, page 14.)

**Cystic fibrosis**

When a patient with cystic fibrosis, 277.0x, is admitted due to a complication, the complication is sequenced as the principal diagnosis and cystic fibrosis is sequenced as a secondary diagnosis. The condition necessitating hospital admission is the principal diagnosis. (See Coding Clinic, fourth quarter 2002, pages 45 and 46, and Coding Clinic, fourth quarter 1990, pages 16 and 17.)

Fibroscarring in a patient with cystic fibrosis is considered integral to cystic fibrosis, therefore only cystic fibrosis is assigned a code. (See Coding Clinic, third quarter 1990, page 18.)

Only a code for cystic fibrosis is assigned when a cystic fibrosis patient is admitted solely for pulmonary clean-out. (See Coding Clinic, third quarter 1994, page 7.)

As of October 1, 2002, the codes for cystic fibrosis have been expanded to indicate which organs are involved. Cystic fibrosis with pulmonary manifestations is now assigned code 277.02. Cystic fibrosis with gastrointestinal manifestations is now assigned code 277.03 and excludes that with meconium ileus, 277.01. Cystic fibrosis with other manifestations is now assigned code 277.09. (See Coding Clinic, fourth quarter 2002, page 46.) The manifestation involved determines the MDC and DRGs for each cystic fibrosis code.

A patient with a history of cystic fibrosis and bilateral lung transplant was admitted because of subtherapeutic cyclosporine levels leading to chronic rejection of his lung transplant, which is referred to as nontherapeutic immunosuppression. The principal diagnosis is nontherapeutic immunosuppression, 996.84, complications of transplant, lung. Cystic fibrosis, 277.00, is sequenced as a secondary diagnosis. See Coding Clinic, second quarter 2003, page 12.

**Dehydration**

As of October 1, 2005, code 276.5, volume depletion, has been expanded to separately identify volume depletion, 276.50, dehydration, 276.51, and hypovolemia, 276.52. Dehydration is the loss of water from the body without salt loss. (See Coding Clinic, fourth quarter 2005, pages 54 and 55.)

The determination as to whether or not dehydration is a principal or secondary diagnosis depends on the circumstances of the admission and the judgment of the attending physician. For example, if a patient is admitted with dehydration and gastroenteritis, the determination of the principal diagnosis may be made on the basis of which condition required inpatient hospital treatment. (See Coding Clinic, second quarter 1988, pages 9 and 10, and Coding Clinic, July-August 1984, pages 19 and 20.)

**Dialysis disequilibrium syndrome**

Dialysis disequilibrium syndrome is assigned code 276.9, electrolyte and fluid disorder not elsewhere classified, plus the code for the underlying disease and the renal dialysis status, V45.1. (See Coding Clinic, January-February 1987, page 15.)
**Feeding difficulty/Alzheimer’s disease/percutaneous endoscopic gastrostomy (PEG) feeding tube**

A patient with feeding difficulty due to advanced Alzheimer’s disease was admitted for insertion of a PEG. The principal diagnosis is assigned code 331.0, Alzheimer’s disease. Code 783.3, feeding difficulties and mismanagement, is sequenced as the secondary diagnosis. (See *Coding Clinic*, second quarter 1994, pages 11 and 12.)

**Fluid overload**

Fluid overload is integral to congestive heart failure and should not be added as an additional diagnosis. (See *Coding Clinic*, third quarter 1996, page 9.)

**Hypercalcemia/hypocalcemia**

After October 1, 1997, hypercalcemia and hypocalcemia are no longer assigned code 275.4. Assign code 275.41 for hypocalcemia and 275.42 for hypercalcemia. (See *Coding Clinic*, fourth quarter 1997, pages 33 and 34.)

Hypokalemia should not be assigned a code based solely on the administration of any medication. A physician must make the diagnosis. (See *Coding Clinic*, volume 11, number 5, 1994, page 11.)

**Hyperkalemia/chronic renal failure**

A patient with chronic renal failure was admitted for hyperkalemia due to noncompliance with dialysis and was treated with dialysis. The principal diagnosis is hyperkalemia. (See *Coding Clinic*, second quarter 2001, pages 12 and 13.)

**Hyperkalemia/newborn**

Hyperkalemia in a newborn is assigned codes 775.5, other transitory neonatal electrolyte disturbances and 276.7, hyperpotassemia. (See *Coding Clinic*, first quarter 2005, pages 9 and 10.)

**Hypovolemia**

As of October 1, 2005, code 276.5, volume depletion, has been expanded to separately identify volume depletion, 276.50, dehydration, 276.51, and hypovolemia, 276.52. Hypovolemia is an abnormal decrease in blood volume or strictly speaking, an abnormal decrease in the volume of blood plasma. Hypovolemia may occur without dehydration. (See *Coding Clinic*, fourth quarter 2005, pages 54 and 55.)

**Impaired glucose tolerance**

Impaired glucose tolerance is not diabetes mellitus, it is the impairment of glucose metabolism identified by a glucose tolerance test. Assign code 790.2, abnormal glucose tolerance test. (See *Coding Clinic*, third quarter 1991, pages 3-5.)

**Metabolic acidosis**

Metabolic acidosis is assigned code 276.2 with an additional code for the underlying condition. Diabetic acidosis is assigned code 250.1x.

Metabolic acidosis related to dialysis is assigned code 276.2. (See *Coding Clinic*, January-February 1987, page 15.)

**Persistent elevated blood sugar postpartum**

Persistent elevated blood sugar in a postpartum woman is assigned code 790.29, other abnormal glucose. (See *Coding Clinic*, second quarter 2005, pages 21 and 22, and *Coding Clinic*, fourth quarter 2004, page 56.)
**Protein-calorie malnutrition**

As of October 1, 1992, categories 262 and 263 apply to all age groups. (See Coding Clinic, fourth quarter 1992, pages 24 and 25.)

**Overweight**

On October 1, 2005, a new code was created for overweight, 278.02. An additional code may be assigned for the body mass index (BMI) if it is known, V85.21-V85.4. (See Coding Clinic, fourth quarter 2005, page 55.)

**Signs, symptoms and ill-defined conditions**

Symptoms from Chapter 16, which are probably due to a specified condition, should be coded to the probable condition if the diagnostic work-up, arrangements for future work-up or observation, and initial therapeutic approach corresponding most closely with the established diagnosis. This applies only to the acute care inpatient setting. (See Coding Clinic, third quarter 2001, page 17, and Coding Clinic, March-April 1985, page 3.)

If the symptom is integral to a diagnosis, an additional code for the symptom should not be assigned. (See Coding Clinic, second quarter 2002, page 33 and Coding Clinic, second quarter 1990, page 15.)

If the symptom is not necessarily implicit to a diagnosis, it can be listed as an additional diagnosis. (See Coding Clinic, second quarter 2002, page 33 and Coding Clinic, first quarter 1991, page 12.)

Codes for symptoms, signs, and ill-defined conditions from Chapter 16 are not to be assigned as principal diagnosis when a related definitive diagnosis has been established. (See Coding Clinic, second quarter 2002, pages 32 and 42-G, and Coding Clinic, second quarter 1990, page 3, PDX #1.)

**Volume depletion**

As of October 1, 2005, code 276.5, volume depletion, has been expanded to separately identify volume depletion, 276.50, dehydration, 276.51, and hypovolemia, 276.52. Volume depletion is reduced fluid volume in the cells, including both water and salts. Volume depletion may refer to depletion of total body water (dehydration) or depletion of the blood volume (hypovolemia). Volume depletion can exist with or without dehydration. (See Coding Clinic, fourth quarter 2005, pages 54 and 55.)